Return of Private Foundation

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

OMB No 1545-0047

Department of the Treasury 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.

	Fo	r caler	ndar year 2019 or tax year beginning 5/	1/2019		, and e	nding	4/30/2020)	
	Nai	me of for	undation					identification number		
	GIC	OVANI	NONE FAMILY FOUNDATION			1				
	Nui	mber and	street (or PO box number if mail is not delivered to street address)		Room/s	suite		22-3808910		
	216	60 HAF	RTS LN				B Telephone	number (see instruction	ns)	
			, state or province, country, and ZIP or foreign postal code							
			PA PA	1942				610-825-180	<u>9</u>	
	For	reign cou	ntry name Foreign province/state/county	Foreig	n postal	code	C If exempts	on application is pendin	g, check here 🕨 🔙	
	G	Check	all that apply 🔲 Initial return 🔲 Initial return o	of a former pu	blic cha	arity	D 1. Foreign organizations, check here			
			Final return Amended ret	urn		·	2 Foreign organizations meeting the 85% test,			
		<u> </u>	Address change Name chang			\		nere and attach comput		
	Н		type of organization X Section 501(c)(3) exempt pri		•	7 7	E If private foundation status was terminated is section 507(b)(1)(A), check here			
	Ш.		on 4947(a)(1) nonexempt charitable trust U Other taxa					(-X-)(-)		
	ı		parket value of all assets at J Accounting method	X Cash	Acc	crual	F If the foun	dation is in a 60-month	termination	
1			year (from Part II, col (c), Other (specify)				under sect	on 507(b)(1)(B), check	here ▶	
1/2			6) \$ 164,491 (Part I, column (d), must be	e on cash basis	5)		 -			
4	Pa	art l	, , , , , , , , , , , , , , , , , , , ,	(a) Revenue a		(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable	
			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses pe books	er		come	ıncome	purposes	
	_	4	——————————————————————————————————————						(cash basis only)	
		1	Contributions, gifts, grants, etc., received (attach schedule)						<u> </u>	
		2	Check ifthe foundation is not required to attach Sch B		- 5					
			Interest on savings and temporary cash investments				7 270		<u> </u>	
		4	Dividends and interest from securities		,370		7,370			
	1	5a	Gross rents							
	4	b	Net rental income or (loss)		-007					
	_≝	6a	Net gain or (loss) from sale of assets not on line 10	3	,637					
~	ē	_b	Gross sales price for all assets on line 6a 49,856							
202	Revenue	7	Capital gain net income (from Part IV, line 2)				3,637			
		8	Net short-term capital gain							
ග		9	Income modifications							
y-m4		10a	Gross sales less returns and allowances							
CANNED MAR		b	Gross profit or (loss) (attach schedule)						·	
Z		C							<u> </u>	
		11	Other income (attach schedule) Total. Add tages 1 through \$12021							
Щ	-	12		11	,012	_	11,012	0		
É	enses	13	Compensation of officers, directors, trustes, etc							
Ã	us	14	Other employee-salanes and wages							
သွ	9	15	Pension plans, employee benefits	<u> </u>						
U)	Exp	16a	Legal fees (attach schedule)	3	,287		3,287		·	
	<u>.</u>	þ	Accounting fees (attach schedule)							
	즟	С	Other professional fees (attach schedule)	· 					<u></u>	
	ᆲ	17	Interest					 	·	
	ŝ	18	Taxes (attach schedule) (see instructions)							
	∄∣	19	Depreciation (attach schedule) and depletion						<u> </u>	
	힏	20	Occupancy							
	_ ₹	21	Travel, conferences, and meetings						<u> </u>	
	Ĕ	22	Printing and publications							
	Operating and Administrative	23	Other expenses (attach schedule)		_22		22			
	اغ	24	Total operating and administrative expenses.							
	ā		Add lines 13 through 23	3	,309		3,309	0	0	
	9	25	Contributions, gifts, grants paid	5	,400				5,400	
	Ō	26	Total expenses and disbursements. Add lines 24 and 25	8	,709		3,309	0	5,400	
		27	Subtract line 26 from line 12							
		а	Excess of revenue over expenses and disbursements	2	,303					
		h	Net investment income (if negative enter -0-)				7 703			

Form 990-PF (2019)

