Department of the Treasury Internal Revenue Service

P. Bi

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

9M10

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

OMB No 1545-0047

<u>~</u>	IJ
Open to Public	Inspection

Fo	r ca	lendar year 2019 or tax year beginning	·		<u>, and endir</u>			
Na	me o	foundation THE CAROLYN J. AND I	ROBERT J. ALLIS	ON, JR.				fication number
	FAM	ILY FOUNDATION			. –	76-0)53924	<u>6</u>
Nu	mber	and street (or P O box number if mail is not delivered to	o street address)		Room/suite	B Teleph	one numb	per (see instructions)
		SEWOOD CROSSING ONE, 19500 STA			670	(83	<u>2) 63(</u>	<u>6-3201</u>
Cıt	y or t	own, state or province, country, and ZIP or foreign posta	al code			C #		
		OMOV				C If exem pending	, check here	ation is
_		STON, TX 77070	1 1,	-1 - (
G	Che	eck all that apply Initial return	Initial return		oublic chari	, D , 1016	- •	itions, check here
		Final return	Amended re					ations meeting the here and attach
_	<u> </u>	Address change	Name chang		- CIT	comp	utation .	▶∟
H	_	eck type of organization X Section 501(\mathcal{L}	E If privat	e foundatio	n status was terminated
Ļ		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr			under s	ection 507(b	o)(1)(A), check here .
ı		I —	unting method X C	asn Acc	rual			in a 60-month termination
			ther (specify)			unders	ection 507(b)(1)(B), check here . >
	_	, , , (i. a.i.)	column (d), must be on ca	ash basis)				(d) Dishussements
Ŀ	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Nevenue and	(b) Net invi	estment	(c) Adjuste	d net	(d) Disbursements for charitable
		may not necessarily equal the amounts in	expenses per books	incon		incom		purposes
\neg		column (a) (see instructions))	4,000.					(cash basis only)
	1	Check X if the foundation is not required to	4,000.	" A !				<u> </u>
-	2	attach Sch B				· <u>·</u>		
	3	Interest on savings and temporary cash investments.	362,203.	36	2,203.	_		
Ì	4	Dividends and interest from securities	302,203.		2,203.			
	5a	Gross rents		<u> </u>				<u></u>
		Net rental income or (loss)	1,914,574.					
ğ	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales pince for all 3,817,234.	1, 514, 5/4.					
Ver	_	assets on line 6a		1 01	4,574.			050/55
Revenue	7	Capital gain net income (from Part IV, line 2) .	· · · · · · · · · · · · · · · · · · ·	1,91	4,3/4.		RE	CEIVED
	8	Net short-term capital gain,				- 100		10
	9 10 a	Income modifications			_ 	9	l JUI	
Ì		and allowances	- 1					i izi
ĺ		Less Cost of goods sold .						TOTAL LIT
	11	Gross profit or (loss) (attach schedule) Other income (attach schedule) ATCH 1	440		442.		- UG	UEIN, UI
- 1	12	Total. Add lines 1 through 11	2,281,219.	2,27	7,219.			
7	13	Compensation of officers, directors, trustees, etc.	0.	-				
ses	14	Other employee salaries and wages						
ens	15	Pension plans, employee benefits						
흽		Legal fees (attach schedule)						
ω̈́		Accounting fees (attach schedule)ATCH 2	10,815.		2,704.			8,111
		Other professional fees (attach schedule).[3]	88,930.	8	8,930.			
ati	17	Interest			<u></u> ,			
+	18	Taxes (attach schedule) (see instructions)[4].	400.	_				
اڃ	19	Depreciation (attach schedule) and depletion.						
등	20	Occupancy						,
۲	21	Travel, conferences, and meetings						
Ĕ	22	Printing and publications						
Ď	23	Other expenses (attach schedule) ATCH .5.	21.		21.			
늹	24	Total operating and administrative expenses.						
Operating		Add lines 13 through 23	100,166.	9	1,655.		_	8,111
8	25	Contributions, gifts, grants paid	2,640,500.					2,639,500
	26	Total expenses and disbursements Add lines 24 and 25	2,740,666.	9	1,655.		0.	2,647,611
\neg	27	Subtract line 26 from line 12						
- 1		Excess of revenue over expenses and disbursements	459,447.				r Emmin i	pres with its series to the
	b	Net investment income (if negative, enter -0-)		2,18	5,564.			
		· ·						T

c Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions.

