For Paperwork Reduction Act Notice, see instructions.

Return of Private Foundation

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

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

OMB No 1545-0047

	Department of the Treasury Internal Revenue Service Do not enter social security numbers on this ► Go to www.irs.gov/Form990PF for instruction									Open to Public Inspection		ction	
				19 or tax year be					ending			, 20	_
1		e of four		719 Of tax year be	-giiiiiig		<u>, 2010,</u>	, and t		dentification r	numbe		—
1				TION					82-2688398				
Ŋ	Num	ber and	IO FOUNDAT street (or P O	box number if mail is r	not delivered to street address)		Room/s	suite	B Telephone number (see instructions)				—
	11292 N. ALPINE ROAD								209-948	-0792	ı		
				nce, country, and ZIP o	r foreign postal code	_	L		C If exempt			ing, check here	<u>-</u>
	-		N, CA 95212		•				O il exempt	оп аррисацоп в	pend	mg, check here i	´ ''(
			all that app		turn Initial return	of a former	oublic o	harity	D 1 Foreign	organizations, o	check '	here '	►□
	<u> </u>	Officer	an that app	Final ret				,,,,,,,,		-			٠ اـــــــا
	☐ Address change ☐ Name change							2. Foreign organizations meeting the 85% test, check here and attach computation ►					
	H Check type of organization: Section 501(c)(3) exempt private						ation	47				terminated unde	_
					itable trust			ation	•	07(b)(1)(A), check			▶ 🔲
		_		of all assets at					F If the four			h *	
				n Part II, col. (c),	Other (specify)		_			ndation is in a 60 tion 507(b)(1)(B)			▶ 🔲
		line 16	•		(Part I, column (d), must b	e on cash bas	is)						
	Pá	art I	Analysis o		xpenses (The total of	(a) Revenue						(d) Disburseme	
					i) may not necessarily equal	expenses p			investment come	(c) Adjusted Income	net	for charitable purposes	
			the amounts	ın column (a) (see ıns	tructions))	books						(cash basis or	
		1	Contribution	ns, gifts, grants, etc	, received (attach schedule)	19	0,000						
		2	_		not required to attach Sch B								
		3	Interest on	savings and temp	porary cash investments								
HE E		4	Dividends	and interest from	securities								
1	. F	5a	Gross rent	s.,								ļ	
6		b	Net rental	income or (loss)									,[_
	ē	6a	Net gain o	r (loss) from sale o	of assets not on line 10								
	Revenue	b	Gross sales	price for all assets of	on line 6a								
	Š	7	Capital ga	in net income (fro	m Part IV, line 2)								
	Œ	8	Net short-	term capital gaın									
		9	Income mo	odifications .						·			
		10a	Gross sales	less returns and alle	owances							ļ	
		b		t of goods sold		ļ						<u> </u>	<u></u>
		С	-		schedule)					<u> </u>			
		11		me (attach sched				_					
		12			<u> 1 </u>	1:	50,000-		RECEIN	CD 1			
	Ś	13	•		irectors, trustees, etc.			<u></u>	LOCI			 	
	enses	14	-	=	d wages	-	- \ Ł	,, [2020			
		15	•	lans, employee be				21	JUN 22			 	
	X	16a		(attach schedule)			- 1	- -		<u> </u>	\vdash		
	<u>ē</u>	b		g fees (attach sch		-	3,500	_	GDEN	UT	₩	1	3,500
	美	_ c	-	essional fees (atta			18,000		7000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>-</u>	10	<u>3,000</u>
	ij	17			e instructions)		_	_				 	
	Ë	18			ale) and depletion .							 	
	Έ	19				-	-					 	
;	Ą	20	•	•	eetings				<u> </u>				
5	Operating and Administrative Exp	21 22			eeungs								
Ď	ā	23	_	enses (attach sch			744					 	30
	ing	24	-	•	ministrative expenses.		,			× 11		†	
	rat				· · · · · · · · ·		22,244					21	1,530
	pel	25			paid		,					<u> </u>	.,
	Ō	26			ments. Add lines 24 and 25		22,244					21	1,530
		27		ne 26 from line 12			,					<u> </u>	
		a a			enses and disbursements	1	27,756						
-		b		•	negative, enter -0-)	-							
		1		•	gative, enter -0-)			_					\Box
	<u> </u>		-	tion Act Notice se			Cat N	0 11289	×		Fr	orm 990-PF ((2019)

