## 990-PF

**Return of Private Foundation** 

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

OMB No. 1545-0047

Denartment of the Treasure Internal Revenue Service

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

Go to www.irs.gov/Form990PF for instructions and the latest information. Open to Public Inspect of For calendar year 2019 or tax year beginning and ending Name of foundation A Employer identification number Vincent J and Dorothy E. Ciarlante Foundation Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 83-2947257 40561 Tim Tam Court B Telephone number (see instructions) City or town, state or province, country, and ZIP or foreign postal code Leesburg VA 20176 703-779-0022 Foreign country name Foreign province/state/county Foreign postal code C If exemption application is pending, check here G Check all that apply: Initial return D 1. Foreign organizations, check here . Initial return of a former public charity X Final return Amended return 2. Foreign organizations meeting the 85% test. Address change ☐ Name change check here and attach computation . . . . E If private foundation status was terminated under Check type of organization: X Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method: X Cash Accrual Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col. (c). Other (specify) under section 507(b)(1)(B), check here line 16) > \$ 301,440 (Part I, column (d), must be on cash basis.) Part | Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per purposes (cash basis only) income income books equal the amounts in column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) . . . 2 Check ▶ ☐ if the foundation is not required to attach Sch. B 3 186 186 Interest on savings and temporary eash investigent Dividends and interest from securities RECEIVE 4 10,873 10.873 5a Gross rents . . . . . . . . MAR 0 2 20 Net rental income or (loss) b Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a Capital gain net income (from Part V, line 2) JUEIN, 7 Net short-term capital gain . . . 9 Income modifications . . . 10a Gross sales less returns and allowances Less: Cost of goods sold . . . . Gross profit or (loss) (attach schedule) . . . . . 11 Other income (attach schedule) . . . . . . . . 12 Total. Add lines 1 through 11 11.059 11.059 13 Compensation of officers, directors, trustees, etc. . Operating and Administrative Expenses 14 Other employee salaries and wages . . . . . . 15 Pension plans, employee benefits . . . . . . . 16a 2,500 Other professional fees (attach schedule) . . . . Taxes (attach schedule) (see instructions) . . . . Depreciation (attach schedule) and depletion . . . Travel, conferences, and meetings . . . . . . . 22 Other expenses (attach schedule) . . . . . . Total operating and administrative expenses. 2,500 Add lines 13 through 23 . . . . . . . . . . . . . 0 O Contributions, gifts, grants paid . . . . . . . 13,000 13,000 26 Total expenses and disbursements. Add lines 24 and 25.... 15,500 13,000 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements . . . -4,441 11,059 Net investment income (if negative, enter -0-) . .

Form 990-PF (2019)

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

Part I			End o	f year
	should be for end-of-year amounts only. (See instructions	s.) (a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing	300,000	<del></del> _	124,244
2	Savings and temporary cash investments			
3	Accounts receivable *			
- 1	Less: allowance for doubtful accounts	i 3		
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)			
1 -	Less: allowance for doubtful accounts			
2 8	Inventories for sale or use			
ssets 6 8	Prepaid expenses and deferred charges	<del></del>		
¥ 10a	•		<del></del>	<del></del>
		<del></del>		404 440
				191,410
laa°				
11	Investments—land, buildings, and equipment basis			
1.0	Less: accumulated depreciation (attach schedule) -		<del></del>	
12	Investments—mortgage loans			***
13	Investments—other (attach schedule)			-14,214
14	Land, buildings, and equipment: basis			
1	Less: accumulated depreciation (attach schedule)		-	
15	Other assets (describe	)		
16	Total assets (to be completed by all filers—see the	1		
	instructions. Also, see page 1, item I)	300,000	0	301,440
17	Accounts payable and accrued expenses			
<sub>0</sub> 18	Grants payable			
을 <b>19</b>	Deferred revenue			
<b>등   20</b>	Loans from officers, directors, trustees, and other disqualified persons	; <u> </u>		
Liabilities 15 70 71 72 72 73 74 75 75 76 76 76 76 76 76 76 76 76 76 76 76 76	Mortgages and other notes payable (attach schedule)			
<b>-</b>   22	Other liabilities (describe 🔛	)		,
23	Total liabilities (add lines 17 through 22)	. 0	0	
S				
စ္ခု	and complete lines 24, 25, 29, and 30.	_		
alances 24	Net assets without donor restrictions	300,000		
m   25	Net assets with donor restrictions			
힐	Foundations that do not follow FASB ASC 958, check here			···
Fund	and complete lines 26 through 30.	۱ ا		
L 26	Capital stock, trust principal, or current funds	.		
0 27	Paid-in or capital surplus, or land, bldg., and equipment fund			<del></del>
28	Retained earnings, accumulated income, endowment, or other funds		301,440	<del></del>
SS 29		300,000	301,440	
70 Assets of 28 28 29 30 30 30	Total liabilities and net assets/fund balances (see	. 500,000	301,770	
چاچ	instructions)	. 300,000	301,440	
Part II			301,440]	<del> </del>
			Arith T	
	al net assets or fund balances at beginning of year—Part II, column			204 005
	of-year figure reported on prior year's return)			304,625
	er amount from Part I, fine 27a			-4,441
	l lines 1, 2, and 3			300,184
	reases not included in line 2 (itemize)	<b>5</b> 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	5	
6 Tot	al net assets or fund balances at end of year (line 4 minus line 5)—	-Part II, column (b), line 29	6	301,440