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	art I	Balance Sheets Attached schedules and amounts in the	Beginning of year		End o	of year
		description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	!	(c) Fair Market Value
	1 2 3	Cash - non-interest-bearing	797,644.	890,	412.	890,412
	3	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	-			
	ľ	disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
	'	Less allowance for doubtful accounts ▶	-			
ξ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ą	10a	Investments - U S and state government obligations (attach schedule).				
		Investments - corporate stock (attach schedule) ATCH 6	14,635,424.	14,107,	162.	20,878,337
	c	Investments - corporate sook (attach schedule)			-	· · · · · · · · · · · · · · · · · · ·
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)		-		
	12	Investments - mortgage loans		- <u> </u>		
	13 14	Investments - other (attach schedule) ATCH 7 Land, buildings, and equipment basis Less accumulated depreciation	43,014.	43,	016.	4,643
	15	(attach schedule) Other assets (describe ▶)			-	
	16	Total assets (to be completed by all filers - see the				
	`	instructions Also, see page 1, item I)	15,476,082.	15,040,5	590.	21,773,392
_	17	Accounts payable and accrued expenses				
	18	Grants payable		-		
ģ	19	Deferred revenue		-		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons.				
豆	21	Mortgages and other notes payable (attach schedule)				
ڐ	22	Other liabilities (describe)				,
	•	,				
	23	Total liabilities (add lines 17 through 22)	0.		0.	
alances		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.		-		
ala	24	Net assets without donor restrictions				
œ	25	Net assets with donor restrictions				
or Fund		Foundations that do not follow FASB ASC 958, check here				,
ī		and complete lines 26 through 30	15 476 000	15 040 5	- 00	
ō	26	Capital stock, trust principal, or current funds	15,476,082.	15,040,5	390.	
ets	27	Paid-in or capital surplus, or land, bldg, and equipment fund		- <u>-</u>		
SS	28	Retained earnings, accumulated income, endowment, or other funds	15 476 000	15 040 6	0.0	
Net Assets	29	Total net assets or fund balances (see instructions)	15,476,082.	15,040,5	390.	
Š	30	Total liabilities and net assets/fund balances (see	15 476 000	15 040 5	. 0.0	,
_	<u></u>	Instructions)	15,476,082.	15,040,5	390.	
-		Analysis of Changes in Net Assets or Fund Bala				····
1		al net assets or fund balances at beginning of year - Part				15,476,082
_		-of-year figure reported on prior year's return)			1	-459,447
		er amount from Part I, line 27a	<i></i>	• • • • • • • •	2	23,955
		er increases not included in line 2 (itemize) ATCH 8			3	15,040,590
		I lines 1, 2, and 3		• • • • • • • •	4 5	13,040,390
		creases not included in line 2 (itemize)	line 5) - Port II - column /h) line 20	6	15,040,590
_0	101	al net assets or fund balances at end of year (line 4 minus	inie 3) - Fait II, Column (L), iiie 23	U	13,040,390

Page 3

Ρa	rt IV Capital Gains	s and Losses for Tax on Inve	estment Income			
		escribe the kind(s) of property sold (for e		(b) How acquired	(c) Date acquired	(d) Date sold
		orick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)
1 a	SEE PART IV SCHE	DULE				
<u>t</u>	<u> </u>					
	;					
	<u> </u>			<u> </u>		
_ 6	<u> </u>	· · · · · · · · · · · · · · · · · · ·	,		<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
<u>t</u>	<u> </u>				-	
				ł		
	<u> </u>			<u> </u>		
		showing gain in column (h) and owned	by the foundation on 12/31/69	<u> </u>		
	Complete only for assets :	7	, · · ·		Gains (Col (h) ga (k), but not less th	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any		Losses (from col	
a	<u> </u>					
		_				
	<u> </u>					
	Capital sain not income	or (not capital loss) If ga	ain, also enter in Part I, line 7			
2	Capital gain net income	If (le	oss), enter -0- in Part I, line 7	2	1,	914,574.
3	-	gain or (loss) as defined in sections	•			
	~	Part I, line 8, column (c). See ins				
_		<u></u>		3		0.
Pa	rt V Qualification	Under Section 4940(e) for Rec	duced Tax on Net Investment I	ncome		
		the section 4942 tax on the distrib		ase period	j?	Yes X No
1		n't qualify under section 4940(e) E imount in each column for each yea		ng 20v 00	trine	
<u>.</u>	(a)			ling any en	(d)	
Ca	Base period years lendar year (or tax year_beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2018	538,382.	20,823,699.			0.025854
_	2017	364,781.	19,419,560.			0.018784
	2016	3,333,415.	17,756,504.		_	0.187729
	2015	4,955,805.	21,792,616.			0.227408
	2014	3,972,594.	26,686,354.			0.148862
2	Total of line 1, column	(d)		2		0.608637
3	Average distribution rat	tio for the 5-year base period - divid	e the total on line 2 by 5 0, or by	1 1		
	the number of years the	foundation has been in existence i	f less than 5 years	3		0.121727
					0.0	264 270
4	Enter the net value of n	ioncharitable-use assets for 2019 f	rom Part X, line 5	4	20,	361,378.
				_	2	20 202
5	Multiply line 4 by line 3			5	۷, ۱	539,393.
•	Catan 40/ of ant inventor			6		21,856.
6	Enter 1% of net investo	nent income (40/ of Devi Line 07h)		. • 1		21,000.
_		nent income (1% of Part I, line 27b)				21,030.
7	Add lines 5 and 6			7	2,	561,249.
7	Add lines 5 and 6	nent income (1% of Part I, line 27b).		·	·	561,249.
8	Enter qualifying distribu			7 8	2,0	561,249.