Cat No 11289X

Pa	rt,ll	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of year	
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	9,405	134,955	134,955
	2	Savings and temporary cash investments			<u> </u>
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶		2,920	2,920
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U.S. and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment, basis ▶			
		Less accumulated depreciation (attach schedule) ▶			*
	12	Investments – mortgage loans			_
	13	Investments—other (attach schedule)	-		
	14	Land huldings and accomments have			
	' '	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe ► ORGANIZATIONAL COSTS)	9,853	9,139	9,139
	16	Total assets (to be completed by all filers—see the	0,000	3,100	0,100
	'	ınstructions. Also, see page 1, item l)	19,258	147,014	147,014
_	17	Accounts payable and accrued expenses			1,1,7,0.1
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0		
<u> </u>		Foundations that follow FASB ASC 958, check here ▶ □			
Balances		and complete lines 24, 25, 29, and 30.			
<u>a</u>	24	Net assets without donor restrictions	19,258	147.014	
Bal	25	Net assets with donor restrictions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
7		Foundations that do not follow FASB ASC 958, check here ▶ □			
5		and complete lines 26 through 30.			
Ē	26	Capital stock, trust principal, or current funds			
0	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
ě	28	Retained earnings, accumulated income, endowment, or other funds			
155	29	Total net assets or fund balances (see instructions) .	19,258	147,014	···-
it A	30	Total liabilities and net assets/fund balances (see	19,200		
Net Assets or Fur		instructions)	19,258	147,014	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances		1417014	'
_		Il net assets or fund balances at beginning of year-Part II, colui	mn (a), line 29 (must	agree with	<u> </u>
•		of-year figure reported on prior year's return)		-	19,258
2		er amount from Part I, line 27a			127,756
3		and a suppose making body of the Colorest N. S.			.2,,700
4		lines 1, 2, and 3		4	147,014
_	_			1 -	
6	Tota	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), line	29 6	147,014
_					5 000 DE (1014)

Part	IV Gapital Gains and	Losses for Tax on Investm	ent Income			
		d(s) of property sold (for example, real es e, or common stock, 200 shs MLC Co)	tate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
b						
<u> </u>						
<u>d</u>						
<u> e </u>				<u> </u>		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis inse of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
<u>a</u>						
<u>b</u>						
<u>C</u>		-				
<u>d</u>						
е	Complete only for coasts above		w the foundation	on 10/21/60	·	
	Complete only for assets snow	ving gain in column (h) and owned b				I (h) gain minus t less than -0-) or
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		rom col (h))
<u>a</u> _						
<u>b</u>						
c					<u>-</u>	
<u>e</u>			_			
		(If goin	also enter in Pa	et Lino 7		
2	Capital gain net income or	inercannarioss /	enter -0- in Pai		2	
3	If gain, also enter in Part I	or (loss) as defined in sections , line 8, column (c). See instruc	ctions. If (loss)		3	
Part		er Section 4940(e) for Redu		let Investment		
		rate foundations subject to the s				
(1 01 0	phonai use by domestic priv	ate loundations subject to the s	SECTION 4540(a)	tax off fiet filvest	ment income.)	
If sect	tion 4940(d)(2) applies, leave	this part blank.				
		section 4942 tax on the distribut ualify under section 4940(e) Do			pase period?	☐ Yes ☐ No
1		unt in each column for each yea			akıng anv entries.	
<u> </u>	(a)		1, 000 the mone		_ 	(d)
Cale	Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) f nonchantable-use a		tribution ratio divided by col. (c))
	2018					
	2017					
	2016			<u></u>		
	2015					
	2014					
		-				
2	Total of line 1, column (d)				2	
3		for the 5-year base period—divi undation has been in existence				
4	Enter the net value of nonc	hantable-use assets for 2019 fr	om Part X. line	5	. 4	
			o,,,, a,,,,,			
5	Multiply line 4 by line 3 .				5	
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			. 6	-
7	Add lines 5 and 6				. 7	_
8		ns from Part XII, line 4			. 8	
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box in	Part VI, line 1b	o, and complete t	that part using a 1	% tax rate. See the