Part	V Capital Gains and I	osses for Tax on Investm	nent Income			
_		s) of property sold (for example, real esta ; or common stock, 200 shs. MLC Co.)	ate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, ут)	(d) Date sold (mo., day, yr.)
_1a						
<u>b</u>				ļ		
<u>c</u>						
<u>d</u>						
e_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		in or (loss) (f) minus (g))
<u>a</u>						
<u>b</u>						
<u>c</u>						
_ <u>d</u>				<u> </u>	<u> </u>	
<u>e</u>	Complete only for except chay	ring gain in column (h) and owned	by the formeration	on 12/21/60		
	Complete unity for assets show	<del></del>				l. (h) gain minus t less than -0-) or
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) (j), if any		from col. (h))
<u>a</u> b					<u> </u>	<del></del>
<u>B</u>			<del></del>		<del> </del>	
_ <del>_</del> d		·				
— <u> </u>					<del></del>	<del></del>
2	Capital gain net income or (n	et canital loss)	also enter in Par enter -0- in Par		2	0
3	Net short-term capital gain or	(loss) as defined in sections 12		1, 1110		
•		e 8, column (c). See instruction		r-0- in		
	5 5				3	0
Part		Section 4940(e) for Redu	ced Tax on N	et Investment	Income	
Was		his part blank. tion 4942 tax on the distributab fy under section 4940(e). Do no			e period?	Yes X No
_1	Enter the appropriate amount	t in each column for each year,	see the instructi	ons before makin	ig any entries.	
Cal	(a)  Base period years  endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) f noncharitable-use as		(d) tribution ratio divided by col. (c))
	2018		0		0	0.000000
	2017		0		0	0.000000
	2016		0		0	0.000000
	2015		0	···	0	0.000000
	2014	<u>L</u>	0		0	0.000000
2					. 2	0.000000
3	•	the 5-year base period—divide dation has been in existence if			. 3	0.000000
4	Enter the net value of noncha	aritable-use assets for 2019 from	m Part X, line 5		. 4	299,954
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investment in	ncome (1% of Part I, line 27b)			. 6	111
7	Add lines 5 and 6				. 7	111
8		from Part XII, line 4 than line 7, check the box in Pa				13,000
	Part VI instructions.	uicii iiile 1, GleGA BE DUA III Fe	ш. <b>т</b> т, ш.с. ти, ат	и однуже выстр	A 170 ta	. raio. eco uic

	2
nt J and Dorothy E. Ciarlante Foundation	$\overline{\cdot}$

	Value in a land belowing E. Germanic i Outstander C	011201		age 4
Part				
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			111
	here > X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0
3	Add fines 1 and 2			111
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			111
6	Credits/Payments:			
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 6a			
Ь	Exempt foreign organizations—tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 6c			
ď	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			0
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			111
10	Overpayment. If linc 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			0
11	Enter the amount of line 10 to bo: Credited to 2020 estimated tax Refunded - 11			0
	VII-A Statements Regarding Activities	_		<del></del>
10	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	<u>1a</u>		<u>X</u>
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		<u>X</u>
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
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. ▶ \$	-		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-		
_	on foundation managers. > \$	1 _		.,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	-	X
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	١ ـ ا		
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	A//A	X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	×
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		
_	If "Yes," attach the statement required by General Instruction T.	-		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or      Deviate lesi telles that affectively according to the control of the con			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	x	
-	conflict with the state law remain in the governing instrument?	7		
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 Part XV	<b>-</b>	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	VA	- [		
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? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	1 1		
	or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If			x 0
40	"Yes," complete Part XIV	9	$\dashv$	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		•
	names and addresses	. ,		Х

