

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                       |                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br>Michael and Ina Korek Foundation Trust                                                                                                                                                                                                                                        |                                                                                                                                                                                                 | A Employer identification number<br>77-6140213                                                                                                                                        |                                                                                                                        |
| % Foundation Source                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                 |                                                                                                                                                                                       |                                                                                                                        |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>Foundation Source 501 Silverside Rd                                                                                                                                                                            | Room/suite                                                                                                                                                                                      | B Telephone number (see instructions)<br>(800) 839-1754                                                                                                                               |                                                                                                                        |
| City or town, state or province, country, and ZIP or foreign postal code<br>Wilmington, DE 198091377                                                                                                                                                                                                |                                                                                                                                                                                                 | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                            |                                                                                                                        |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |                                                                                                                                                                                                 | D 1. Foreign organizations, check here..... <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> |                                                                                                                        |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                   |                                                                                                                                                                                                 | E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>                                                                   |                                                                                                                        |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 8,890,062                                                                                                                                                                                                   | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.) |                                                                                                                                                                                       | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses (The total 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 | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                             | 1 Contributions, gifts, grants, etc., received (attach schedule)                                                | 0                                  |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments                                                            | 644                                | 644                       |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . .                                                                  | 196,989                            | 196,976                   |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss)                                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                                        | 307,986                            |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a 3,472,330                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . .                                                          |                                    | 330,047                   |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances                                                                     |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less: Cost of goods sold                                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                                     | -79,940                            | -15,950                   |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                                      | 425,679                            | 511,717                   |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc.                                                          | 93,666                             |                           |                         | 93,666                                                      |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                           | 61,335                             | 61,331                    |                         |                                                             |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                           | 14,279                             | 14,277                    |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . .                                                             | 2,025                              | 25                        |                         |                                                             |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . .                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                                   | 47,336                             | 6,080                     |                         | 41,256                                                      |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .                               | 218,641                            | 81,713                    |                         | 134,922                                                     |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                                  | 296,000                            |                           |                         | 296,000                                                     |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                                        | 514,641                            | 81,713                    |                         | 430,922                                                     |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12:                                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                             | -88,962                            |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                                |                                    | 430,004                   |                         |                                                             |
| c Adjusted net income (if negative, enter -0-) . . .                                                                                                                |                                                                                                                 |                                    |                           |                         |                                                             |

| Part II Balance Sheets                                                                                       |                                                                                                                                                  | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) |                |                       |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|
|                                                                                                              |                                                                                                                                                  | Beginning of year                                                                                                    | End of year    |                       |
|                                                                                                              |                                                                                                                                                  | (a) Book Value                                                                                                       | (b) Book Value | (c) Fair Market Value |
| Assets                                                                                                       | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                     |                                                                                                                      |                |                       |
|                                                                                                              | <b>2</b> Savings and temporary cash investments . . . . .                                                                                        | 291,114                                                                                                              | 230,833        | 230,833               |
|                                                                                                              | <b>3</b> Accounts receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                                                            |                                                                                                                      |                |                       |
|                                                                                                              | <b>4</b> Pledges receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                                                             |                                                                                                                      |                |                       |
|                                                                                                              | <b>5</b> Grants receivable . . . . .                                                                                                             |                                                                                                                      |                |                       |
|                                                                                                              | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .       |                                                                                                                      |                |                       |
|                                                                                                              | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                             |                                                                                                                      |                |                       |
|                                                                                                              | <b>8</b> Inventories for sale or use . . . . .                                                                                                   |                                                                                                                      |                |                       |
|                                                                                                              | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                         |                                                                                                                      |                |                       |
|                                                                                                              | <b>10a</b> Investments—U.S. and state government obligations (attach schedule)                                                                   | 601,444                                                                                                              | 526,739        | 548,984               |
|                                                                                                              | <b>b</b> Investments—corporate stock (attach schedule) . . . . .                                                                                 | 7,056,696                                                                                                            | 6,892,176      | 7,314,917             |
|                                                                                                              | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .                                                                                 | 662,775                                                                                                              | 445,417        | 251,711               |
|                                                                                                              | <b>11</b> Investments—land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                  |                                                                                                                      |                |                       |
|                                                                                                              | <b>12</b> Investments—mortgage loans . . . . .                                                                                                   |                                                                                                                      |                |                       |
|                                                                                                              | <b>13</b> Investments—other (attach schedule) . . . . .                                                                                          | 97,945                                                                                                               | 474,184        | 543,617               |
|                                                                                                              | <b>14</b> Land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                              |                                                                                                                      |                |                       |
| <b>15</b> Other assets (describe ▶ _____)                                                                    |                                                                                                                                                  |                                                                                                                      |                |                       |
| <b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) | 8,709,974                                                                                                                                        | 8,569,349                                                                                                            | 8,890,062      |                       |
| Liabilities                                                                                                  | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                        |                                                                                                                      |                |                       |
|                                                                                                              | <b>18</b> Grants payable . . . . .                                                                                                               |                                                                                                                      |                |                       |
|                                                                                                              | <b>19</b> Deferred revenue . . . . .                                                                                                             |                                                                                                                      |                |                       |
|                                                                                                              | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons                                                               |                                                                                                                      |                |                       |
|                                                                                                              | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .                                                                          |                                                                                                                      |                |                       |
|                                                                                                              | <b>22</b> Other liabilities (describe ▶ _____)                                                                                                   | 51,663                                                                                                               |                |                       |
|                                                                                                              | <b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                           | 51,663                                                                                                               | 0              |                       |
| Net Assets or Fund Balances                                                                                  | <b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24, 25, 29 and 30.</b>               |                                                                                                                      |                |                       |
|                                                                                                              | <b>24</b> Net assets without donor restrictions . . . . .                                                                                        |                                                                                                                      |                |                       |
|                                                                                                              | <b>25</b> Net assets with donor restrictions . . . . .                                                                                           |                                                                                                                      |                |                       |
|                                                                                                              | <b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 26 through 30.</b> |                                                                                                                      |                |                       |
|                                                                                                              | <b>26</b> Capital stock, trust principal, or current funds . . . . .                                                                             |                                                                                                                      |                |                       |
|                                                                                                              | <b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund                                                                         |                                                                                                                      |                |                       |
|                                                                                                              | <b>28</b> Retained earnings, accumulated income, endowment, or other funds                                                                       | 8,658,311                                                                                                            | 8,569,349      |                       |
|                                                                                                              | <b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                  | 8,658,311                                                                                                            | 8,569,349      |                       |
| <b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .                         | 8,709,974                                                                                                                                        | 8,569,349                                                                                                            |                |                       |