Part !		see ii	nstru	ctior	<u>ıs)</u>	
	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary – see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			 ,	
	here ► and enter 1% of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b)	_				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				
3						
4						
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5				
6	Credits/Payments.				- 1	
а	2019 estimated tax payments and 2018 overpayment credited to 2019					
b	Exempt foreign organizations—tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶	11				
	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or continuous cont			Yes	No	
	participate or intervene in any political campaign?		1a			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See instructions for the definition		1b		✓	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate	rials				
	published or distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?	•	1c		✓	
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$(2) On foundation managers. ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	ed				
	on foundation managers. ► \$		<u> </u>			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		2		<u> </u>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, art of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	s.	3		<u> </u>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		✓	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		✓_	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T.</i>	•	5		<u> </u>	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or				l	
	• 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?		6	✓		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa	ırt XV	7	✓_		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ CALIFORNIA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ger (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	neral	8b	_		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV.	3) or res,"	9		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
40	complete Part XIV	their			<u> </u>	
10	names and addresses		10	1		

Parţ	VII-A - Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11_		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
	Website address ► N/A			
14		9-948-		
	Located at ► 11292 N. ALPINE ROAD STOCKTON, CA ZIP+4 ►	9521	2	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here		•	▶ ∐
40	and enter the amount of tax-exempt interest received or accrued during the year • 15		Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?.	16	163	√
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			1 1
Dart	the foreign country ► VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		
rait	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	1		i
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	ł		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
_	were not corrected before the first day of the tax year beginning in 2019?	1c	ļ	✓
2	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)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.).	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	l		
	at any time during the year?			
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	}		1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-	1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	_ <u></u>		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	,	7