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

,Part		Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	f vear
,,			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	2,057	19,935	
;	2		rary cash investments			
:		Accounts receivable	• •			
		Less allowance for	doubtful accounts			
4						
		Less allowance for	doubtful accounts			
5	5	Grants receivable	•••••			
- 6	6	Receivables due fro	om officers, directors, trustees, and other			
		disqualified persons	(attach schedule) (see instructions)			
7	7	Other notes and loans i	eceivable (attach schedule)			-
- {		Less allowance for dou	btful accounts			
हैं। ६	В	Inventories for sale	or use			
Assets	9	Prepaid expenses a	and deferred charges			
₹ 10)a	Investments-US and	state government obligations (attach schedule)			
	b	Investments—corpo	orate stock (attach schedule)	104,619	135,992	135,992
	С	Investments—corpo	orate bonds (attach schedule)	14,873	8,564	8,564
11	1	Investments—land, buil	dings, and equipment basis			
			reciation (attach schedule)			
12	2	Investments-mortg	gage loans			
13	3	Investments—other	(attach schedule)			
14	4	Land, buildings, and eq	uipment basis			
		Less accumulated dep	reciation (attach schedule)			
15	5	Other assets (descr	ıbe ▶)			
16	6	Total assets (to be	completed by all filers—see the			
\bot		instructions Also, se	ee page 1, item l)	121,549	164,491	164,491
17	7	Accounts payable a	nd accrued expenses			<u> </u>
18 رو	3	Grants payable				
<u>₽</u> 19	€	Deferred revenue				
riabilities 19 20 21)	Loans from officers, d	irectors, trustees, and other disqualified persons			
면 21			er notes payable (attach schedule)			
- 22		Other liabilities (des				
23			d lines 1/ through 22)	0	0	<u> </u>
alances 24			ollow FASB ASC 958, check here ▶□			
잍			s 24, 25, 29, and 30.			
ᇛ 24		Net assets without		ļ <u>.</u>		
<u>m</u> 25		Net assets with don				
Net Assets or Fund B			not follow FASB ASC 958, check here		1	,
ਫ਼∤੍ਰ		and complete lines			}	
ㅎ ²⁶			orincipal, or current funds			
<u>ي</u> 27		•	rplus, or land, bldg, and equipment fund	404.540	104 404	
95 28		- · · · · · · · · · · · · · · · · · · ·	ccumulated income, endowment, or other funds	121,549	164,491	i
8 29			fund balances (see instructions)	121,549	164,491	
힐 30			net assets/fund balances (see	121 540	164 401	
		Instructions)	anges in Net Assets or Fund Relences	121,549	164,491	
Part I	_		anges in Net Assets or Fund Balances llances at beginning of year—Part II, column (a),	line 29 (must agree u	uth T	
				, mie za (must agree w	1	121,549
		•	d on prior year's return)		2	2,303
		amount from Part I,		ı	3	40,639
		nes 1, 2, and 3	ed in line 2 (itemize) UNREALIZED GAIN		4	164,491
		ases not included in	line 2 (itemize)		5	104,401
			lances at end of year (line 4 minus line 5)—Part	II. column (b). line 29		164,491