Form 95	90-PF (2019) Vincent J and Dorothy E. Ciarlante Foundation 83-2	947257	F	age 5
Part	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		<b>X</b> _
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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		Х
	Website address *			
14		9-0022		
	Located at * 40561 Tim Tam Ct. Leesburg VA ZIP+4 * 20176			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			· [7]
	and enter the amount of tax exempt interest received or accrued during the year		•	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the			
	name of the foreign country	1		
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.	$\Box$	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
·a				
	(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?	J		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified porson? Yes X N	<b>'</b>		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1		
	the benefit or use of a disqualified person)?	<b>'</b>		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	- 1		
	foundation agreed to make a grant to or to employ the official for a period after	l		1
	termination of government service, if terminating within 90 days.)	<b>`</b>	1 1	
b	If any answer is "Yes" to 1a(1) (6), did any of the acts fail to qualify undor the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here			
C	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		X
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)):	1		
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?	<b>)</b>		
	If "Yes," list the years - 20, 20, 20, 20	l		
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
	(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	N/A	
C	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	1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		
	at any time during the year?	•		
ь	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 Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b	N/A	
<b>4</b> a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<del></del>
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? .	4b		х
				_

Part	VII-B Statements Regard	ing Activities	for Whi	ich Form	4720 N	lay Be Re	quire	d (contin	ued)			
5a	During the year, did the foundation pay or incur any amount to:  (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?								Yes	NΛ		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?											
	(3) Provide a grant to an individual for travel, study, or other similar purposes?											
	(4) Provide a grant to an organizat section 4945(d)(4)(A)? See ins	ion other than a tructions	charitable	e, etc., orga	nization	n described	in 	Yes	X No			
	(5) Provide for any purpose other to purposes, or for the prevention	than religious, ch of cruelty to chil	aritable, : dren or a	scientific, lit nimals? .	terary, o	or education	nal 	Yes	X No			
b								d in	5b	N/A		
	Organizations relying on a current								. П			
C	If the answer is "Yes" to question 5 because it maintained expenditure	5a(4), does the for responsibility for	oundation the gran	n claim exen nt?	nption f	rom the tax		Yes	X No			
<b>6</b> a	If "Yes," attach the statement requi Did the foundation, during the year on a personal benefit contract?	r, receive any fun	ds, direc	atty or indire	ctty, to	pay premiu	ms	∏ Yes	⊠ No			
ь	Did the foundation, during the year					ersonal ber	· · · nefit cor			6ь		
_	If "Yes" to 6b, file Form 8870.	, pay promisens,	uncou, c	oa,,	, ,				•			
7a b	At any time during the tax year, was the "Yes," did the foundation receive							Yes action?	X No	7ь	N/A	
8	Is the foundation subject to the sec remuneration or excess parachute	payment(s) duri	ng the ye	oar?			· ·	☐ Ye3				
Part	VIII Information About Of	ficers, Directo	ors, Tru:	stees, Fo	undati	on Mana	gers, F	lighly P	aid Em	ploye	es,	
	and Contractors											
					<b>L</b> - <b>:</b>		- 6					
	List all officers, directors, truste	es, and foundat								(a) Even		
	(a) Name and address	es, and foundat	(b) Title, a hours devoted	agers and t and average per week I to position	(c) Co (If r	mpensation mpensation tot paid, ter -0-)	(d) emple	instruction Contribution byee benefit erred compe	s to plans	(e) Expe	nse acc	
Vince	(a) Name and address	es, and foundat	(b) Title, a hours	and average per week I to position	(c) Co (If r	mpensation not paid, nter -0-)	(d) emple	Contribution byee benefit	s to plans			