_			•
-2	a	ρ	О

Part	VII-B	Statements Regarding Activities	s for W	/hich Form	4720	May Be R	equire	d (contii	nued)			
5a	During t	he year, did the foundation pay or incur	any am	ount to							Yes	No
	(1) Carr	y on propaganda, or otherwise attempt t	o influe	ence legislatio	on (sect	ion 4945(e))? .	☐ Yes	✓ No			
	(2) Influ	ence the outcome of any specific public	c electi	on (see secti	on 495	5); or to ca	arry on,					l
	direc	ctly or indirectly, any voter registration dr	ıve?					☐ Yes	✓ No	i I		
	(3) Prov	ride a grant to an individual for travel, stu	dy, or d	other similar i	ourpose	es?		Yes	✓ No			
		ride a grant to an organization other than						_				
		ion 4945(d)(4)(A)? See instructions			-			☐ Yes	✓ No	.		
	(5) Prov	ride for any purpose other than religious	, charita	able, scientifi	ic, litera	ary, or educ	cational	_				
		oses, or for the prevention of cruelty to						Yes	✓ No			
b	If any a	nswer is "Yes" to 5a(1)-(5), did any of th	ne trans	actions fail t	o qualif	fy under th	e excep	tions des	cribed			
		ations section 53.4945 or in a current no								5b		
	Organiz	ations relying on a current notice regardi	ng disa	ster assistan	ce, che	ck here .			▶□			1
С	_	nswer is "Yes" to question 5a(4), does t	-				the tax					
because it maintained expenditure responsibility for the grant?												
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).											
6a		foundation, during the year, receive any					emiums			1		l
		rsonal benefit contract?						☐ Yes	✓ No			ı
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 6							6b		-			
		to 6b, file Form 8870.		•	-	•						
7a	At any ti	me during the tax year, was the foundation	a party	to a prohibite	ed tax s	helter trans	action?	☐ Yes	✓ No	·		
b		did the foundation receive any proceed							ո? .	7b		
8		oundation subject to the section 4960 ta										
	remunei	ration or excess parachute payment(s) de	uring th	e year?				☐ Yes	V No			
_Part	VIII	Information About Officers, Direc	tors, T	rustees, F	ounda	tion Mana	agers,	Highly F	Paid E	mploy	ees,	
		and Contractors										
1	List all	officers, directors, trustees, and found								3.		
		(a) Name and address		e, and average rs per week		mpensation not paid,		Contribution: yee benefit		(e) Expe		
				ed to position		ter -0-)		rred compe		other a	allowan	ces
DEAN	CORTOP	ASSI										
11292	N. ALPINI	E ROAD STOCKTON, CA 95212	CHAIR	MAN -0-					-0-			-0-
DONA	LD G. LEN	IZ										
11292	N. ALPINI	E ROAD STOCKTON, CA 95212	SECRE	TARY -0-					-0-			-0-
THOM	AS CORT	OPASSI			1							
<u>11292</u>	N. ALPINI	ROAD STOCKTON, CA 95212	DIRECT	TOR -0-		-0-			-0-			-0-
BRAD	Y WHITLO	DW										
		E ROAD STOCKTON, CA 95212	DIRECT		L	-0-			-0-	<u> </u>		-0-
2	"NONE.	nsation of five highest-paid employed	es (oth	er than tho:	se incl	uded on li	ne 1—:	see instr	uction:	s). If n	one, d	enter
				(b) Title, and a				(d) Contribu	utions to	(a) Fur-	20.00	
	(a) Name ar	nd address of each employee paid more than \$50,00	00	hours per v	veek	(c) Compe	nsation	plans and	deferred	(e) Expe	inse acc allowan	
				devoted to p				compens	sation			
NONE				ł								
		•••••••••••••••		1								
				1								
				ļ								
		••••••										
T		6 - Ab		<u> </u>		L						
otal	number c	of other employees paid over \$50,000 .	<u> </u>	<u> </u>		· <u>· · · · · · · · · · · · · · · · · · </u>		<u>· · ·</u>	. 🚩		0	

Part,VII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued)	mployees,
3 Fiv	ve highest-paid independent contractors for professional services. See instructions. If none, enter "NC	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
•••••		
•		
	mber of others receiving over \$50,000 for professional services	·
Part IX-	-A Summary of Direct Charitable Activities	
	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of the statistical information such as the statistical information in the statistical information such as the statistical information in the statistical informat	Expenses
1		<u> </u>
		·-
		· -
2		
		· -
		·•
з —		
		.
		·
4		
Part IX		
	e the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
AU -45	rayogram releted investments. See instructions	
_	program-related investments. See instructions	
3		
		
Total Ad	Id lines 1 through 3	
Total. Ad	d lines 1 through 3	Form 990-PF (201
		Form 330-PF (201

Part _₅	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	87,153
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	87,153
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	87,153
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		<u> </u>
	instructions)	4	1,307
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	85,846
6	Minimum investment return. Enter 5% of line 5	6	4,292
Part 2		oundation	
1	Minimum investment return from Part X, line 6	1	4,292
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,292
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,292
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	4,292
Part	XII Qualifying Distributions (see Instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	21,530
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	21,530
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	O
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	21,530
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.	g witchiel	inc roundation
		For	m 990-PF (2019)