.2	

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948 - see	instru	ction	s)	• =- ≠ -
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					-
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)					ı
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		21,8	56.	_
	here ► X and enter 1% of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of		_			
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2		01.6		-
3	Add lines 1 and 2	3		21,8		_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4		21 0	0.	•
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		21,8	<u> 56.</u>	_
6	Credits/Payments 2019 estimated tax payments and 2018 overnayment credited to 2019 6a 44, 365.					
а	zo to estimated tax payments and zo to estipayment elegated to zo to					
ь	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6c					
_d	Backup withholding erroneously withheld			44,3	165	
7	Total credits and payments Add lines 6a through 6d	7		77,5	-03.	-
8	Enter any penalty for underpayment of estimated tax Check here X if Form 2220 is attached	8				-
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		22,5	na	-
10		10		22,0	<u> </u>	-
11 Par	Enter the amount of line 10 to be Credited to 2020 estimated tax ► 22,509. Refunded ► tVII-A Statements Regarding Activities					-
	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or did it		Yes	No	-
ıa			1a	162	X	
.	participate or intervene in any political campaign?					-
			1 _b		х	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of an					-
	published or distributed by the foundation in connection with the activities	y materials				
c	Did the foundation file Form 1120-POL for this year?		1c	-	Х	1
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					_
_	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$ 0.					,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	ımposed				
	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X	_
	If "Yes," attach a detailed description of the activities					_
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrume	ent, articles	_			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		_ X	_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N,	/A	_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		_X	_
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				ı	
	By language in the governing instrument, or				ı	
	• By state legislation that effectively amends the governing instrument so that no mandatory dire	ctions that	-			
	conflict with the state law remain in the governing instrument?		6	<u>X</u>		_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	nd Part XV	7	Х		_
8a	Enter the states to which the foundation reports or with which it is registered. See instructions TX,			,	l	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	ey General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Х		_ /
9	Is the foundation claiming status as a private operating foundation within the meaning of section 49		\mathbf{I}			-
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV		1 J			\sim
	complete Part XIV		9		X	$_{-}()$
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule li					-
	names and addresses	•	10		X	_