	a) List and describe the ki	d Losses for Tax on Investme and(s) of property sold (for example, real estate use, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation		acquired day, yr)	(d) Date sold (mo , day, yr)	
1a	SECURITIES			Р		1/1/2017	12/31/2019	
b	,		 					
<u> </u>				-				
<u>d</u>				 				
<u> </u>								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain or (loss) ((e) plus (f) minus (g))		
<u>a</u>	49,856			46,219			3,637	
<u>b</u>			- -		_			
<u> </u>								
e e				····			 	
	Complete only for assets st	nowing gain in column (h) and owned by	the foundation	n on 12/31/69				
		(J) Adjusted basis		ss of col (r)		(I) Gains (Col. (I ol. (k), but not le		
	(i) FM V as of 12/31/69	as of 12/31/69		I (j), if any	Losses (from col (h))			
а							3,637	
b								
С								
d								
<u>e</u>								
2	Capital gain net income or	(net canital loce)	so enter in Pa nter -0- in Pa	·	2		3,637	
3		n or (loss) as defined in sections 122						
	If gain, also enter in Part I,	, line 8, column (c) See instructions	If (loss), ente	er -0- in }				
Part	Part I, line 8	der Section 4940(e) for Reduc		J	3		0	
Was t		section 4942 tax on the distributable palify under section 4940(e) Do not			e period?		X Yes No	
1		ount in each column for each year, se			o anv er	ntries		
•	(a)	(b)		(c)			(d)	
Cale	Base period years endar year (or tax year beginning in	Adjusted qualifying distributions	Net value	of noncharitable-use as	sets		oution ratio ided by col. (c))	
	2018	17,0	000	18	1,437		0 093696	
	2017	73,6	29	184	1,703		0 398635	
	2016	49,6	27		7,128		0 249222	
	2015	27,5	24	136	3,680		0 201375	
	2014		0]		0		0 000000	
_					١,		0.040000	
2	Total of line 1, column (d)	for the E was been possed. doubt the	o total on line	2 by EO or by	2	:	0 942928	
3	•	for the 5-year base period—divide the nundation has been in existence if le		·	3		0 188586	
4	Enter the net value of non-	charitable-use assets for 2019 from	Part X, line 5		4	<u> </u>		
5	Multiply line 4 by line 3				5	<u> </u>		
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6	<u> </u>	0	
7	Add lines 5 and 6				7	.	0	
8	Enter qualifying distribution		NR 1 41	and against the transfer	8		0	
	Part VI instructions	ter than line 7, check the box in Part	. VI, IINE 10, a	ind complete that p	Jart using	ya 170 tax 16	ate See the	

Rart	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruct	iions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
b	Date of ruling or determination letter (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check	_			 154
	here ▶ ☐ and enter 1% of Part I, line 27b	†			
С	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 lines 1 and 2				154
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-				154
6	Credits/Payments	1			
a	2019 estimated tax payments and 2018 overpayment credited to 2019				
b	Exempt foreign organizations—tax withheld at source The product of the control o	1			ļ
c d	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6c 6d	1			1
7	Backup withholding erroneously withheld Total credits and payments Add lines 6a through 6d 7	-			
8	Enter any penalty for underpayment of estimated tax. Check here	+			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	+			154
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				0
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ► Refunded ► 11				0
Part \	/II-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Ĺ		Yes	No
	participate or intervene in any political campaign?	L	1a		_X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	į.			
	instructions for the definition	ŀ	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	ŀ			
•	published or distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?	-	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	-	''	\dashv	<u> </u>
u	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$		ŀ		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers ► \$	l,			
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		X
3	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? If "Yes," attach a conformed copy of the changes	L	3		_ X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Ļ	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	Ļ		N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	}	5	 -∤	X
•	If "Yes," attach the statement required by General Instruction T			ļ	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	[ĺ		1
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 	ĺ			i
	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 Part XV	Ì	7	$\overline{\mathbf{x}}$	
8а	Enter the states to which the foundation reports or with which it is registered. See instructions				
	PA	[ĺ	ĺ	i i
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	L	8b	X	
9	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 tax year beginning in 2019? See the instructions for Part XIV If		_	1	
	"Yes," complete Part XIV		9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		10		v
	names and addresses			-PF	(2240)
		Form	コング	/-rr/	(2019)

Page **5**

Par	t VII-A Statements Regarding Activities (continued)		•	-90 0
			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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
40	person had advisory privileges? If "Yes," attach statement. See instructions	12	<u></u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	_
14	Website address ► N/A The books are in care of ► DOROTY GIOVANNONE Telephone no ► (330) 62	U-833	 n	
17	Located at \$2160 HARTIN CONCHOUGEN DA 7/D+4 \$10438	0-055		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	-		\
,,,	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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the	j		
	name of the foreign country	L		i
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	 	res	No
1a	During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? [] Yes X No			
	(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?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	i		
	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) [] Yes X No	İ		
_				
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	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here	10	19/7	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
C	were not corrected before the first day of the tax year beginning in 2019?	1c		×
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 15 , 20 , 20 , 20			
b	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		×
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		<u> </u>	 ^
·	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	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	3b	N/A	
42	foundation had excess business holdings in 2019) Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	14/7	X
4a b	Did the foundation invest during the year any amount in a mariner that would jeopardize its chantable purposes? 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		X