Vince 40561	(a) Name and address  nt J. Ciarlante  Tim Tam Ct. Leesburg, VA 20176	es, and foundat	(b) Title, a hours devoted Trustee	and average per week	(c) Co (If r	mpensation ot paid,	(d) emple	Contribution byee benefit	s to plans			
Vince 40561 Dorott	(a) Name and address	es, and foundat	(b) Title, a hours devoted	and average per week I to position	(c) Co (If r	mpensation not paid, nter -0-)	(d) emple	Contribution byee benefit	s to plans			
Vince 40561 Dorott	(a) Name and address  nt J. Ciarlante  Tim Tam Ct. Leesburg, VA 20176  hy E. Ciarlante	es, and foundat	(b) Title, a hours devoted Trustee	and average per week I to position	(c) Co (If r	mpensation not paid, ter -0-)	(d) emple	Contribution byee benefit	s to plans			
Vince 40561 Dorott	(a) Name and address  Int J. Ciarlante Tirm Tam Ct. Leesburg, VA 20176 hy E. Ciarlante Tirm Tam Ct. Leesburg, VA 20176		(b) Title, a hours devoted Trustee Trustee	and average per week I to position 1.00	(c) Co (if r en	mpensation tot paid, tter -0-)	(d) emplo and def	Contribution types benefit erred compe	s to plans ensation	other a	allowan	
Vince 40561 Dorott	(a) Name and address  nt J. Ciarlante  Tim Tam Ct. Leesburg, VA 20176  hy E. Ciarlante		(b) Title, a hours devoted Trustee Trustee	and average per week I to position 1.00	(c) Co (if r en	mpensation tot paid, tter -0-)	(d) emplo and def	Contribution types benefit erred compe	s to plans ensation	other a	allowan	
Vince 40561 Dorott 40561	(a) Name and address  Int J. Ciarlante Tim Tam Ct. Leesburg, VA 20176 (by E. Ciarlante Tim Tam Ct. Leesburg, VA 20176  Compensation of five highest pa	nid employees (e	(b) Title, a hours devoted Trustee Trustee	and average per week I to position 1.00	(c) Col (if r en	mpensation tot paid, tter -0-)	(d) emple and def	Contribution types benefit erred compe	s to plans ensation  s). If nor utions to benefit deferred	other :	ellowan	ces ces
Vince 40561 Dorott 40561	(a) Name and address  Int J. Ciarlante Tim Tam Ct. Leesburg, VA 20176 hy E. Ciarlante Tim Tam Ct. Leesburg, VA 20176  Compensation of five highest pa "NONE."	nid employees (e	(b) Title, a hours devoted Trustee Trustee	and average per week I to position  1.00  1.00  1.00  On those income thous per week I to position	(c) Col (if r en	on line 1—	(d) emple and def	contribution yee benefit erred compe  tructions  (d) Contrib employee plans and	s to plans ensation  s). If nor utions to benefit deferred	other :	er	ces ces
Vince 40561 Doroti 40561	(a) Name and address  Int J. Ciarlante Tim Tam Ct. Leesburg, VA 20176 hy E. Ciarlante Tim Tam Ct. Leesburg, VA 20176  Compensation of five highest pa "NONE."	nid employees (e	(b) Title, a hours devoted Trustee Trustee	and average per week I to position  1.00  1.00  1.00  On those income thous per week I to position	(c) Col (if r en	on line 1—	(d) emple and def	contribution yee benefit erred compe  tructions  (d) Contrib employee plans and	s to plans ensation  s). If nor utions to benefit deferred	other :	er	ces ces
Vince 40561 Doroti 40561	(a) Name and address  Int J. Ciarlante Tim Tam Ct. Leesburg, VA 20176 hy E. Ciarlante Tim Tam Ct. Leesburg, VA 20176  Compensation of five highest pa "NONE."	nid employees (e	(b) Title, a hours devoted Trustee Trustee	and average per week I to position  1.00  1.00  1.00  On those income thous per week I to position	(c) Col (if r en	on line 1—	(d) emple and def	contribution yee benefit erred compe  tructions  (d) Contrib employee plans and	s to plans ensation  s). If nor utions to benefit deferred	other :	er	ces ces
Vince 40561 Doroti 40561	(a) Name and address  Int J. Ciarlante Tim Tam Ct. Leesburg, VA 20176 hy E. Ciarlante Tim Tam Ct. Leesburg, VA 20176  Compensation of five highest pa "NONE."	nid employees (e	(b) Title, a hours devoted Trustee Trustee	and average per week I to position  1.00  1.00  1.00  On those income thous per week I to position	(c) Col (if r en	on line 1—	(d) emple and def	contribution yee benefit erred compe  tructions  (d) Contrib employee plans and	s to plans ensation  s). If nor utions to benefit deferred	other :	er	ces ces
Vince 40561 Doroti 40561	(a) Name and address  Int J. Ciarlante Tim Tam Ct. Leesburg, VA 20176 hy E. Ciarlante Tim Tam Ct. Leesburg, VA 20176  Compensation of five highest pa "NONE."	nid employees (e	(b) Title, a hours devoted Trustee Trustee	and average per week I to position  1.00  1.00  1.00  On those income thous per week I to position	(c) Col (if r en	on line 1—	(d) emple and def	contribution yee benefit erred compe  tructions  (d) Contrib employee plans and	s to plans ensation  s). If nor utions to benefit deferred	other :	er	ces ces