Yes No No No No No No No N	Par	-VII-A Statements Regarding Activities (continued)			
meaning of section 512(b)(13)* If *Yes*, *attach schedule See instructions				Yes	No
Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If Yes, "attach statement See instructions." 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 14 The books are naired ▶ DOMINICK J. TRIMARCHI 15 Telephone no ▶ 518-450-7091 16 Located at ₱-15 CTRCULAR STREET SARATOGA SPRINGS, NY 17 ZIP4 ▶ 12866 17 Section 4947((3)) nonexempt charable trusts filing Form 950-PF in leq of Form 1041 • check here. 18 Section 4947((3)) nonexempt charable trusts filing Form 950-PF in leq of Form 1041 • check here. 18 Section 4947((3)) nonexempt charable trusts filing Form 950-PF in leq of Form 1041 • check here. 18 Section 4947((3)) nonexempt charable trusts filing Form 950-PF in leq of Form 1041 • check here. 18 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority. 19 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority. 10 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority. 10 At any time during calendar year 2019, did the foundation foundation for the foreign country? 11 Engage in the sale or exceptions and filing requirements for FinCDH Form 114 if Yes, enter the name of the foreign country ₱ Yes. 18 No (1) Engage in the sale or exception and credit of the Yes' column, unless an exception applies. 19 Authority of the foundation (either directly or indirectly) 10 Engage in the sale or exceptions and filing requirements for FinCDH Form 114 if Yes, enter the name of disqualified person? 10 Engage in the sale or exception applies. 11 During the year, did the foundation (either directly or indirectly) 12 Engage in the sale or schedule or or otherwise extend credit to (or accept in from) a disqualified person. 19 At the benefit or use of adequalitied person of make any of either avais	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
person had advasory privileges? If "fees," attach statement See instructions. 30 Did the foundation combly with the public inspection requirements for its annual returns and exemption application? Website address \$\frac{N}{A}\$ 14 The books are in care of \$\frac{DOMINICK}{A}\$. "RIMARCH! Located at \$\frac{1}{2}\$! CIRCULAR STREET SARATOGA SPRINGS, NY 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 590/PF in file of Form 1041 - check here \(\text{N}/A \) \ \text{\$\subset\$} \] 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 590/PF in file of Form 1041 - check here \(\text{N}/A \) \ \text{\$\subset\$} \] 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securies, or other financial account in a foreign country?. See the instructions for exceptions and filing requirements for FinCEM Form 114 if "Yes," enter the name of the foreign outline," and the foundation have an interest in or a signature or other authority over a bank, securies, or other financial account in a foreign country?. See the instructions for exceptions and filing requirements for FinCEM Form 114 if "Yes," enter the name of the foreign outline," and the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? \(\text{\$\subset} \) Yes \(\text{\$\subset} \) No (2) Borrow money from, leasing of property with a disqualified person? \(\text{\$\subset} \) Yes \(\text{\$\subset} \) No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? \(\text{\$\subset} \) Yes \(\text{\$\subset} \) No (4) Pay compensation to, or pay or reemburse the expenses of, a disqualified person? \(\text{\$\subset} \) Yes \(\text{\$\subset} \) No (5) Transfer any income or assets to a disqualified person or make any of either available for large time from the period of a sease to a disqualified person? \(\text{\$\subset} \) Yes \(\text{\$\subset} \		meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
person had advasory privileges? If "fees," attach statement See instructions. 30 Did the foundation combly with the public inspection requirements for its annual returns and exemption application? Website address \$\frac{N}{A}\$ 14 The books are in care of \$\frac{DOMINICK}{A}\$. "RIMARCH! Located at \$\frac{1}{2}\$! CIRCULAR STREET SARATOGA SPRINGS, NY 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 590/PF in file of Form 1041 - check here \(\text{N}/A \) \ \text{\$\subset\$} \] 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 590/PF in file of Form 1041 - check here \(\text{N}/A \) \ \text{\$\subset\$} \] 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securies, or other financial account in a foreign country?. See the instructions for exceptions and filing requirements for FinCEM Form 114 if "Yes," enter the name of the foreign outline," and the foundation have an interest in or a signature or other authority over a bank, securies, or other financial account in a foreign country?. See the instructions for exceptions and filing requirements for FinCEM Form 114 if "Yes," enter the name of the foreign outline," and the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? \(\text{\$\subset} \) Yes \(\text{\$\subset} \) No (2) Borrow money from, leasing of property with a disqualified person? \(\text{\$\subset} \) Yes \(\text{\$\subset} \) No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? \(\text{\$\subset} \) Yes \(\text{\$\subset} \) No (4) Pay compensation to, or pay or reemburse the expenses of, a disqualified person? \(\text{\$\subset} \) Yes \(\text{\$\subset} \) No (5) Transfer any income or assets to a disqualified person or make any of either available for large time from the period of a sease to a disqualified person? \(\text{\$\subset} \) Yes \(\text{\$\subset} \	12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			_
Wabaine address ▶ N/A 14 The books are in care of ▶ DOMINICK J. TRIMARCHI 15 Section 4947(a/ft) nonexempt charitable trusts filing Form 980-PF in lieu of Form 1041 - check here N/A ▶ 15 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country.▶ Part VIES Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes," column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or remburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person? (or make any of either available for the benefit or use of a disqualified person? Yes No (6) Agree to pay money or property to a government official" (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes No 16 and any answer is "Yes" to fat]16(), did any of the acts faal to qualify under the exceptions described in Requirements section 34942()(4) or in a current notice regarding disaster assistance. Check here N/A ▶ 17 Yes No 18 No 19 A or a filter to distribute income (Section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942() (does not apply for years the foundation or disqualified person (during the		•	12		X
14 The books are in case of ▶ DOMINICK J. TRIMARCHI Telephone no ▶ 518-450-7091 15 Section 497(a)(1) noneward property and the foundation of the case of the foundation and enter the amount of tax-exempl interest received or accrued during the year. 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FnCEN Form 114 if "Yes," enter the name of the foreign country ≥ 18 Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? 13) Furnish goods, services, or facilities to (or accept them from) a disqualified person? 14) Flar Form (and money it on or otherwise extend credit to (or accept it from) a disqualified person? 15) Transfer any income or assets to a disqualified person? 16) Transfer any income or assets to a disqualified person? 17) Form (and the foundation of property to a government official? (Exception, Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) 18) If any answer is "Yes" to fat[1/6], old any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(a)-3 or in a current notice regarding disaster assistance, beach free. 10) Agree to pay money or property of he tax year Department of the exception of tax year 2019; did the foundation have any undistributed income (Part XIII, lines of and Equilibrium of the years of the tax year 2019; did the foundation have any undistributed income? (If applying section 4942(a)(2) to all years itself of tax year 2019; did the foundation have any undistributed	13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
Located at \$15 CTRCULAR STREET SARATOGA SPRINGS, NY ZIP-4 \$12866 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in leu of Form 1041 check here		TYCOSIC addices			
15 Section 4947(a)(1) nonexempt charatable trusts filing Form 990-PF in lieu of Form 1041 - check here	14	The books are in care of ▶ DOMINICK J. TRIMARCHI Telephone no ▶ 518-450	-709	1	
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c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			2b	N/	Α
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at any time during the year?		>			
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charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? 4b X			4a	<u> </u>	_ <u>x</u>
	b		,		v
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-Par	t-VII-B Statements Regarding Activities	for Which Form	4/20 May Be Red	uired (continued	<i>"</i>			
5a	During the year, did the foundation pay or incur any am	ount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (sectio	n 4945(e))?	. Yes X	No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?			. Yes X	No		Ì	
	(3) Provide a grant to an individual for travel, study, or				No		ļ	
	(4) Provide a grant to an organization other than a	• •				- 1		
	section 4945(d)(4)(A)? See instructions	•			No			
	(5) Provide for any purpose other than religious, c							
	purposes, or for the prevention of cruelty to children				No	- 1		
b	If any answer is "Yes" to 5a(1)-(5), did any of the				ın l			
	Regulations section 53 4945 or in a current notice rega			•		5b	Х	
	Organizations relying on a current notice regarding disa							
С	If the answer is "Yes" to question 5a(4), does the				_	- 1		
	because it maintained expenditure responsibility for the				No			
	If "Yes," attach the statement required by Regulations s	•			ı		1	
6a	Did the foundation, during the year, receive any fur	• •	ectly, to pay premiur	ns				
	on a personal benefit contract?	•			No			
b	Did the foundation, during the year, pay premiums, dire				1	6ь	- 1	Х
	If "Yes" to 6b, file Form 8870	,	•		١. ٢	T T		
7a	At any time during the tax year, was the foundation a p	earty to a prohibited tax	x shelter transaction?	. Yes X	No			
b	If "Yes," did the foundation receive any proceeds or ha					7b	N	Ά
8	Is the foundation subject to the section 4960 tax on pa	yment(s) of more tha	n \$1,000,000 in					
	remuneration or excess parachute payment(s) during the	e year ⁹	<u> </u>		No			
Par	t VIII Information About Officers, Director	rs, Trustees, Fou	ındation Manager:	s, Highly Paid E	mployee	es,		
1	and Contractors List all officers, directors, trustees, and foundat	ion managers and	their compensation	See instructions.				
		(b) Title, and average	(c) Compensation	(d) Contributions to		xpense		
	(a) Name and address		(c) Compensation (If not paid, enter -0-)		ì óth	xpense er allov		
_	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	on oth			s .
ATC	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	ì óth			
_	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	on oth			s .
_	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	on oth			s .
_	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	on oth			s .
_	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	on oth			s .
_	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	on oth			s .
ATCF	(a) Name and address 1 9 Compensation of five highest-paid employees	(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 (O.	er allov	wance	0.
ATCF	(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 (d) 1 - see instru	oth	er allov	ne, e	0.
ATCF	(a) Name and address 1 9 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those by Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation of the compensat	oth ctions).	er allov	ne, e	0.
ATCF	(a) Name and address 9 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than thos	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation (d) the compensation of the compensa	oth ctions).	if noi	ne, e	0.
2 (a)	(a) Name and address 1 9 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those by Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation of the compensat	oth ctions).	if noi	ne, e	0.
2 (a)	(a) Name and address 9 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those by Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation of the compensat	oth oth ctions).	if noi	ne, e	0.
2 (a)	(a) Name and address 1 9 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those by Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation of the compensat	oth oth ctions).	if noi	ne, e	0.
2 (a)	(a) Name and address 1 9 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those by Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation of the compensat	oth oth ctions).	if noi	ne, e	0.
2 (a)	(a) Name and address 1 9 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those by Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation of the compensat	oth oth ctions).	if noi	ne, e	0.
2 (a)	(a) Name and address 1 9 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those by Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation of the compensat	oth oth ctions).	if noi	ne, e	0.
2 (a)	(a) Name and address 1 9 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those by Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation of the compensat	oth oth ctions).	if noi	ne, e	0.
2 (a)	(a) Name and address 1 9 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those by Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation of the compensat	oth oth ctions).	if noi	ne, e	0.
2 (a)	(a) Name and address 1 9 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those by Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation of the compensat	oth oth ctions).	if noi	ne, e	0.
2 (a)	(a) Name and address 1 9 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation of the compensat	oth oth ctions).	if noi	ne, e	0.