Total number of other employees paid over \$50,000

												9
		tatements Regarding Activities			4720 N	lay Be Re	quire	d (contin	ued)			
5a	• ,	ear, did the foundation pay or incur an propaganda, or otherwise attempt to i	,		section	4945(e))?		Yes	X No	<u> </u>	Yes	No
	•	e the outcome of any specific public ele		•		` ''			<u> </u>			
		or indirectly, any voter registration drive		occ occion -	000), 01	to carry on	,	Yes	X No			
	(3) Provide	a grant to an individual for travel, study	, or oth	er sımılar pur	poses?			Yes	X No			
		a grant to an organization other than a l945(d)(4)(A)? See instructions	charital	ble, etc , orga	anızatıoı	n described	ın	☐ Yes	X No			
		for any purpose other than religious, ches, or for the prevention of cruelty to chi			terary, c	or education	nal	Yes	X No			
b		er is "Yes" to 5a(1)–(5), did any of the t			alify un	der the exc	eptions	describe	 d in			
	Regulations	section 53 4945 or in a current notice	regarding disaster assistance? See instruction					s		5b	N/A	
		ns relying on a current notice regarding	disaster assistance, check here									
С	because it m	r is "Yes" to question 5a(4), does the for naintained expenditure responsibility for	r the gr	ant?	-	rom the tax		☐ Yes	X No			
60		ch the statement required by Regulation dation, during the year, receive any fur										
6a		dation, during the year, receive any fur al benefit contract?	ius, aire	ectly or indire	ctiy, to p	bay premiur	118	☐ Yes	X No			
b	•	dation, during the year, pay premiums,	directly	or indirectly.	on a p	ersonal ben	efit cor			6b		\overline{x}
		o, file Form 8870		,	•							
7a	At any time di	uring the tax year, was the foundation a pa	rty to a j	prohibited tax s	shelter tr	ansaction?		Yes	X No	ļ		
b									7b			
8	Is the founda	ation subject to the section 4960 tax or n or excess parachute payment(s) duri	n payme	ent(s) of more vear?	than \$	1,000,000 וו	n	☐ Yes	X No			
Par		ormation About Officers, Directo			undati	on Manac	iers. F				es.	
		i Contractors										
1	List all offic	ers, directors, trustees, and foundat									_	
		(a) Name and address	hou	hours per week (If		If not paid, empl		d) Contributions to ployee benefit plans deferred compensation		(e) Expense acco		
	OTHY GIOVAL		TRUST			_			İ			
<u>2160</u>	HARTS LANE	CONSHOHOCKEN, PA 19428		1 00		0						
·						_	_					
										_		
2	Compensat	ion of five highest-paid employees (other th	nan those in	cluded	on line 1—	see ins	structions	s). If no	ne, ent	er 	
	110112.	··							(d) Contributions to employee benefit plans and deferred		(e) Expense accoun other allowances	
		ddress of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	/eek	(c) Compen	sation	employee	benefit deferred			
ИОИ	(a) Name and a	ddress of each employee paid more than \$50,000		hours per w	/eek	(c) Compen	sation	employee plans and	benefit deferred			
NON	(a) Name and a	ddress of each employee paid more than \$50,000		hours per w	/eek	(c) Compen	sation	employee plans and	benefit deferred			
NONI	(a) Name and a	ddress of each employee paid more than \$50,000		hours per w	/eek	(c) Compen	sation	employee plans and	benefit deferred			
NONI	(a) Name and a	ddress of each employee paid more than \$50,000		hours per w	/eek	(c) Compen	sation	employee plans and	benefit deferred			
NONI	(a) Name and a	ddress of each employee paid more than \$50,000		hours per w	/eek	(c) Compen	sation	employee plans and	benefit deferred			
NONI	(a) Name and a	ddress of each employee paid more than \$50,000		hours per w	/eek	(c) Compen	sation	employee plans and	benefit deferred			

	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors <i>(continued)</i>	Employees,
3 Five hig	hest-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		
	others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	 _
	s four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
	other beneficiaries served, conferences convened, research papers produced, etc	
1 <u>N/A</u>	•••••••••••••••••••••••••••••••••••••••	-
		-
2		-
		-
3		
J		-
		-
4		
-		-
		-
Part IX-B	Summary of Program-Related Investments (see instructions)	
	largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A		
		_
2		
		_
All other program	-related investments. See instructions	}
3		-
		-
Total. Add lines	1 through 3	
		Form 990-PF (2019