Form **990-PF** (2019)

	rmation About Officers, Directors, Trustees, Foundation Contractors (continued)	on Managers, Highly Paid En	nployees,
3 Five highest	paid independent contractors for professional services. See in	nstructions. If none, enter "NON	E. <b>*</b>
	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			,
	450 000 f		ļ <u>-</u>
	ers receiving over \$50,000 for professional services		<u> </u>
	ımmary of Direct Charitable Activities		r
	largest direct charitable activities during the tax year. Include relevant statistical inform beneficiaries served, conferences convened, research papers produced, etc.	nation such as the number of	Expenses
1 Lecsburg Volum	nteer Fie Company Fire and rescue for the Leesburg community to	taling over 20,000 families and o	
			5,000
2 Cornerstone Ch	napel, Leesburg, VA Moral leadership to more than 13,000 attend	lees	
			3,000
3 St John the Λρο	ostle Church, Moral teaching to more than 5000 members		
			1,500
4 Loudoun Abuse	ed Women- support for women in danger		
			1,000
	ımmary of Program-Related Investments (see instruction		
	at program-related investments made by the foundation during the tax year on lines 1 a	ind 2.	Amount
1 None			
2			
All other program-relate	ed investments. See instructions.		
3			
J			
Total. Add lines 1 th	rough 3		0

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundat	ions
rait	see instructions.)	r rounda	юпо,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	T. I	
•			
_	purposes: Average monthly fair market value of securities	1a	113,943
a	Average of monthly cash balances	1b	190,579
b	Fair market value of all other assets (see instructions)	1c	130,373
C	Total (add lines 1a, b, and c)	1d	304,522
d	Reduction claimed for blockage or other factors reported on lines 1a and	"	304,322
e	· · · · · · · · · · · · · · · · · · ·	1 1	
•	1c (attach detailed explanation)	2	
2	Subtract line 2 from line 1d	3	304,522
3	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see	•	304,322
4		4	4,568
_	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	299,954
5		6	14,998
6	Minimum investment return. Enter 5% of line 5		14,996
Part	and certain foreign organizations, check here $\rightarrow$ and do not complete this part.)	ID GI	
		1	14,998
1	Minimum investment return from Part X, line 6	<del></del>	14,550
2a		1	
Ь	Income tax for 2019. (This does not include the tax from Part VI.)	2c	111
C	Add lines 2a and 2b	3	14,887
3	Distributable amount before adjustments. Subtract fine 2c from line 1	4	1/1,00/
4	Recoveries of amounts treated as qualifying distributions	5	14,887
5	Add lines 3 and 4	6	
6	Deduction from distributable amount (see instructions)	°   -	15,300
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	7	442
5 .	fine 1		-413
	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	اما	42.000
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	13,000
ь	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	2	
_	purposes	<del>                                     </del>	
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	42.000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	13,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	444
_	Enter 1% of Part I, line 27b. See instructions	5	111
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,889
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when	ner the fol	indation
	qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2019)