| Part III Analysis of Changes in Net Assets or Fund Balances                                                                                                                 |          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>1</b> | 8,658,311 |
| <b>2</b> Enter amount from Part I, line 27a . . . . .                                                                                                                       | <b>2</b> | -88,962   |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | <b>3</b> |           |
| <b>4</b> Add lines 1, 2, and 3 . . . . .                                                                                                                                    | <b>4</b> | 8,569,349 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | <b>5</b> |           |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .                                                              | <b>6</b> | 8,569,349 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1 a</b> Publicly-traded Securities                                                                                              |                                                 |                                         |                                     |
| <b>b</b> ALLOCATED TO UBTI - ACQ INDEBTEDNESS                                                                                      |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                           |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                           |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                           |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> 3,472,330       |                                               | 3,142,269                                          | 330,061                                         |
| <b>b</b>                 |                                               |                                                    | -14                                             |
| <b>c</b>                 |                                               |                                                    |                                                 |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                    | (l)<br>Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------|
| (i)<br>F.M.V. as of 12/31/69                                                                | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col. (i)<br>over col. (j), if any |                                                                                                   |
| <b>a</b>                                                                                    |                                         |                                                    | 330,061                                                                                           |
| <b>b</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>c</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>d</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>e</b>                                                                                    |                                         |                                                    |                                                                                                   |

  

|                                                                                                                                                                                                           |   |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                    | 2 | 330,047 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-<br>in Part I, line 8 | 3 |         |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2018                                                                 | 432,538                                  | 8,713,445                                    | 0.04964                                                     |
| 2017                                                                 | 423,746                                  | 8,763,754                                    | 0.048352                                                    |
| 2016                                                                 | 431,887                                  | 8,773,753                                    | 0.049225                                                    |
| 2015                                                                 | 446,173                                  | 8,991,499                                    | 0.049622                                                    |
| 2014                                                                 | 271,259                                  | 9,092,893                                    | 0.029832                                                    |

  

|                                                                                                                                                                                       |   |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                  | 2 | 0.226671  |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0.045334  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5                                                                                                 | 4 | 8,789,210 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                    | 5 | 398,450   |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | 6 | 4,300     |
| <b>7</b> Add lines 5 and 6                                                                                                                                                            | 7 | 402,750   |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                         | 8 | 430,922   |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                     |           |       |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) |           |       |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                | <b>1</b>  | 4,300 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                                                                                             |           |       |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                           | <b>2</b>  |       |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                          | <b>3</b>  | 4,300 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>4</b>  |       |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                            | <b>5</b>  | 4,300 |
| <b>6</b>  | Credits/Payments:                                                                                                                                                                                                                   |           |       |
| <b>a</b>  | 2019 estimated tax payments and 2018 overpayment credited to 2019                                                                                                                                                                   | <b>6a</b> | 6,178 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                       | <b>6b</b> |       |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                       | <b>6c</b> | 2,931 |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                   | <b>6d</b> |       |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                        | <b>7</b>  | 9,109 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.                                                                                                | <b>8</b>  |       |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>                                                                                                                      | <b>9</b>  |       |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>                                                                                                          | <b>10</b> | 4,809 |
| <b>11</b> | Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 4,809 <b>Refunded</b> <b>▶</b>                                                                                                                    | <b>11</b> |       |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                  | Yes       | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                         | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                   | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br><b>(1)</b> On the foundation. <b>▶</b> \$ _____ <b>(2)</b> On foundation managers. <b>▶</b> \$ _____                                                                                                                                              |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ _____                                                                                                                                                                                                 |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                                          | <b>2</b>  | No  |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                             | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                  | <b>4a</b> | Yes |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                       | <b>4b</b> | Yes |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T.</i>                                                                                                                                                                    | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .            | <b>6</b>  | Yes |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .                                                                                                                                                                                                     | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><b>▶</b> CA _____                                                                                                                                                                                                                                |           |     |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>                                                                                                                                    | <b>8b</b> | Yes |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .                                                                                | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .                                                                                                                                                                                                   | <b>10</b> | No  |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                   |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .   | <b>11</b> |            | <b>No</b> |
| <b>12</b> | 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 . . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► _____                                                       | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of ► Foundation Source _____ Telephone no. ► (800) 839-1754                                                                                                                 |           |            |           |

Located at ► 501 Silverside Road Suite 123 Wilmington DE ZIP+4 ► 198091377

|           |                                                                                                                                                                                                                                                                                                                                              |           |                         |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>                                                                                             |           |                         |
| <b>16</b> | 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 ► _____ | <b>16</b> | <b>Yes</b><br><b>No</b> |

**Part VII-B 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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Yes</b> | <b>No</b> |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>1a</b> | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                              |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                            |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                               |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                     |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/>                                                                                                                                                  | <b>1b</b>  | <b>No</b> |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .                                                                                                                                                                                                                                                                                                         | <b>1c</b>  | <b>No</b> |
| <b>2</b>  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                            |            |           |
| <b>a</b>  | At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____                                                                                                                                                                                                                 |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .                                                                                                                                                                           | <b>2b</b>  |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                  |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                  |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . . | <b>3b</b>  |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                           | <b>4a</b>  | <b>No</b> |
| <b>b</b>  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?                                                                                                                                                                                                                                                                         | <b>4b</b>  | <b>No</b> |