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	T .	
	purposes		
а	Average monthly fair market value of securities	1a	132,024
b	Average of monthly cash balances	1b	10,996
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	143,020
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	143,020
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	2,145
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	140,875
6	Minimum investment return. Enter 5% of line 5	6	7,044
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundational and certain foreign organizations, check here ☐ and do not complete this part)	ons	
1	Minimum investment return from Part X, line 6	1	7,044
2a	Tax on investment income for 2019 from Part VI, line 5	54 .	
b	Income tax for 2019 (This does not include the tax from Part VI)	71	
С	Add lines 2a and 2b	2c	154
3	Distributable amount before adjustments Subtract line 2c from line 1	3	6,890
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,890
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	6,890
Part	XII Qualifying Distributions (see instructions)		
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	5,400
b	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.,		
	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	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	5,400
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,400
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating who	ether the fou	ndation
	qualifies for the section 4940(e) reduction of tax in those years		

ant	Undistributed Income	(see instructions)				
			(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from	Part XI,	Ocipus	10010 101 10 2010	2010	2019
	line 7					6,890
2	Undistributed income, if any, as of the	end of 2019				
а	Enter amount for 2018 only				0	·
b	•	20, 20 _				
3	Excess distributions carryover, if ar	· I				
а	From 2014	17,224				
b	From 2015	13,494				
C	From 2016	33,285		1		
d	From 2017	64,550				
e	From 2018	8,199	400.750			
_f	Total of lines 3a through e	- D-4 VII	136,752			
4	Qualifying distributions for 2019 fro	m Part XII,				
_	line 4 ▶ \$ 5,400 Applied to 2018, but not more than	line de				
	Applied to undistributed income of					
b	(Election required—see instructions					
	Treated as distributions out of corp	·				<u> </u>
ŭ	required—see instructions)	do (Election				
d	Applied to 2019 distributable amou	nt				5,400
	Remaining amount distributed out of					
5	Excess distributions carryover appl					
•	(If an amount appears in column (d			ı		
	amount must be shown in column (· .	1,490			1,490
6	Enter the net total of each colum	n as				
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e S	ubtract line 5	135,262			
b	Prior years' undistributed income \$	Subtract				
	line 4b from line 2b			0		
С	Enter the amount of prior years' un			•		
	income for which a notice of deficie	*				
	been issued, or on which the section	on 4942(a)				•
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxab	ole				
	amount—see instructions		·			
е	Undistributed income for 2018 Sub					
	4a from line 2a Taxable amount—	see			o	Tr.
	Instructions Undistributed income for 2019 Sub	stract lines				
'	4d and 5 from line 1. This amount i					
	distributed in 2020	ndst be	}		}	0
7	Amounts treated as distributions or	ut of corpus				
•	to satisfy requirements imposed by	•				
	170(b)(1)(F) or 4942(g)(3) (Election		ł			
	required—see instructions)	,				
8	Excess distributions carryover from	2014 not				
	applied on line 5 or line 7 (see instr	ructions)	15,734			
9	Excess distributions carryover to					
	Subtract lines 7 and 8 from line 6a		119,528	· · · · · · · · · · · · · · · · · · ·		
10	Analysis of line 9	Γ				
а	Excess from 2015	13,494			†	
b	Excess from 2016	33,285				-
С	Excess from 2017	64,550	[
d	Excess from 2018	8,199	ĺ		1	
е	Excess from 2019					

NONE

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t	ne Year or Approve	a for Fut	ure Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient	Continuation	
Name and address (home or business) a Paid during the year ST PHILIP NERI PARRISH 281 QUEEN ST LAYAFETTE, PA 19147	any foundation manager or substantial contributor NONE	PC	GENERAL USE	5,400
				