Excess from 2019

**Undistributed Income** (see instructions) (b) ^ (a) ·. 2019 Years prior to 2018 2018 Corpus 1 Distributable amount for 2019 from Part XI,\*\* Undistributed income, if any, as of the end of 2019: Enter amount for 2018 only . Total for prior years: 20 Excess distributions carryover, if any, to 2019: ·From 2014 From 2015 From 2016 d: From 2017 From 2018 . Total of lines 3a through e Qualifying distributions for 2019 from Part XII, line 4: / \* \$ 13,000 Applied to 2018, but not more than line 2a Applied to undistributed income of prior years (Election required—see instructions) . . . . Treated as distributions out of corpus (Election required—see instructions) . . . MACCHINA COMP Applied to 2019 distributable amount Remaining amount distributed out of corpus 13,000 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).). Enter the net total of each column as indicated below: Corpus. Add lines 3f, 4c, and 4e. Subtract line 5; 13,000 Prior years' undistributed income. Subtract Enter the amount of pnor years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed Subtract line 6c from line 6b. Taxable amount-see instructions ..., Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be 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)..... Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a 12,587 Analysis of line 9: . Excess from 2015 Excess from 2016 Excess from 2017 Excess from 2018

13,000

Form **990-PF** (2019)

Part	XIV Private Operating Foundat	ions (see instruc	tions and Part V	/II-A, question 9)		N/A
1a	If the foundation has received a ruling o	r determination lett	er that it is a prival	te operating		
	foundation, and the ruling is effective for	r 2019, enter the da	ate of the ruling .	•		
Ь	Chèck box to indicate whether the foundation	on is a private opcrat	ing foundation descr	ribed in section	4942())(	3) or 4942(j)(5)
<b>2</b> a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		4
	income from Part I or the minimum investment return from Part X for	(a) 2019	(ъ) 2018	(c) 2017	(d) 2016	(e) Total
	each year listed					0
b	85% of line 2a					0
C	Qualifying distributions from Part XII,					
	line 4, for each year listed					0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					0
e	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets	<del></del>				0
	(2) Value of assets qualifying under					
_	section 4942(j)(3)(B)(i)	· · ···-				0
D	"Endowment" alternative test—enter 2/3	•	1	l Y		
	of minimum investment return shown in					•
_	Part X, line 6, for each year listed			<u> </u>	$\overline{}$	0
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)					<b>\</b> 0
	(2) Support from general public					1
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					_ \ 0
	(3) Largest amount of support from					
	an exempt organization					•
	(4) Gross investment income					
Part	XV Supplementary Information	(Complete this	part only if the	e foundation had	d \$5,000 or mor	e in assets at
	any time during the year-	see instructions	s.)	·		
1	Information Regarding Foundation Ma					_
a	List any managers of the foundation who					foundation
	before the close of any tax year (but only		nbuted more than a	\$5,000). (See section	on 507(d)(2).}	
	nt J. Ciarlante Dorothy E.					
b	List any managers of the foundation who					n of the
	ownership of a partnership or other entit	y) of which the fou	notation has a 10%	or greater interest	•	
	Information Deposition Contribution 4	Const Ciff Loop	Sahalambin eta	Drograms:		
2	Information Regarding Contribution, Check here - X if the foundation on	• •	-	_	ations and door no	t accord
	unsolicited requests for funds. If the four					
	conditions, complete items 2a, b, c, and	_	· <del>-</del>	<b></b>		
	The name, address, and telephone num	her or email addre	ss of the person to	whom applications	s should be addres	sed:
-	The hame, address, and telephone ham	boi of citial addre	oo or are person to	у иноги арриодиотк	, 0.1.0010 00 00000	
ь	The form in which applications should be	c submitted and inf	formation and mate	erials they should in	nclude:	
_		– <del></del> .–		• · · · · · · · · ·		
C	Any submission deadlines:					
						<del></del>
đ	Any restrictions or limitations on awards	, such as by geogr	aphical areas, cha	ritable fields, kinds	of institutions, or o	ther
	factors:					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t	the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year  Leesburg Volunteer Fire Com[any  PO Box 2577	member	POF	Recruitment	5,000
Leesburg, VA 20177 National Fallen Fighters Foundation PO Drawer 498	None	POF	As Needed	1,000
Emmitsburg, MD 21727 Cornerstone Chape; 650 Battlefield Parkway SE	None	POF	As Neded	3,000
Leesburg, VA 20175 St John the Apostle Catholic Church 101 Oakcrest Manor De. NE	Member	POF	Homeless and Hungry	1,500
Leesburg, VA 20176 Loudoun Abused Womens Shelter 105 East Market Street	None	POF	As Needed	1,000
Leesburg, VA 20176 VSA Loudoun Franklin Park 36441 Blueridge View Lame	None	POF	As Needed	1,000
Purcellville, VA 20132 Children's Home Society of West Virginia 1596 kanawha Blvd East Charlestown, WV 25311	None	POF	As Needed	500
•				
Total				la 13,000
b Approved for future payment				
Total			<u> </u>	b 0
			· · · · · · · · <u>· · · · · · · · · · · </u>	<u>-,                                     </u>