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

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

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

|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|
| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                       |                                                                  |                                                  |                                                                              |                                              |
| <b>(a)</b> Name and address                                                                                                         | <b>(b)</b> Title, and average hours per week devoted to position | <b>(c)</b> Compensation (If not paid, enter -0-) | <b>(d)</b> Contributions to employee benefit plans and deferred compensation | <b>(e)</b> Expense account, other allowances |
| Teresa Babb<br>Foundation Source 501 Silverside Rd<br>Wilmington, DE 198091377                                                      | Managing Trustee<br>20.0                                         | 58,666                                           | 0                                                                            | 0                                            |
| Brian Korek<br>Foundation Source 501 Silverside Rd<br>Wilmington, DE 198091377                                                      | Executive Dir<br>15.0                                            | 35,000                                           | 0                                                                            | 0                                            |
| Alek Dylan Peterlin<br>Foundation Source 501 Silverside Rd<br>Wilmington, DE 198091377                                              | Trustee<br>1.0                                                   | 0                                                | 0                                                                            | 0                                            |
| Brock Peterlin<br>Foundation Source 501 Silverside Rd<br>Wilmington, DE 198091377                                                   | Trustee<br>0                                                     | 0                                                | 0                                                                            | 0                                            |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                                  |                                                  |                                                                              |                                              |
| <b>(a)</b> Name and address of each employee paid more than \$50,000                                                                | <b>(b)</b> Title, and average hours per week devoted to position | <b>(c)</b> Compensation                          | <b>(d)</b> Contributions to employee benefit plans and deferred compensation | <b>(e)</b> Expense account, other allowances |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
| <b>Total</b> number of other employees paid over \$50,000. . . . .                                                                  |                                                                  |                                                  |                                                                              |                                              |

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

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

[illegible]

|                                                                                  |           |   |  |
|----------------------------------------------------------------------------------|-----------|---|--|
| <b>Total</b> number of others receiving over \$50,000 for professional services. | . . . . . | ▶ |  |
|----------------------------------------------------------------------------------|-----------|---|--|

|                  |                                                |
|------------------|------------------------------------------------|
| <b>Part IX-A</b> | <b>Summary of Direct Charitable Activities</b> |
|------------------|------------------------------------------------|

| 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|                                                                                                                                                                                                                                                        |          |

| organizations and other beneficiaries of you, conferences, seminars, research papers produced, etc. |  |
|-----------------------------------------------------------------------------------------------------|--|
| 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 |
|-------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                          |        |
|                                                                                                                   |        |
| <b>2</b>                                                                                                          |        |
|                                                                                                                   |        |
| All other program-related investments. See instructions.                                                          |        |
| <b>3</b>                                                                                                          |        |
|                                                                                                                   |        |
| <b>Total.</b> Add lines 1 through 3                                                                               |        |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                                    |           |           |
|----------|--------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:        |           |           |
| <b>a</b> | Average monthly fair market value of securities. . . . .                                                           | <b>1a</b> | 8,062,609 |
| <b>b</b> | Average of monthly cash balances. . . . .                                                                          | <b>1b</b> | 346,620   |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .                                                  | <b>1c</b> | 514,460   |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c). . . . .                                                                     | <b>1d</b> | 8,923,689 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | <b>1e</b> |           |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets. . . . .                                                      | <b>2</b>  | 633       |
| <b>3</b> | Subtract line 2 from line 1d. . . . .                                                                              | <b>3</b>  | 8,923,056 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . . | <b>4</b>  | 133,846   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4        | <b>5</b>  | 8,789,210 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5. . . . .                                                      | <b>6</b>  | 439,461   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|           |                                                                                                                    |           |         |
|-----------|--------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6. . . . .                                                             | <b>1</b>  | 439,461 |
| <b>2a</b> | Tax on investment income for 2019 from Part VI, line 5. . . . .                                                    | <b>2a</b> | 4,300   |
| <b>b</b>  | Income tax for 2019. (This does not include the tax from Part VI.). . . . .                                        | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b. . . . .                                                                                       | <b>2c</b> | 4,300   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                     | <b>3</b>  | 435,161 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .                                                 | <b>4</b>  |         |
| <b>5</b>  | Add lines 3 and 4. . . . .                                                                                         | <b>5</b>  | 435,161 |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .                                                    | <b>6</b>  |         |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . . | <b>7</b>  | 435,161 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                              |           |         |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                   |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .                                                                         | <b>1a</b> | 430,922 |
| <b>b</b> | Program-related investments—total from Part IX-B. . . . .                                                                                                    | <b>1b</b> | 0       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .                                           | <b>2</b>  | 0       |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                                         |           |         |
| <b>a</b> | Suitability test (prior IRS approval required). . . . .                                                                                                      | <b>3a</b> | 0       |
| <b>b</b> | Cash distribution test (attach the required schedule). . . . .                                                                                               | <b>3b</b> | 0       |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                            | <b>4</b>  | 430,922 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . . | <b>5</b>  | 4,300   |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .                                                                               | <b>6</b>  | 426,622 |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2019 from Part XI, line 7                                                                                                                                |               |                            |             | 435,161     |
| <b>2</b> Undistributed income, if any, as of the end of 2019:                                                                                                                              |               |                            |             |             |
| <b>a</b> Enter amount for 2018 only. . . . .                                                                                                                                               |               |                            | 422,412     |             |
| <b>b</b> Total for prior years: 2017, 2016, 2015                                                                                                                                           |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2019:                                                                                                                                  |               |                            |             |             |
| <b>a</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2015. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2016. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2017. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2018. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>f</b> Total of lines 3a through e. . . . .                                                                                                                                              |               |                            |             |             |
| <b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>430,922</u>                                                                                                      |               |                            |             |             |
| <b>a</b> Applied to 2018, but not more than line 2a                                                                                                                                        |               |                            | 422,412     |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              |               |                            |             |             |
| <b>d</b> Applied to 2019 distributable amount. . . . .                                                                                                                                     |               |                            |             | 8,510       |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 0             |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2019.<br>(If an amount appears in column (d), the same amount must be shown in column (a).)                                             |               |                            |             |             |
| <b>6 Enter the net total of each column as indicated below:</b>                                                                                                                            |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                                 | 0             |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .                                                                                                         |               |                            |             |             |
| <b>c</b> 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. . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .                                                                                                           |               |                            |             |             |
| <b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .                                                                            |               |                            |             |             |
| <b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .                                                              |               |                            |             | 426,651     |
| <b>7</b> 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). . . . .       |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .                                                                              |               |                            |             |             |
| <b>9 Excess distributions carryover to 2020.</b><br>Subtract lines 7 and 8 from line 6a. . . . .                                                                                           | 0             |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                              |               |                            |             |             |
| <b>a</b> Excess from 2015. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2016. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>c</b> Excess from 2017. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2018. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>e</b> Excess from 2019. . . . .                                                                                                                                                         | 0             |                            |             |             |

## Part XIV

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . .

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

|    |                                                                                                                            |          |               |          |          |           |
|----|----------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed. | Tax year | Prior 3 years |          |          | (e) Total |
|    |                                                                                                                            | (a) 2019 | (b) 2018      | (c) 2017 | (d) 2016 |           |
|    |                                                                                                                            |          |               |          |          |           |

|                                   |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| <b>b</b> 85% of line 2a . . . . . |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|

|                                                                                    |  |  |  |  |  |
|------------------------------------------------------------------------------------|--|--|--|--|--|
| c Qualifying distributions from Part XII,<br>line 4 for each year listed . . . . . |  |  |  |  |  |
|------------------------------------------------------------------------------------|--|--|--|--|--|

|                                                                                                          |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . . |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------|--|--|--|--|--|

|                                                                                                                                |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|

|   |                                                            |  |  |  |  |  |
|---|------------------------------------------------------------|--|--|--|--|--|
| 3 | Complete 3a, b, or c for the alternative test relied upon: |  |  |  |  |  |
|   |                                                            |  |  |  |  |  |

[illegible]

|                                   |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| (1) Value of all assets . . . . . |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|

|                                                               |  |  |  |  |  |
|---------------------------------------------------------------|--|--|--|--|--|
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) |  |  |  |  |  |
|---------------------------------------------------------------|--|--|--|--|--|

|                                                                                                                                 |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|

|                                     |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|
| c "Support" alternative test—enter: |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|

|                                                                                                                                                           |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|

|                                                                                                                     |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|

|                                                           |  |  |  |  |  |
|-----------------------------------------------------------|--|--|--|--|--|
| (3) Largest amount of support from an exempt organization |  |  |  |  |  |
|-----------------------------------------------------------|--|--|--|--|--|

|                             |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|
| (4) Gross investment income |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|

**Part XV** **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3a</b>                           | 296,000 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3b</b>                           |         |

Enter gross amounts unless otherwise indicated.

|                                                                                                                                            | (a)<br>Business code | (b)<br>Amount | (c)<br>Exclusion code | (d)<br>Amount | (e)<br>(See instructions.) |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|-----------------------|---------------|----------------------------|
| <b>1</b> Program service revenue:                                                                                                          |                      |               |                       |               |                            |
| <b>a</b> _____                                                                                                                             |                      |               |                       |               |                            |
| <b>b</b> _____                                                                                                                             |                      |               |                       |               |                            |
| <b>c</b> _____                                                                                                                             |                      |               |                       |               |                            |
| <b>d</b> _____                                                                                                                             |                      |               |                       |               |                            |
| <b>e</b> _____                                                                                                                             |                      |               |                       |               |                            |
| <b>f</b> _____                                                                                                                             |                      |               |                       |               |                            |
| <b>g</b> Fees and contracts from government agencies                                                                                       |                      |               |                       |               |                            |
| <b>2</b> Membership dues and assessments. . . .                                                                                            |                      |               |                       |               |                            |
| <b>3</b> Interest on savings and temporary cash investments . . . . .                                                                      |                      |               | 14                    | 644           |                            |
| <b>4</b> Dividends and interest from securities. . . .                                                                                     | 525990               | 13            | 14                    | 196,976       |                            |
| <b>5</b> Net rental income or (loss) from real estate:                                                                                     |                      |               |                       |               |                            |
| <b>a</b> Debt-financed property. . . . .                                                                                                   |                      |               |                       |               |                            |
| <b>b</b> Not debt-financed property. . . . .                                                                                               |                      |               |                       |               |                            |
| <b>6</b> Net rental income or (loss) from personal property                                                                                |                      |               |                       |               |                            |
| <b>7</b> Other investment income. . . . .                                                                                                  |                      |               |                       |               |                            |
| <b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .                                                                | 525990               | 14            | 18                    | 307,972       |                            |
| <b>9</b> Net income or (loss) from special events:                                                                                         |                      |               |                       |               |                            |
| <b>10</b> Gross profit or (loss) from sales of inventory                                                                                   |                      |               |                       |               |                            |
| <b>11</b> Other revenue:                                                                                                                   |                      |               |                       |               |                            |
| <b>a</b> K-1 Inc/Loss _____                                                                                                                | 525990               | -63,990       | 14                    | -15,950       |                            |
| <b>b</b> _____                                                                                                                             |                      |               |                       |               |                            |
| <b>c</b> _____                                                                                                                             |                      |               |                       |               |                            |
| <b>d</b> _____                                                                                                                             |                      |               |                       |               |                            |
| <b>e</b> _____                                                                                                                             |                      |               |                       |               |                            |
| <b>12</b> Subtotal. Add columns (b), (d), and (e). .                                                                                       |                      | -63,963       |                       | 489,642       |                            |
| <b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). . . . .<br>(See worksheet in line 13 instructions to verify calculations.) |                      |               | <b>13</b>             | 425,679       |                            |

[illegible]