b Approved for future payment			<u>▶ 3a</u>	5,400
Total			▶ 3k	0

Form 99	9 0- PF (2019) GIOVANI	NONE FAMILY FOUR	NUATION					22-3808910	Page 13
Part	XVII	Information Exempt Org	Regarding Transganizations	sfers to and Tra	nsaction	s and Re	lationships	With No	oncharitable	
1	ın se	_	firectly or indirectly e er than section 501(c		_	-	-		bed	Yes No
а	Tran	nsfers from the rep	orting foundation to	a noncharitable ex	empt orgar	ization of				
		Cash							1a(1)	X
b		Other assets er transactions							1a(2)	X
U			a noncharitable exe	mnt organization					1b(1)	X
			ets from a noncharita	· ·	ation				1b(2)	$\frac{\lambda}{x}$
			equipment, or other	•					1b(3)	X
	(4) F	Reimbursement ar	rangements						1b(4)	X
		oans or loan guar							1b(5)	X
			rvices or membershi	•					1b(6)	X
c d			quipment, mailing list he above is "Yes," con				hould always sh	anu tha fa		X_
u	value	e of the goods, othe	er assets, or services of or sharing arrangement	given by the reporting	g foundation	If the four	ndation received	less than	ı faır market	
(a) Line	on e	(b) Amount involved	(c) Name of none	charitable exempt organi	zation	(d) Des	cription of transfer	s, transactio	ns, and sharing arrang	ements
		 				<u> </u>				
				·						
						 				
										
						 			···	
	\neg									
				<u> </u>						
						ļ				
			<u> </u>							
										
					·	 				
						<u> </u>				
			 -		-	<u> </u>				
2a b	desc	cribed in section 5	ctly or indirectly affilia 01(c) (other than sec following schedule				exempt organiz	zations	☐ Yes [∏ No
	 -	(a) Name of organ		(b) Type o	f organization			c) Descripti	on of relationship	
										
										
	Luce	and old a standard deal	lare that I have examined this re	stura unalludura pagamaganun	anhodulos and	statements and	to the best of my keep	vladae and be	dof it is to o	
Sign			on/of preparer (other than taxpa		on of which prepa			wedge and be	May the IRS discuss the	
Here	Sig	mature of officer of trus	ge e	Date	Title	.50122			See instructions X	Yes No
D · ·	1	Print/Type preparer's	s name	Preparer's signature	2'		Date	Chec	k I if PTIN	
Paid		MICHAEL LEE		1/13/2021 self-employed P00096657						657
Prepa		Firm's name	CROWN POINTE F	INANCIAL SERVIC	CES INC		F	irm's EIN	27-3309186	
Use C	niy	Frank addes a	581 BOSTON MILL	S RD STE 100 HIL	DSON OH	44236 HI	IDSON OH	hone no	(330) 655-139	5

581 BOSTON MILLS RD STE 100 HUDSON OH 44236, HUDSON, OH Phone no

(330) 655-1395

Form 4720

Department of the Treasury Internal Revenue Service Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

Go to www.irs.gov/Form4720 for instructions and the latest information.