orm 990-		Page
Part V	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand Contractors (continued)	yees,
3 Fi	ve highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NO	NE	
	mber of others receiving over \$50,000 for professional services	
Part IX	-A Summary of Direct Charitable Activities	 -
	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/2	A	 ·
2		•
, —		
³		
4		
Part IX	Summary of Program-Related Investments (see Instructions) lee the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NO		
		•
All other	er program-related investments. See instructions	
3	n program-related intestinents dee instituctions	
NO	NE	
-4-1-5	1d lines 4 through 2	
otal. A	1d lines 1 through 3	

Pai	rt X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ıgn fo	oundations,
1		market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpo			30 303 100
		age monthly fair market value of securities	1a	20,393,188.
		age of monthly cash balances	1b	781,166.
C		market value of all other assets (see instructions),	1c	4,710.
d	Total	(add lines 1a, b, and c)	1d	21,179,064.
е		ction claimed for blockage or other factors reported on lines 1a and		
		ttach detailed explanation)		
2		isition indebtedness applicable to line 1 assets	2	21 170 064
3		act line 2 from line 1d	3	21,179,064.
4		deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		217 606
		ictions), , , , , , , , , , , , , , , , , , ,	4	317,686.
5		value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	20,861,378.
6		num investment return. Enter 5% of line 5	6	1,043,069.
Pa	rt XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndatior	ns
1	Minim	num investment return from Part X, line 6	1	1,043,069.
		on investment income for 2019 from Part VI, line 5	•	2,010,000
Za L	lnaan	ne tax for 2019 (This does not include the tax from Part VI).		
			2c	21,856.
		ines 2a and 2b	3	1,021,213.
3 4		veries of amounts treated as qualifying distributions,	4	
5		ines 3 and 4	5	1,021,213.
		action from distributable amount (see instructions)	6	
6 7		ibutable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
′		as adjusted. Subtract line of from line 3. Enter here and on Fart Ani,	7	1,021,213.
_				
Pa	rt XII	Qualifying Distributions (see instructions)		
1	Amou	ints paid (including administrative expenses) to accomplish charitable, etc., purposes	1	
а	Expe	nses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,647,611.
b	_	ram-related investments - total from Part IX-B	1b	
2	Amou	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purpo	oses,	2	
3	Amou	ints set aside for specific charitable projects that satisfy the.		
а	Suita	bility test (prior IRS approval required)	3a	
b	Cash	distribution test (attach the required schedule)	3b	
4	Qualif	ying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4_	2,647,611.
5	Foun	dations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter	1% of Part I, line 27b See instructions	5	21,856.
6	Adjus	sted qualifying distributions. Subtract line 5 from line 4	6	2,625,755.
	Note	: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculati	ing whether the foundation
		qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2019)