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                     | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                           |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                          |                                                                                                                    |                                      |                                     |         |
| A SAFE PLACEPO BOX 23006<br>OAKLAND, CA 94623                                 | N/A                                                                                                                | PC                                   | General & Unrestricted              | 3,000   |
| AMERICAN BIRD CONSERVANCY<br>4249 LOUDOUN AVE BOX 249<br>THE PLAINS, VA 20198 | N/A                                                                                                                | PC                                   | General & Unrestricted              | 1,000   |
| AMERICAN LUNG ASSOCIATION<br>55 W WACKER DR STE 1150<br>CHICAGO, IL 60601     | N/A                                                                                                                | PC                                   | General & Unrestricted              | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                   |                                                                                                                    |                                      |                                     | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| ANIMAL LEGAL DEFENSE FUND<br>525 E COTATI AVE<br>COTATI, CA 94931                                        | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| ASSOCIATION OF SMALL FOUNDATIONS<br>DBA EXPONENT PHIL<br>1720 N ST NW<br>WASHINGTON, DC 20036            | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| BAT WORLD SANCTUARY<br>299 HIGH POINT RD<br>WEATHERFORD, TX 76088                                        | N/A                                                                                                       | PC                             | General & Unrestricted           | 4,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| BAY AREA CANCER CONNECTIONS<br>2335 EL CAMINO REAL<br>PALO ALTO, CA 94306                                | N/A                                                                                                       | PC                             | General & Unrestricted           | 2,000   |
| BEST FRIENDS ANIMAL SOCIETY<br>5001 ANGEL CANYON RD<br>KANAB, UT 84741                                   | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| CANCER CONTROL SOCIETY<br>PO BOX 4651<br>MODESTO, CA 95352                                               | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CENTER FOR BIOLOGICAL DIVERSITY<br>INC<br>PO BOX 710<br>TUCSON, AZ 85702                                 | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| CENTER FOR PUBLIC INTEGRITY<br>910 17TH ST NW 7TH FL<br>WASHINGTON, DC 20006                             | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| CHABAD OF CALIFORNIA<br>741 GAYLEY AVE<br>LOS ANGELES, CA 90024                                          | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CHAC590 W EL CAMINO REAL<br>MOUNTAIN VIEW, CA 94040                                                      | N/A                                                                                                       | PC                             | General & Unrestricted           | 4,000   |
| CHARITY GLOBAL INC - CHARITY WATER<br>40 WORTH ST STE 330<br>NEW YORK, NY 10013                          | N/A                                                                                                       | PC                             | General & Unrestricted           | 2,000   |
| CHEETAH CONSERVATION FUND<br>PO BOX 2496<br>ALEXANDRIA, VA 22301                                         | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CHILD ADVOCATES OF SILICON VALLEY INC<br>509 VALLEY WAY<br>MILPITAS, CA 95035                            | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| CITY COLLEGE FUND<br>160 CONVENT AVE S-166 NO S166<br>NEW YORK, NY 10031                                 | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| COMMITTEE FOR ACCURACY IN MIDDLE EAST REPORTING IN<br>PO BOX 35040<br>BOSTON, MA 02135                   | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| COMMONWEALTH CLUB OF CALIFORNIA<br>110 THE EMBARCADERO<br>SAN FRANCISCO, CA 94105                        | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| COMMUNITY SCHOOL OF MUSIC AND ARTS<br>230 SAN ANTONIO CIR<br>MOUNTAIN VIEW, CA 94040                     | N/A                                                                                                       | PC                             | General & Unrestricted           | 10,000  |
| COMMUNITY SERVICES AGENCY<br>204 STIERLIN RD<br>MOUNTAIN VIEW, CA 94043                                  | N/A                                                                                                       | PC                             | General & Unrestricted           | 4,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CONGREGATION SHIR HADASH<br>20 CHERRY BLOSSOM LN<br>LOS GATOS, CA 95032                                  | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| CONSUMER REPORTS INCPO BOX 96552<br>WASHINGTON, DC 20090                                                 | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| COVENANT HOUSE CALIFORNIA<br>1325 N WESTERN AVE<br>LOS ANGELES, CA 90027                                 | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment  |                                                                                                           |                                |                                  |         |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                 | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |         |
| EARTHJUSTICE<br>50 CALIFORNIA ST STE 500<br>SAN FRANCISCO, CA 94111                                       | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| ENVIRONMENT CALIFORNIA RESEARCH & POLICY CENTER IN<br>3435 WILSHIRE BLVD STE 385<br>LOS ANGELES, CA 90010 | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| ENVIRONMENTAL DEFENSE FUND INCORPORATED<br>1875 CONNECTICUT AVE NW STE 600<br>WASHINGTON, DC 20009        | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| FAIRWARNING INC75 S GRAND AVE<br>PASADENA, CA 91105                                                      | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| FOOTHILL-DE ANZA COMMUNITY COLLEGES FOUNDATION<br>12345 S EL MONTE RD<br>LOS ALTOS HLS, CA 94022         | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| GLAUCOMA RESEARCH FOUNDATION<br>251 POST ST STE 600<br>SAN FRANCISCO, CA 94108                           | N/A                                                                                                       | PC                             | General & Unrestricted           | 4,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| GREENPEACE FUND INC<br>702 H ST NW STE 300<br>WASHINGTON, DC 20001                                       | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| H E R WEEKEND INCPO BOX 77<br>WOODLAND HLS, CA 91365                                                     | N/A                                                                                                       | PC                             | General & Unrestricted           | 2,000   |
| HIAS INC411 5TH AVE 10TH FL<br>NEW YORK, NY 10016                                                        | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| HONEST REPORTING COM INC<br>165 E 56TH ST 2ND FL<br>NEW YORK, NY 10022                                   | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| HOPE FOR PAWS<br>8950 W OLYMPIC BLVD 525<br>LOS ANGELES, CA 90211                                        | N/A                                                                                                       | PC                             | General & Unrestricted           | 4,000   |
| IEEE FOUNDATION INC445 HOES LN<br>PISCATAWAY, NJ 08854                                                   | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| INSTITUTE OF HEARTMATH<br>PO BOX 1463<br>BOULDER CREEK, CA 95006                                         | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| INSTITUTE OF NOETIC SCIENCES<br>101 SAN ANTONIO RD<br>PETALUMA, CA 94952                                 | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| INTERNATIONAL PLANNED PARENTHOOD FEDERATION<br>125 MADIEN LN 9TH FL<br>NEW YORK, NY 10038                | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| INTERNATIONAL RESCUE COMMITTEE INC<br>122 E 42ND ST 12TH FL<br>NEW YORK, NY 10168                        | N/A                                                                                                       | PC                             | General & Unrestricted           | 2,000   |
| JEWISH FAMILY & CHILDRENS SERVICES<br>PO BOX 159004<br>SAN FRANCISCO, CA 94115                           | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| JEWISH FEDERATION OF SILICON VALLEY<br>14855 OKA RD STE 200<br>LOS GATOS, CA 95032                       | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . .</b>                                                                                   |                                                                                                           |                                | <b>▶ 3a</b>                      | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| JEWISH NATIONAL FUND-KEREN<br>KAYEMETH LEISRAEL INC<br>42 E 69TH ST<br>NEW YORK, NY 10021                | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| KARMA CAT RESCUE346 PAUL AVE<br>MOUNTAIN VIEW, CA 94041                                                  | N/A                                                                                                       | PC                             | General & Unrestricted           | 3,000   |
| KIDNEY CANCER ASSOCIATION<br>2929 ALLEN PKWY STE 200<br>HOUSTON, TX 77019                                | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| MARINE MAMMAL CENTER<br>2000 BUNKER RD FORT CRONKHITE<br>SAUSALITO, CA 94965                             | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| MEDECINS SANS FRONTIERES USA INC<br>- DOCTORS WITHOUT<br>PO BOX 5030<br>HAGERSTOWN, MD 21741             | N/A                                                                                                       | PC                             | General & Unrestricted           | 2,000   |
| MENTOR TUTOR CONNECTION<br>PO BOX 1473<br>LOS ALTOS, CA 94023                                            | N/A                                                                                                       | PC                             | General & Unrestricted           | 4,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                             |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                            | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                             |         |
| MONTEREY BAY AQUARIUM FOUNDATION<br>886 CANNERY ROW<br>MONTEREY, CA 93940                                | N/A                                                                                                       | PC                             | General & Unrestricted                                                      | 2,000   |