OMB No 1545-0052

2019

	forganization or entity	3/1	4/30	Emr	ployer identification	numbe	, — —
GIOVA	ANNONE FAMILY FOUNDATION			,	•		
	street, and room or suite no (or PO box if m	ail is not delivered to street address)		Ch	22-38089 neck box for type of a		
		and not delivered to street address;		<u> </u>	Form 990	7	
	HARTS LN own, state or province, country, and ZIP or fore	nes social codo		늗	: <u></u>	Form 9	90-EZ
		sign postal code		X	; –	Other	
CONS	HOHOCKEN, PA 19428			L_	Form 5227		
_						Yes	No
	Is the organization a foreign private						
	Has corrective action been taken or		in Chapter 42 taxes being repo	rted c	on this		
	form? (Enter "N/A" if not applicable)					<u></u>	
	If "Yes," attach a detailed description			able,	enter the fair		
	market value of any property recove			If	f "No," (that is, a	ny	
	uncorrected acts or transactions), a						
Part	Taxes on Organization (S	ections 170(f)(10), 664(c)(2)	, 4911(a), 4912(a), 4942(a),	4943	3(a), 4944(a)(1),	
	4945(a)(1), 4955(a)(1), 495	59, 4960(a), 4965(a)(1), 4966	6(a)(1), and 4968(a))				
1	Tax on undistributed income—Sche	dule B, line 4		1_			
2	Tax on excess business holdings—		2				
3	Tax on investments that jeopardize	charitable purpose—Schedule D), Part I, column (e)	3			
4	Tax on taxable expenditures—Sche	dule E, Part I, column (g)	1	4			
5	Tax on political expenditures—Sche	edule F. Part I. column (e)		5			
	Tax on excess lobbying expenditure	, ,		6			
	Tax on disqualifying lobbying expen	•	umn (e)	7			
	Tax on premiums paid on personal		(5)	8			
	Tax on being a party to prohibited to		le J. Part I. column (h)	9			
	Tax on taxable distributions—Sched		is of traitiff column (ii)	10			
	Tax on a charitable remainder trust		ome Attach statement	11			
	Tax on failure to meet the requirement			12	ļ		
	Tax on excess executive compensa		die Wi, Fait II, lille 2	13	 		
	•		Schodulo O	14			
	Tax on net investment income of pri	ivate colleges and universities—	Scriedule O	15			0
	Total (add lines 1–14)	If Dealers Discountified Dea	D D Ad-			d D = ==	<u> </u>
Fail	II-A Taxes on Managers, Se						
		(a), 4944(a)(2), 4945(a)(2), 4					
	(a) Name and address of person subject	to tax City or town, state or province, cou	ntry, ZIP or foreign postar code	+-	(b) Taxpayer identific	cation nu	moer
<u>a</u>							
b							
<u>c</u>				+-			
	(c) Tax on self-dealing—Schedule A, Part II, col (d), and Part III, col (d)	(d) Tax on investments that jeopardize charitable purpose—Schedule D, Part II, col. (d)	(e) Tax on taxable expenditures— Schedule E, Part II, col (d)		(f) Tax on political e. Schedule F, Part	•	
а							
b							
С					-		
Total	0	0		0			0
	(g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col (d)	(h) Tax on excess benefit transactions—Schedule I, Part II, col (d), and Part III, col (d)	(i) Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, col. (d)		(j) Tax on taxable di Schedule K, Par		
a							
b							
С							
Total	0	0		0			0
	(k) Tax on prohibited benefits—Sch L, Part II, col. (d), and Part III, col. (d)				(I) Total—Add cols	(c) throug	jh (k)
_							0
a b						-	
b							
C					· · · · · · · · · · · · · · · · · · ·		
<u>Total</u>							<u> </u>

		Part I, col (a)	or prorated amount		(see instructions)
					0
		ļ			
					0
					0
	SCHEDULE B-Init	ial Tax on Undis	tributed Income (Section	4942)	
1	Undistributed income for years before 2018 (f			[1]	
2	Undistributed income for 2018 (from Form 99			2	
3	Total undistributed income at end of current to				
	under section 4942 (add lines 1 and 2)			3	0
4	Tax-Enter 30% of line 3 here and on Part I,	line 1		4	0
					Form 4720 (2019)

SCHEDULE C-Initial Tax on Excess Business Holdings (Section 4943)

Business Holding	re and Co	mnutation o	f Tav	
	go ana oo	inputation o	IIQA	

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number			•	
Form of enterprise (corporation, partnership	trust joint venture so	le proprietorable, etc.)		
Tom of enterprise (corporation, partnership	, itust, joint venture, so	(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundation holdings in business ente	rprise 1	%	%	
2 Permitted holdings in business enterp	orise 2	%	%	
3 Value of excess holdings in business	· · · · · · · · · · · · · · · · · · ·			
days, or, other value of excess holdin	of excess holdings disposed of within 90 or, other value of excess holdings not to section 4943 tax (attach statement)			
5 Taxable excess holdings in business enterprise- line 3 minus line 4		· · · · · · · · · · · · · · · · · · ·		0
6 Tax— Enter 10% of line 5	6	c	0	0
7 Total tax— Add amounts on line 6, co (b), and (c), enter total here and on P	art I, line 2 7	c	<u> </u>	
SCHEDULE D—Initial Taxo Part 1 Investments and Tax Con		That Jeopardize C	naritable Purpose (Section 4944)
(a) Investment (b) Date of	c) Description of investment	(d) Amour investme	I foundation (10%	(f) Initial tax on foundation managers (if applicable)— (lesser of \$10,000 or 10% of col (d))
1 2			0	
3			0	
4			0	0
5 Total— Column (e) Enter here and on Part	L line 3		0	<u> </u>
Total— Column (f) Enter total (or prorated		art II, column (c), below	<u>~</u> <u>~</u>	0
Part II Summary of Tax Liability				