Part	XIII Undistributed Income (see instructions	s)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI,				
_	line 7				4,292
2	Undistributed income, if any, as of the end of 2019				
a	Enter amount for 2018 only				
р	Total for prior years 20, 20, 20		-		
3	Excess distributions carryover, if any, to 2019:				
a b	From 2014				
C	From 2016				
d	From 2017 1,067				
e	From 2018				
f	Total of lines 3a through e	3,996			
4	Qualifying distributions for 2019 from Part XII,	3,330			
•	line 4. ► \$ 21,530				
а	Applied to 2018, but not more than line 2a .				
b	Applied to undistributed income of prior years				
	(Election required – see instructions) .				
С	Treated as distributions out of corpus (Election				
د.	required—see instructions)	0			
ď	Applied to 2019 distributable amount	47.000			4,292
e	Remaining amount distributed out of corpus	17,238			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same				
	amount must be shown in column (a).	0			
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	21.234			
b	Prior years' undistributed income. Subtract	21,234			
b	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions				
е	Undistributed income for 2018 Subtract line	-			
Û	4a from line 2a. Taxable amount—see				
	instructions				
f	Undistributed income for 2019. Subtract lines			,,.	··················
	4d and 5 from line 1. This amount must be				
	distributed in 2020				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be		İ		
	required—see instructions)		··		
8	Excess distributions carryover from 2014 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.				
40	Subtract lines 7 and 8 from line 6a	21,234			
10	Analysis of line 9:			:	
a	Excess from 2015 Excess from 2016				j
b	Excess from 2016				
d	Excess from 2017				
_	Excess from 2019				
E	LAUGOO HUHH 2017 17,235	I			ı B

	0-11 (2013)					
Part,	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	9)	
1a	If the foundation has received a ruling			private operating		
	foundation, and the ruling is effective for			▶	<u> </u>	
b	Check box to indicate whether the four		operating founda		ection 📙 4	4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	40.004	(e) Total
	investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 201	6
_	each year listed				 	
	85% of line 2a			 		
С	Qualifying distributions from Part XII, line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c			<u> </u>		
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test-enter			\		
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in					
	Part X, line 6, for each year listed	L				
С	"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	on (Complete th	nis part only if	the foundation b	nad \$5,000	or more in assets at
	any time during the year-	-see instruction	ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					
	before the close of any tax year (but o	only if they have co	ontributed more t	nan \$5,000). (See :	section 507(u)(2).)
NONE	List any managers of the foundation	who own 10% o	r more of the etc	ock of a corporation	n (or an eq	ually large portion of the
b	ownership of a partnership or other e					daily large portion of the
NONE	ownership or a paranership or owner o	,,				
NONE 2	Information Regarding Contribution	n. Grant. Gift. Loa	n. Scholarship.	etc Programs:		
_	Check here ▶ ☐ If the foundation				organizatio	ns and does not accept
	unsolicited requests for funds. If the	oundation makes	gifts, grants, etc.	, to individuals or o	organization	s under other conditions,
	complete items 2a, b, c, and d. See ii		•			
а	The name, address, and telephone no	umber or email ad	dress of the pers	on to whom applic	ations shoul	d be addressed.
b	The form in which applications should	d be submitted an	d information and	materials they sho	ould include	:
С	Any submission deadlines:				<u>. </u>	
d	Any restrictions or limitations on a factors:	wards, such as b	y geographical a	areas, charitable f	ields, kinds	of institutions, or other

	3 Grants and Contributions Paid During the Year or Approved for Future Payment									
		If regularities an individual		ure rayment	T					
	Recipient	show any relationship to	Foundation status of	Purpose of grant or	Amount					
-	Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	contribution						
а	Paid during the year	 -								
_	, are daring the year									
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		, , , , , , , , , , , , , , , , , , ,								
			}							
			•							
				,						
	Total			▶ 3a						
b	Approved for future payment									
			ļ							
				•						
					1					
				•						
	Total	<u> </u>		▶ 3b	,					

Pai	rt¸XVI	 A Analysis of Income-Producing Ac 	tivities				
nte	r gros	s amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by secti	on 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Progr	ram service revenue:					(Gee manachoris)
	a _						
	b _						
	c _						
	d _						
	е						
	f						
	g Fe	ees and contracts from government agencies				_	-
2	Mem	bership dues and assessments					
3		est on savings and temporary cash investments					
4		ends and interest from securities					
5	Net re	ental income or (loss) from real estate:	-				
		ebt-financed property					
		lot debt-financed property					
6		ental income or (loss) from personal property					
7		r investment income					
8		or (loss) from sales of assets other than inventory					
		ncome or (loss) from special events .					
9		s profit or (loss) from sales of inventory		-	-	· ·	
10					 		
11		r revenue. a		-			
	ь _						
	d _						
	e _	(1) (1)					
12	Subte	otal Add columns (b), (d), and (e)		<u> </u>			
						4.0	
13						13	<u>.</u>
13 See	works	sheet in line 13 instructions to verify calculation	ns)			13	
13 See Pa	works	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		
13 See Pa	works	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the tions.)
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the tions.)
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
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13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 See Pa	works rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	is) Accomplishm	ent of Exemp	ot Purposes		mportantly to the