Part XVI-A Analysis of Income-Producing Activities

1	Ewhylad by cod	ion 512, 513, or 514	47257 Page 12
	(c) Exclusion code	(d)	(e) Related or exempl function income (See instructions.)
7			
+			
1			
+	<u> </u>		
1			
4			
+			
1			
+			
#			
+			
1			
+	· · · · · · · · · · · · · · · · · · ·	-	
†			
1			
╁			
<u>o</u>		0	
•		13	
ťΧ	Purposes /I-A contributed for such purpos	importantly to the es). (See instruction	ons.)
			<del></del>
· ·			

Ente	er gros	s amounts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by sect	on 512, 513, or 514	(0)
1	Progr	ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
•	_	iani service revenue.		<del></del>	<del></del>		
	a _			<del></del>	<del>                                     </del>		
			<u> </u>				
				· · · · · · · · · · · · · · · · · · ·			
	e _						
			<u></u>				<del></del>
_	_	ees and contracts from government agencies		<del></del>			
2		bership dues and assessments	J				
3		est on savings and temporary cash investments .	<u> </u>	····			
4		lends and interest from securities					
5		rental income or (loss) from real estate:					
		Debt-financed property					
_		lot debt-financed property					
6		rental income or (loss) from personal property	ļ				
7		r investment income	ļ				
8		or (loss) from sales of assets other than inventory	ļ				
9		ncome or (loss) from special events	L				
10		s profit or (loss) from sales of inventory					
11	Othe	r revenue: a					
	ь _						
	d _						
	•						
		otal. Add columns (b), (d), and (e)				0	0
		I. Add line 12, columns (b), (d), and (e)				13	0
		sheet in line 13 instructions to verify calculations					
Pal	rt XVI	Relationship of Activities to the A	ccomplishm	ent of Exempt	Purposes		
	e No.	Explain below how each activity for which incom	ne is reported in c	olumn (e) of Part X	CVI-A contributed	importantly to the	
	<u> </u>	accomplishment of the foundation's exempt purp	poses (omer man	by providing tuna	s for such purpos	es). (See instruction	ons.)
				<del></del>			
				<del></del>			
				<del> </del>		<del></del>	
					<del></del>	·	
					<del> </del>		<del></del>
				<del></del>			
						<del></del>	
					<del></del> -		
						<u> </u>	
					· ·	<u>.</u>	. <u> </u>
			·			.— <u></u>	