Page 9

Part XIII Undistributed Income (see instruc	ctions)			
Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
line 7				1,021,213.
2 Undistributed income, if any, as of the end of 2019				-
a Enter amount for 2018 only				
b Total for pnor years 20 17 ,20 16 ,20 15				
3 Excess distributions carryover, if any, to 2019				
a From 2014 1,766,993.		1		
b From 2015				
c From 2016 2,467,998.				
d From 2017				
e From 2018				_
f Total of lines 3a through e	8,164,347.			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 2,647,611.				
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				1,021,213.
e Remaining amount distributed out of corpus	1,626,398.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,790,745.			
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 - 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)	1,766,993.			
9 Excess distributions carryover to 2020.	0 022 752			
Subtract lines 7 and 8 from line 6a	8,023,752.			
10 Analysis of line 9				
a Licess Hori 2013				
b Excess from 2010				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019 1,626,398.				Form 990-PF (2019)

Form 990-PF (2019)

D.	rt-XIV- Private Op	erating Foundations	(see instructions a	and Part VII-A, questi	on 9)	NOT APPLICABLE
	If the foundation has					
та	\	_			·	
	foundation, and the rulin	-				· · · · · · · · · · · · · · · · · · ·
b	Check box to indicate	whether the foundation	is a private operating	foundation described in	section 4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(0) / 0.00
	I or the minimum investment					
	retum from Part X for each					
	year listed			· 		
þ	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the					
	"Assets" alternative test - enter				,	
а					ļ	
	 Value of all assets Value of assets qualifying 			 		
	under section					
	4942(j)(3)(B)(i)			 		
ь	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	Ine 6 for each year listed "Support" alternative test - enter					
·	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents,			ł		\searrow
	payments on securities					
	loans (section 512(a)(5)), or royalties)			l		
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942				}	
	(J)(3)(B)(III)					
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income.			<u></u>		
Pa	rt XV Suppleme	ntary Information (Complete this par	t only if the founda	ation had \$5,000 (or more in assets at
		luring the year - see		-		
1	Information Regarding	g Foundation Manage	rs:			
· 	List any managers of			re than 2% of the tota	al contributions rece	ived by the foundation
	hefore the close of an	v tax vear (but only if the	nev have contributed	more than \$5,000) (S	ee section 507(d)(2))
		•				
		ALLISON & ROBER				
b	List any managers of					ly large portion of the
	ownership of a partne	rship or other entity) o	f which the foundatio	n has a 10% or greater	interest	
	N/A					
2	Information Regardin	a Contribution Grant	Gift Loan Scholars	hin etc Programs:		
2	_ <u></u> _	~				
	Check here ► X If	the foundation only	makes contributions	to preselected char	itable organizations	and does not accept
				ants, etc., to individua	ils or organizations u	inder other conditions,
	complete items 2a, b,					
a	The name, address, a	ind telephone number	or email address of t	he person to whom app	olications should be ad	dressed [.]
	N/A	•				
	The form in which app	lications should be su	hmitted and informati	on and materials they	should include	
Ų	The form in which app	ilications should be su	billitted and illionnat	on and materials they	Silvaia iliologe	
	N/A					
C	Any submission deadl	ines				
	-					
	אז / ז					
_	N/A I Any restrictions or I	imitations on awards	such as by geogr	raphical areas charits	able fields kinds of	institutions, or other
	factors	minutions on awards	, such as by goog	. a.p		
	N / D					

Page **11**

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ing the Year or App	roved for	Future Payment	<u> </u>
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year		1		1
ATCH 10				
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			<u> </u>	
Total	<u> </u>	<u></u>	3a	2,640,500.
b Approved for future payment			j	
NONE				
				_
		1		1
	,			1 '
		1		}
,				
•				
]		
	L <u> </u>			0.
Total	<u>.</u> <u></u>	<u> </u>	<u></u> 3b	L0.