| MOTHERS AGAINST DRUNK DRIVING<br>511 E JOHN CARPENTER FREEWAY STE 70<br>IRVING, TX 75062                 | N/A                                                                                                       | PC                             | Restricted use for Northern California, Boating Under the Influence Program | 20,000  |
| NATIONAL ASSOCIATION OF STATE BOATING LAW ADMINIST<br>1020 MONARCH ST STE 200<br>LEXINGTON, KY 40513     | N/A                                                                                                       | PC                             | Korek PSA project and related                                               | 30,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                             | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| NATIONAL ASSOCIATION OF STATE BOATING LAW ADMINIST<br>1020 MONARCH ST STE 200<br>LEXINGTON, KY 40513     | N/A                                                                                                       | PC                             | Operation Dry Water Campaign     | 5,000   |
| NATURAL RESOURCES DEFENSE COUNCIL INC<br>40 W 20TH ST 11TH FL<br>NEW YORK, NY 10011                      | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| NIKE ANIMAL RESCUE FOUNDATION<br>5463 SHERIDAN RD<br>SUNOL, CA 94586                                     | N/A                                                                                                       | PC                             | General & Unrestricted           | 4,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| ONE CHILD1900 MOWRY AVE STE 103<br>FREMONT, CA 94538                                                     | N/A                                                                                                       | PC                             | General & Unrestricted           | 4,000   |
| ORGANIC CONSUMERS ASSOCIATION<br>6771 S SILVER HILL DR<br>FINLAND, MN 55603                              | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| PALACE OF FINE ARTS LEAGUE INC<br>3301 LYON ST<br>SAN FRANCISCO, CA 94123                                | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| PATHWAYS HOME HEALTH AND HOSPICE<br>585 N MARY AVE<br>SUNNYVALE, CA 94085                                | N/A                                                                                                       | PC                             | General & Unrestricted           | 2,000   |
| PAWS FOR PURPLE HEARTS<br>10201 OLD REDWOOD HWY<br>PENNGROVE, CA 94951                                   | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| PENINSULA HUMANE SOCIETY & SPCA<br>1450 ROLLINS RD<br>BURLINGAME, CA 94010                               | N/A                                                                                                       | PC                             | General & Unrestricted           | 4,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| PEOPLE FOR THE AMERICAN WAY FOUNDATION<br>1101 15TH ST NW STE 600<br>WASHINGTON, DC 20005                | N/A                                                                                                       | PC                             | General & Unrestricted           | 2,000   |
| PERFORMING ANIMAL WELFARE SOCIETY<br>PO BOX 849<br>GALT, CA 95632                                        | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| PETS IN NEED871 5TH AVE<br>REDWOOD CITY, CA 94063                                                        | N/A                                                                                                       | PC                             | General & Unrestricted           | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment   |                                                                                                           |                                |                                  |         |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |         |
| PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE INC<br>5100 WISCONSIN AVE NW STE 400<br>WASHINGTON, DC 20016 | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| PHYSICIANS FOR SOCIAL RESPONSIBILITY INC<br>1111 14TH ST NW STE 700<br>WASHINGTON, DC 20005                | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| POPULATION CONNECTION<br>2120 L ST NW STE 500<br>WASHINGTON, DC 20037                                      | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                                |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| PROSTATE CANCER RESEARCH INSTITUTE<br>300 CORPORATE POINTE STE 383<br>CULVER CITY, CA 90230              | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| SAN FRANCISCO AIDS FOUNDATION<br>1035 MARKET ST STE 400<br>SAN FRANCISCO, CA 94103                       | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| SAN FRANCISCO BAY BIRD OBSERVATORY<br>524 VALLEY WAY<br>MILPITAS, CA 95035                               | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| SECOND HARVEST OF SILICON VALLEY<br>4001 N 1ST ST<br>SAN JOSE, CA 95134                                  | N/A                                                                                                       | PC                             | General & Unrestricted           | 4,000   |
| SIERRA CLUB FOUNDATION<br>2101 WEBSTER ST STE 1250<br>OAKLAND, CA 94612                                  | N/A                                                                                                       | PC                             | General & Unrestricted           | 10,000  |
| SILICON VALLEY JEWISH FILM FESTIVAL<br>PO BOX 2190<br>CUPERTINO, CA 95015                                | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                 | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                       |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                      |                                                                                                                    |                                      |                                     |         |
| SILICON VALLEY PET PROJECT<br>PO BOX 6145<br>SAN JOSE, CA 95150           | N/A                                                                                                                | PC                                   | General & Unrestricted              | 4,000   |
| SIMON WIESENTHAL CENTER<br>1399 S ROXBURY 2ND FL<br>LOS ANGELES, CA 90035 | N/A                                                                                                                | PC                                   | General & Unrestricted              | 1,000   |
| SMART LIFE FORUM INC<br>1745 PACIFIC AVE 504<br>SAN FRANCISCO, CA 94109   | N/A                                                                                                                | PC                                   | General & Unrestricted              | 4,000   |
| <b>Total . . . . . ▶ 3a</b>                                               |                                                                                                                    |                                      |                                     | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| SOLAR COOKERS INTERNATIONAL<br>2400 22ND ST<br>SACRAMENTO, CA 95818                                      | N/A                                                                                                       | PC                             | General & Unrestricted           | 2,000   |
| TAWONGA JEWISH COMMUNITY CORPORATION<br>131 STEUART ST STE 460<br>SAN FRANCISCO, CA 94105                | N/A                                                                                                       | PC                             | General & Unrestricted           | 2,000   |
| THE DIAN FOSSEY GORILLA FUND INTERNATIONAL<br>800 CHEROKEE AVE SE<br>ATLANTA, GA 30315                   | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| THE ELEPHANT SANCTUARY IN TENNESSEE<br>PO BOX 393<br>HOHENWALD, TN 38462                                 | N/A                                                                                                       | PC                             | General & Unrestricted           | 10,000  |
| THE HEALTH TRUST<br>3180 NEWBERRY DR STE 200<br>SAN JOSE, CA 95118                                       | N/A                                                                                                       | PC                             | General & Unrestricted           | 10,000  |
| THE MANKIND PROJECTPO BOX 383<br>KAYSVILLE, UT 84037                                                     | N/A                                                                                                       | PC                             | Restricted for MKP USA Marketing | 10,000  |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| THE MONO LAKE FOUNDATION<br>PO BOX 29<br>LEE VINING, CA 93541                                            | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| THE SALVATION ARMY - SANTA CLARA COUNTY<br>359 N 4TH ST<br>SAN JOSE, CA 95109                            | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| THE TECH INTERACTIVE<br>201 S MARKET ST<br>SAN JOSE, CA 95113                                            | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| THEATREWORKS SILICON VALLEY<br>350 TWIN DOLPHIN DR STE 127<br>REDWOOD CITY, CA 94065                     | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| US TOO INTERNATIONAL INC<br>2720 S RIVER RD STE 112<br>DES PLAINES, IL 60018                             | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| UTILITY REFORM NETWORK<br>785 MARKET ST STE 1400<br>SAN FRANCISCO, CA 94103                              | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| VIETNAM VETERANS OF CALIFORNIA<br>INC<br>PO BOX 378<br>SANTA ROSA, CA 95402                              | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| WILDERNESS SOCIETY1615 M ST NW<br>WASHINGTON, DC 20036                                                   | N/A                                                                                                       | PC                             | General & Unrestricted           | 2,000   |
| WILDLIFE CONSERVATION NETWORK<br>INC<br>209 MISSISSIPPI ST<br>SAN FRANCISCO, CA 94107                    | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 296,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment             |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                            | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                                  |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                                 |                                                                                                           |                                |                                  |         |
| YOUNG MENS CHRISTIAN ASSOCIATION<br>SILICON VALLEY<br>80 SARATOGA AVE<br>SANTA CLARA, CA 95051                       | N/A                                                                                                       | PC                             | General & Unrestricted           | 1,000   |
| <b>Total</b> . . . . .  <b>3a</b> |                                                                                                           |                                |                                  | 296,000 |