Preparer Use Only

Firm's address

WIII 33		ZUIS) VIIKUILU	and bolodly L. Olan						00 Z.J	TILVI	ra	ge i.
Part	ΧVII	Information Exempt Org	Regarding Trans	fers to and Trans	actions	and Rel	ationships Wi	th No	nchari	table		
1	Did		firectly or indirectly en	gage in any of the fol	lowing wit	h any oth	er organization d	escrīb	ed	T	Yes	No
			er than section 501(c)							1		
		inizations?		(0, 0.9—		,				1		
a	-		porting foundation to a	noncharitable ever	nt omaniz	ation of				ľ		
_		-			-					1a(1)		х
	(2)	Other accets						• •	• • •		$\vdash$	x
_		or transactions:								1a(2)	<b></b>	^
Ь										45.40		v
			a noncharitable exem							1b(1)	<u> </u>	X
	-		ets from a noncharitab							1b(2)	Ш	X
		-	equipment, or other							1b(3)	Ь	X
			rrangements							1b(4)		X
			rantees							1b(5)		X
			rvices or membership	•						1b(6)		X
			quipment, mailing lists							1c		X
			he above is "Ycs," com									
	valu vaiu	e of the goods, other in any transaction	er assets, or services gi or sharing arrangemer	iven by the reporting for nt, show in column (d) t	undation. It the value o	f the found f the good:	lation received less s, other assets, or	s than servic	fair mark es receiv	et ed.		
(a) Line	no.	(b) Amount involved	(c) Name of nonct	naritable exempt organizatio	n I	(d) Descr	iption of transfers, tran	nsaction	s, and sha	ring arran	gemen	ts
						•						
				<del></del>								
_							<del>-</del>					
	$\dashv$							_				
	$\dashv$		<del></del>		<del></del>							
							<del></del>					
	$\dashv$				<del></del>							
	_4											
											_	
	1						<del></del>					
	desc	cribed in section 5	atly or indirectly affiliat 01(c) (other than sect following schedule.				empt organizatio	ns 	. 🗆	Yes	X N	D
		(a) Name of organ		(b) Type of org	anization		(c) Do	scrintin	n of relatio	nshin		
		tel marie or organi		(a) Type of org		- +	10,00					
				<u> </u>		-+	<del></del>					
						-+						
						<u> </u>	···				·····	٠
						<del></del>	· · · · · · · · · · · · · · · · · · ·					
			1	<del></del>			45-1-1-5-1-5-1-5-1	- 4: -	6350			
			lare that I have examined this reti on of properor (other than texpery					and beli	a a stue,			
Sign	COLLE	za, and complete. Designati	ru ra filiatrica foluca masi eschañ		macı preparer	ues eny WWW	ovje.		May the IR			
Here	<u>"                                   </u>	mees >	lu lut	2/15/2020	Trust	ee			with the pro	-	Yes	_
	Sig	mature of officer or trus	ice	Date	Title			1				
D-:-		Print/Type preparer's	s name	Preparer's signature			Date	Check	Пі	PTIN		
<b>Paid</b>		1 (		}		_			nployed			

Firm's EIN

Phone no.

Part I, Line 16a (990-PF) - Legal Fees

	,					
			2,500	0		0
[						Disbursements
ł			Revenue and			for Charitable
ı		•	Expenses per	Net Investment	Adjusted Net	Purposes
١		Description	Books	Income	Income	(Cash Basis Only)
ı	1	Legal formation	2,500			0

Part II, Line 10b (990-PF) - Investments - Corporate Stock

				)		2 1 2
		Num. Shares/	Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg, of Year	End of Year	Beg. of Year	End of Year
1	ALPS ETF Trust Alerian MLP ETF	009				5,100
7	Iron Mountain Inc	3,000				95,610
9	USA Compression Partners	5,000				90,700
	The second secon					The same of the sa

art	/III, Line 1 (990-PF) - Com	pensation	art VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundat	stees and Foundat	5	ion Managers				c		,
<u> </u>	Name	Check "X"	Sireat	City	State	State Zip Code	Foreign Country	Title	Avg Hrs Per Week	Avg Hrs   Per Week   Compensation	Benefits	Expense Account
<u> </u>	Vincent J. Clarlante		40561 Tim Tam Ct.	Leesburg	<b>X</b>	20176		Trustee	1.00	0	0	0
<u> </u>	Dorothy E. Clarlante		40561 Tim Tam Ct.	Leesburg	*	20176		Trustee	1.00	0	0	0

## Schedule B (Form 990, 990-EZ.

or 990-PF)
Department of the Treasury

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** 

Vincent J and Dorothy E. Ciarlante Foundation 83-2947257 Organization type (check one): Section: Filers of: 501(c)( Form 990 or 990-EZ ) (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 33 1/3 % 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 oxclusively 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 

<del> </del>			
Name of org	•		Employer identification number
	and Dorothy E. Ciarlante Foundation		83-2947257
Parti.	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is	s needed. 
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Vincent J. Ciarlante  40561 Tim Tam Ct.  Leesburg VA 20176  Foreign State or Province: Foreign Country:	\$100,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Dorothy E. Ciartante  40561 Tim Tam Ct.  Leesburg VA 20176  Foreign State or Province:  Foreign Country:	\$ 100,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)