Form 990-PF (2019)					Page 12
Part XVI-A Analysis of Income-Prod					
Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by	y section 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a		<u> </u>			
b	ļ		<u> </u>		
c			+		
d			+		·
e					
· ·	<u> </u>	<u> </u>			
g Fees and contracts from government agencies		<u> </u>	+		
2 Membership dues and assessments				· · · · · · · · · · · · · · · · · · ·	··
3 Interest on savings and temporary cash investments -			14	362,203.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estatea Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income		1			•
8 Gain or (loss) from sales of assets other than inventory			18	1,914,574.	
9 Net income or (loss) from special events · · ·					
O Gross profit or (loss) from sales of inventory.					
1 Other revenue a					
b ATCH 11				442.	<u> </u>
c			-		
d				-	
e					
2 Subtotal Add columns (b), (d), and (e)		L		2,277,219.	
3 Total. Add line 12, columns (b), (d), and (e)				13	2,277,219.
See worksheet in line 13 instructions to verify calc		agamatichment of E	warmet Dure		<u> </u>
Part XVI-B Relationship of Activitie					
Line No. Explain below how each activit	-				
▼ accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purposes	s) (See instructions)
		,			
					
		N/A			
			•		<u> </u>
					

THE CAROLYN J. AND ROBERT J. ALLISON, JR. Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

		Organizations		_						
1		e organization direct							Yes	No
	ın sec	ction 501(c) (other	than section 5	501(c)(3) orga	ınızatıons) or	in section 52	27, relating to po	olitical		
	_	zations?								1
а		ers from the reportin	=							
		sh								X
		ner assets	• • • • • • • • •					<u>1a(2)</u>		<u>x</u> _
b		transactions								
		les of assets to a no		-						X
		rchases of assets fro								X
		ntal of facilities, equi	•							X
		imbursement arrange								X
	. ,	ans or loan guarantee								X
		rformance of service		_						X
		g of facilities, equipm								
d		answer to any of th								
		of the goods, other a in any transaction or								
(-) 1							of transfers, transactions			
(a) L	ine no	(b) Amount involved N/A	(c) Name of no	nchantable exempt	organization	N/A	of transiers, transactions	, and snanng arra	ingeme	nts
		N/A				117/21				—
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					····	 				
						 				
						 				
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					_	 				
_						-				——
						 -				
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						***************	***************************************			
				 _		 				—
						···				
22	Je the	foundation directly of	or indirectly affili	eated with or i	related to or	ne or more tay-	evemnt organizatio			
La		bed in section 501(c)	•						s X] No.
h		," complete the follow		011 30 1 (0)(3)) 0	or in section a	,2,		10] 140
	11 103	(a) Name of organization		(b) Type	of organization		(c) Description of	of relationship		
		(-,		(,)						
_		-								
										
						·····				
		$\overline{}$								
_		penalties of penury, I decla						knowledge and b	elief it	is true,
D!		ct, and complete Declaration of	proparer (other than tax)	payer) is based on all in	nformation of which	preparer has any know	ledge			
Sigr	<i>y</i> -	Cas JC	wind	16-26	-2020	Pres	May	the IRS discuss the preparer s		
Her	e/ Sigi	nature of officer or lostee		Date		Title		· · · —	Yes	No
/	′ °			-			<u> </u>			=
		Print/Type preparer's nar	me	Pteparer's signa	turg n	Date		ıf PTIN		
Paic	i	JENNIFER D RHO		Preparer's signer	WKha	derick	06/16/20 self-emp	oloyed P0039	9573	5
^o re _l	parer		NST & YOUNG					34-656559		
	Only		1 MONUMENT (ITE 4000					
			DIANAPOLIS,	IN		46204	Phone no 3	317-681-70	000	
							1. Hone no	Fam 990		(2010)

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of F			Descr	ription		9 P	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
3,817,234.		PUBLICLY TRAPERTY TY:	ADED SECURIT	CIES		P	VARIOUS 1,914,574.	VARIOUS
OTAL GAIN(L	DSS)	,					1,914,574.	
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- OTHER INCOME PART I FORM 990PF, DESCRIPTION SECURITY LITIGATION PROCEEDS

NET INVESTMENT INCOME 442. AND EXPENSES PER BOOKS REVENUE

442.

TOTALS

4

442.

442.

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ATTACHMENT 1

EES	
CCOUNTING F	
I - A(
90PF, PART	
FORM 9	

CHARITABLE	8,111.	8,111.	
ADJUSTED NET INCOME			
NET INVESTMENT INCOME	2,704.	2,704.	
REVENUE AND EXPENSES PER BOOKS	10,815.	10,815.	s
		TOTALS	
DESCRIPTION	TAX PREPARATION FEES		•

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

INVESTMENT INCOME	. 88,930.	88,930.
REVENUE AND EXPENSES PER BOOKS	88,930.	88,930.
DESCRIPTION	INVESTMENT MANAGEMENT FEE	. TOTALS

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FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

FEDERAL EXCISE TAXES PAID

400.

TOTALS

400.

2019 FORM 990-PF

THE CAROLYN J. AND ROBERT J. ALLISON, JR.