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

## **TY 2019 Depreciation Schedule**

**Name:** Michael and Ina Korek Foundation Trust

**EIN:** 77-6140213

**TY 2019 Investments Corporate Bonds Schedule****Name:** Michael and Ina Korek Foundation Trust**EIN:** 77-6140213**Investments Corporate Bonds Schedule**

| <b>Name of Bond</b>            | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|--------------------------------|-------------------------------|--------------------------------------|
| AEQUITAS COMMERCIAL FINANCE LL | 215,358                       | 28,109                               |
| ANDEAVOR NOTE - 4.750% - 12/15 | 10,445                        | 10,868                               |
| BANK OF AMERICA - 4.250% - 10/ | 34,843                        | 38,178                               |
| FIRST NIAGARA FINL GP BOND - 7 | 23,568                        | 21,906                               |
| GOLDMAN SACHS GRP INC - 6.000% | 82,018                        | 71,224                               |
| HIGHWOODS RLTY LP NOTE BOND -  | 9,933                         | 10,330                               |
| JPMORGAN CHASE & CO FR - 3.875 | 29,459                        | 32,085                               |
| LEHMAN BRTHRS HLDGS - 0.000% - |                               |                                      |
| OCCIDENTAL COLLEGE - 3.015% -  | 30,010                        | 28,710                               |
| TEMECULA CALIF REDEV AGY REF   | 9,783                         | 10,301                               |

TY 2019 Investments Corporate Stock Schedule

Name: Michael and Ina Korek Foundation Trust  
 EIN: 77-6140213

Investments Corporation Stock Schedule

| Name of Stock                  | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------|------------------------|-------------------------------|
| ABB LTD                        | 11,788                 | 15,297                        |
| ACCENTURE PLC                  | 13,213                 | 14,740                        |
| AGNICO EAGLE MINES LTD         | 36,309                 | 49,596                        |
| ALPHABET INC CL A              | 10,508                 | 12,055                        |
| ALPHABET INC CL C              | 10,506                 | 12,033                        |
| ANHEUSER BUSCH COS INC         | 58,095                 | 50,455                        |
| BANK NEW YORK MELLON CORP COM  | 15,396                 | 19,377                        |
| BARRICK GOLD CORPORATION       | 23,597                 | 26,770                        |
| BERKSHIRE HATHAWAY INC. CLASS  | 110,916                | 164,439                       |
| BROOKFIELD ASSET MANAGEMENT CL | 31,077                 | 60,690                        |
| CENTURYLINK INC                | 91,823                 | 86,750                        |
| CERNER CORPORATION             | 31,077                 | 39,631                        |
| CHARLES SCHWAB CORP            | 10,354                 | 13,555                        |
| CITIGROUP INC                  | 44,620                 | 68,865                        |
| COHO RELATIVE VALUE EQUITY FUN | 696,874                | 776,400                       |
| COSTCO WHOLESALE CORPORATION   | 10,816                 | 11,757                        |
| CVS CAREMARK CORP              | 47,377                 | 57,575                        |
| DOMINION ENERGY INC            | 39,236                 | 49,278                        |
| DOUBLELINE CORE FIXED INCOME I | 167,213                | 170,278                       |
| DOUBLELINE TOTAL RETURN BOND   | 511,763                | 506,826                       |
| ENBRIDGE INC                   | 76,693                 | 82,085                        |
| EQUITY COMMONWEALTH            | 23,365                 | 24,458                        |
| FAIRFAX FINL HLDGS LTD         | 69,465                 | 83,032                        |
| FASTENAL COMPANY               | 3,811                  | 4,804                         |
| FEDEX CORPORATION              | 10,493                 | 10,585                        |
| FIRST EAGLE GLOBAL FUND CLASS  | 698,317                | 736,093                       |
| GENERAL MOTORS                 | 62,968                 | 71,370                        |
| GOLDMAN SACHS TREASURYACCESS 0 | 514,270                | 514,319                       |
| GQG PARTNERS EMERGING MARKETS  | 545,745                | 571,901                       |
| GROUPE DANONE ADS              | 27,742                 | 35,435                        |