Part,	XVII	· Information Organization	n Regarding T ons	ransfers to	and Tran	sactior	ns and R	elationship	os With N	lonchai	ritable	e Exe	mpt
	ın se orgar	ection 501(c) (o nizations?	directly or indirection of the conting foundation	on 501(c)(3)	organizatio	ons) or	in secti	on 527, rel				Yes	No
	(1) C	ash									1a(1)		✓
	(2) O	ther assets .									1a(2)		✓
þ	Other	r transactions:											
	(1) S	ales of assets to	a noncharitable	exempt orga	anization .						1b(1)		✓
	(2) P	urchases of asse	ets from a nonch	arıtable exen	npt organiza	ation .					1b(2)		√
	(3) R	ental of facilities,	, equipment, or c	ther assets							1b(3)		✓
	(4) R	eimbursement ai	rrangements.								1b(4)		1
		oans or loan qua	-								1b(5)		7
	(6) P	erformance of se	ervices or membe	ership or fun	draising soli	citations	s .				1b(6)		1
			quipment, mailin		_						1¢		1
		-	of the above is '	-			-				w the	fair m	narket
			ther assets, or se										
			on or sharing arra										
(a) Line		b) Amount involved		oncharitable ex				iption of transfe					
								· .					
	- -												
	\dashv												
	-+	·						·					
	-	· 											
							_		_				
	_											_	
	_							_					
	-								_				
										 -			
													
									_				
			l ectly or indirectl 501(c) (other thar								Y	es [] No
Ь	If "Ye	s," complete the	following sched	iule.									
		(a) Name of organ	ization		(b) Type of org	janization			(c) Description	on of relatio	nship		
					-								
				1	-								
			declare that I have exa							my knowled	dge and	belief, i	is true,
Sign	Corfe	ct, and complete Decl	aration of preparer (oth	er than taxpayer)	is based on all in	nformation (of which prep	arer has any kno	wledge	May the I	RS disci	ıss this	return
Here	/ }_	0 10		l	124/20	_ ·	RETARY			with the p See instru	reparer :	shown t	oelow?
	Sign	ature of officer or tru			Date	Title				<u> </u>			=
Paid		Print/Type preparer	's name	Preparer	's signature			Date	Chec	k 🔲 ıf	PTIN		
Prepa	arer								self-e	employed			
Use C		Firm's name ▶							Firm's EIN	<u> </u>			
	Firm's address ► Phone no												

Schedule B

(Form 990, 990, EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

82-2688398 **CAPECCHIO FOUNDATION** Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF √ 501(c)(3) exempt private foundation ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

CAPECCHIO FOUNDATION

Employer identification number

82-2688398

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

raiti	Contributors (see instructions). Ose duplicate copies of		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEAN AND JOAN CORTOPASSI 11292 N. ALPINE ROAD STOCKTON, CA 95212	\$150,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) · Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
*******		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of org				Employer identification number			
CAPECCHIO Part III	O FOUNDATION Exclusively religious, charitable, e	to contributions to o	roanizatione dos	82-2688398 scribed in section 501(c)(7) (8) or			
rartiii	(10) that total more than \$1,000 for	r the year from any or tions completing Part I	e contributor. C	omplete columns (a) through (e) and of exclusively religious, charitable, etc.,			
	Use duplicate copies of Part III if add	ditional space is neede	<u>d.</u>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer		hip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	114110101000 0 1141110, 44411000, 4						
(a) No			 				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
L	<u> </u>	<u>.</u>					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
1.							
] .	•						
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	······						
[-							