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

TOTALS

DESCRIPTION BANK, FEE

ATTACHMENT 5

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76-0539246

2019 FORM 990-PF

FORM 990PF, PART II - CORPORATE STOCK

ENDING <u>FMV</u>	551,930. 1,190,284. 2,754,444. 2,013,885. 1,625,914. 1,312,853. 2,933,831. 2,933,831. 903,370. 930,793. 1,187,829. 1,297,980. 1,297,980. 1,297,980. 1,297,980. 1,297,980.	
ENDING BOOK VALUE	400,137. 1,067,728. 1,550,697. 1,161,124. 999,955. 99,996. 1,800,309. 906,549. 1,902,749. 638,305. 760,690. 1,010,333. 757,553. 1,001,069. 49,968.	
	S INC VT GRADE MID CAP ELL 2000 F F F CAP ETF CAP ETF IALS IALS ATION LOW US MC TOTALS	
DESCRIPTION	AVALONBAY CMNTYS INC ISHARE IBOXX INVT GRADE ISHARES RUSSELL MID CAP ISHARES TR RUSSELL 2000 SCHW US LCAP ETF SCHW US SCAP ETF SPDR S&P 500 ETF VANGUARD MID CAP ETF VANGUARD SEP 500 ETF VANGUARD FINANCIALS VANGUARD INDUSTRIALS VANGUARD INFORMATION INVESCO S&P 500 LOW CHARLES SCHWAB US MC	

1
INVESTMENTS
- OTHER
II
PART
990PE,
FORM

ETS REAL EST	ш	
	DESCRIPTION	GS

TOTALS

ENDING	4,6	
ENDING BOOK VALUE	43,016.	0

4,643.

4,643.

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6/15/2020
4342GR 1996

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

STOCK BASIS ADJUSTMENT

23,955.

TOTAL

23,955.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

	•	
	•	
	•	

EXPENSE ACCT AND OTHER ALLOWANCES		· 0	·	.0		0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	ó		Ö	.0	0.	0
COMPENSATION	0	.0	Ö	.0	Ö	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 1.00	TREASURER 1.00	SECRETARY 1.00	DIRECTOR 1.00	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	ROBERT J. ALLISON CHASEWOOD CROSSING ONE 19500 STATE HIGHWAY 249, STE 670 HOUSTON, TX 77070	CAROLYN J. ALLISON . CHASEWOOD CROSSING ONE 19500 STATE HIGHWAY 249, STE 670 HOUSTON, TX 77070	JANE S. ALLISON CHASEWOOD CROSSING ONE 19500 STATE HIGHWAY 249, STE 670 HOUSTON, TX 77070	ANN A. STANISLAW CHASEWOOD CROSSING ONE 19500 STATE HIGHWAY 249, STE 670 HOUSTON, TX 77070	AMY A. WATKINS CHASEWOOD CROSSING ONE 19500 STATE HIGHWAY 249, STE 670 HOUSTON, TX 77070	

76-0539246

ATTACHMENT 10

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE 100 CLUB SURVIVOR'S FUND	NONE	CHARITABLE SUPPORT	4,000
5555 SAN FELIPE ST , STE 1750	. PC		
HOUSTON, TX 77056			
BURTON VOLUNTEER FIRE DEPARTMENT	NONE	CHARITABLE SUPPORT	1,000
PO BOX 548			
BURTON, TX 77834			
TINIOR ACHIEVEMENT OF SOUTHERST TEXAS INC	ANON	CHARTTARIF CIDENET	000
			200
2115 E GOVERNORS CIRCLE .	 		
HOUSTON, TX 77093			
•			
ADVENT PRESBYTERIAN CHURCH	NONE	CHARITABLE SUPPORT	120,000
903 SPRING CYPRESS ROAD	25		
SPRING, TX 77373			
PARKER COUNTY CENTER OF HOPE, INC	NONE	CHARITABLE SUPPORT	100,000
629 PALO PINTO ST	PC		
WEATHERFORD, TX 76086			
		-	
JOE BARTON FAMILY FOUNDATION	NONE	CHARITABLE SUPPORT	10,000
PO BOX 91588	PC		
ARLINGTON, TX 76015			

S.
ALLISON,
5
ROBERT
AND
5
CAROLYN
THE

- 2019 FORM 990-PF

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

NONE

CONSERVATIVE PARTNERSHIP INSTITUTE

300 INDEPENDENCE AVE SE

WASHINGTON, DC 20003

CONROE BIBLE SCHOOL

CONROE, TX 77304 4491 I-45 NORTH

RECIPIENT NAME AND ADDRESS

δ.

NONE

NONE

THE METHODIST HOSPITAL FOUNDATION

S.

ATTACHMENT 10 (CONT'D)

4342GR 1996 6/15/2020

V 19-5 2F

ATTACHMENT 10

200 1,000 2,000 2,000,000 400,000 AMOUNT PURPOSE OF GRANT OR CONTRIBUTION CHARITABLE SUPPORT CHARITABLE SUPPORT CHARITABLE SUPPORT CHARITABLE SUPPORT CHARITABLE SUPPORT RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT

2,640,500

TOTAL CONTRIBUTIONS PAID

NONE

CLIFFORD WILLIAMS MEMORIAL FOUNDATION

1120 EAST OAK ST, HWY 84 EAST

JENA, LA 71342-6461

PF

NONE

BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 200

HOUSTON, TX 77030

HOUSTON, TX 77030-2703 6565 FANNIN NO GB240

SC

	RELATED OR EXEMPT FUNCTION INCOME	
11	RELATED C	
ATTACHMENT 11	AMOUNT	442.
	EXCLUSION CODE	01
	AMOUNT	
	BUSINESS	
FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE	DESCRIPTION	SECURITY LITIGATION PROCEEDS

442.

TOTALS