## Investments Corporation Stock Schedule

| Name of Stock                  | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------|------------------------|-------------------------------|
| HOME DEPOT INC                 | 13,019                 | 14,195                        |
| HOWARD HUGHES CORPORATION      | 26,450                 | 27,262                        |
| JOHNSON & JOHNSON              | 46,981                 | 74,394                        |
| JP MORGAN CHASE                | 24,337                 | 42,656                        |
| JPMORGAN HEDGED EQUITY SELECT  | 416,800                | 452,536                       |
| LIBERTY GLOBAL PLC - SERIES C  | 174,534                | 139,128                       |
| LIBERTY LATIN AMERICA (FORMERL | 5,596                  | 3,483                         |
| LOEWS CORP                     | 58,646                 | 62,726                        |
| MAGNA INTERNATIONAL INC        | 35,183                 | 42,611                        |
| MICROSOFT CORP                 | 11,454                 | 44,314                        |
| NESTLE S.A                     | 7,064                  | 11,476                        |
| PAYPAL HOLDINGS, INC           | 8,384                  | 8,654                         |
| PIONEER ILS INTERVAL FUND      | 126,524                | 122,097                       |
| PNC FINANCIAL GROUP INC        | 11,777                 | 15,165                        |
| POWER CORPORATION OF CANADA    | 45,787                 | 62,321                        |
| RESOLUTE FOREST PRODUCTS INC   | 22,306                 | 12,163                        |
| SANOFI-AVENTIS SPONSORED ADR   | 55,053                 | 68,523                        |
| SCHLUMBERGER LTD               | 39,772                 | 42,813                        |
| SOUTHWEST AIRLINES             | 11,131                 | 12,415                        |
| SPDR BARCLAYS CAPITAL 1-3 MONT | 205,107                | 204,986                       |
| SPROTT PHYSICAL GOLD TRUST     | 264,489                | 288,666                       |
| SPX FLOW INC                   | 20,521                 | 40,269                        |
| STONE RIDGE REINSURANCE RISK P | 339,024                | 283,349                       |
| T. ROWE PRICE ASSOCIATES       | 11,052                 | 12,793                        |
| TJX COMPANIES INC              | 20,749                 | 28,393                        |
| UNITEDHEALTH GROUP INC         | 14,547                 | 17,639                        |
| VERSUS CAPITAL MULTI MNGR REAL | 426,400                | 428,209                       |
| VISA INC                       | 20,179                 | 21,609                        |
| VODAFONE GROUP PLC             | 160,060                | 100,825                       |
| WALT DISNEY HOLDINGS CO        | 24,585                 | 34,711                        |

## Investments Corporation Stock Schedule

| Name of Stock                  | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------|------------------------|-------------------------------|
| WESTERN ASSET CORE PLUS BOND P | 239,238                | 254,087                       |

**TY 2019 Investments Government Obligations Schedule****Name:** Michael and Ina Korek Foundation Trust**EIN:** 77-6140213**US Government Securities - End  
of Year Book Value:****US Government Securities - End  
of Year Fair Market Value:****State & Local Government  
Securities - End of Year Book  
Value:**

526,739

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

548,984

**TY 2019 Investments - Other Schedule****Name:** Michael and Ina Korek Foundation Trust**EIN:** 77-6140213**Investments Other Schedule 2**

| <b>Category/ Item</b>          | <b>Listed at Cost or FMV</b> | <b>Book Value</b> | <b>End of Year Fair Market Value</b> |
|--------------------------------|------------------------------|-------------------|--------------------------------------|
| BGV OPPORTUNITY FUND, L.P      |                              | 101,457           | 151,647                              |
| REDWOOD-KAIROS REAL ESTATE VAL |                              | 297,727           | 380,086                              |
| ZSPACE, INC                    |                              | 75,000            | 11,884                               |

**TY 2019 Other Expenses Schedule****Name:** Michael and Ina Korek Foundation Trust**EIN:** 77-6140213**Other Expenses Schedule**

| Description                    | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| Administrative Fees            | 40,421                         |                       |                     | 40,421                                |
| Bank Charges                   | 527                            | 527                   |                     |                                       |
| Foundation Dues & Memberships  | 750                            |                       |                     | 750                                   |
| K-1 Exp BGV OPPORTUNITY FUND,  | 5,552                          | 5,552                 |                     |                                       |
| K-1 Exp REDWOOD-KAIROS REAL ES | 1                              | 1                     |                     |                                       |
| State or Local Filing Fees     | 85                             |                       |                     | 85                                    |

**TY 2019 Other Income Schedule****Name:** Michael and Ina Korek Foundation Trust**EIN:** 77-6140213**Other Income Schedule**

| Description                                        | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|----------------------------------------------------|-----------------------------------|--------------------------|---------------------|
| K-1 Inc/Loss BGV OPPORTUNITY FUND, L.P             | 1,564                             | 1,564                    |                     |
| K-1 Inc/Loss REDWOOD-KAIROS REAL ESTATE VALUE FUND | -81,504                           | -17,514                  |                     |

**TY 2019 Other Professional Fees Schedule****Name:** Michael and Ina Korek Foundation Trust**EIN:** 77-6140213

| <b>Category</b>                | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|--------------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| Investment Management Services | 61,335        | 61,331                           |                                |                                                      |

**TY 2019 Taxes Schedule****Name:** Michael and Ina Korek Foundation Trust**EIN:** 77-6140213

| Category                      | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|-------------------------------|--------|--------------------------|------------------------|---------------------------------------------|
| 990-PF Estimated Tax for 2019 | 2,000  |                          |                        |                                             |
| Foreign Tax Paid              | 25     | 25                       |                        |                                             |