Part II	Summary of Tax Liability of Foundation	on wanagers ar	id Proration of Payments	
	(a) Names of foundation managers liable for tax	(b) Investment no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
				c
				c
				Form 4720 (2019)

				<u>es on Taxable</u>	Expenditure	s (Section 4945)	<u> </u>
- Part I	Expenditures	s and Computat	on of Tax			,	
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) i	Name and address of	recipient		n of expenditure and purposes for which made
1				- -			
2			 	-		ļ	
3			 		·		
5	**						
(f) Ques	tion number from Form 9 227, Part VI-B, applicable		(g) Ir	nitial tax imposed on fo (20% of col. (b))	oundation	managers	ax imposed on foundation (if applicable)—(lesser of 000 or 5% of col. (b))
			l 		0		0
					0	r	0
· 					0		0
· 					0		<u> </u>
Total C	olumn (n) Enter he				0		0
Part I, line	olumn (g) Enter he	ere and on			0		
		tal (or prorated amo	ount) here an	d in Part II, colum	0 nn (c),		
Part II	Summary of	Tax Liability of I	oundation	Managers an	d Proration o	of Payments	0
		on managers liable for ta		(b) Item no from Part I, col (a)	(c) Tax from	Part I, col (h), or led amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
		·					-
			<u>~~</u>				0
							-
-							0
							-
_						(0 (055)	0
Part I	Expenditures	SCHEDULE F— and Computati		es on Politica	Expenditure	s (Section 4955))
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Descripti	on of political expend	iture organi	itial tax imposed on zation or foundation 10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 21/4% of col. (b))
1						(0
2						(
3							
4				·	·		·
5 Tatal C	olumn (a). Enter he	ero and an Bart Live					
iotai— C	olumn (e) Enter ne	ere and on Part I, lin	<u> </u>			(/
Total— C Part II		al (or prorated amo				Managers and	Proration of Payments
i ait ii			Jigailizatic				(d) Manager's total tax liability
		anization managers or nagers liable for tax		(b) Item no from Part I, col (a)		Part I, col (f), or led amount	(add amounts in col. (c)) (see instructions)
							-
							0
							-
							-
							<u> </u>
							_
							0
							Form 4720 (2019)

(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))
	0	C
	0	0
	0	0
	0	0
	0	0
		Form 4720 (2019)

D'and II				t Transactions (Section 495	
Part II	Summary of Tax	CLiability of Disqualit	ied Persons	and Proration of Payments	
	(a) Names of disqualified per	rsons liable for tax	(b) Trans no from Part I, col (a)	(c) Tax from Part I, col (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)
			 		·
					
	······································				
Part III	Summary of Tax	Liability of 501(c)(3)	(c)(4) & (c)(2	29) Organization Managers	and Proration of Payments
(a) Names		anızatıon managers liable for tax	(b) Trans no from Part I, col (a)		(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
	· · · · · · · · · · · · · · · · · · ·				
	SCHEDULE J	Taxes on Being a Pa	rty to Prohibi	ted Tax Shelter Transaction	ns (Section 4965)
Part I	Prohibited Tax She (see instructions)	elter Transactions (PT	ST) and Tax	Imposed on the Tax-Exemp	ot Entity
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1—Listed 2—Subsequently listed 3—Confidential 4—Contractual protection		(d) Description of trans	action
_ 1	L				
2					
3					
4					
5					
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No		able to	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)	
					
Total— C	olumn (h) Enter here ar	nd on Part I, line 9			

Part II	Tax Impo	sed on Entity Managers (Sect	tion 4965) Co	ntıı	nued			
	(a) Nar	ne of entity manager	(b) Transaction number from Part I, col (a)	1	(c) Tax—enter \$20,000 for eac transaction listed in col (b) for eac manager in col (a)	h ich	(d) Manager's total tax liability (add amounts in col. (c))	
				 -			-	
				_				0
							-	0
				L				_
								_
·				-				0
							·-	0
					····			_
	SCHEDULI	E K—Taxes on Taxable Distrib	outions of Sr	or	Soring Organization	e M		0
`	JOINE DOE				ee the instructions	J	amtaming Donor	
Part I	Taxable [Distributions and Tax Comput						_
(a)		(b) Name of sponsoring organization an			(c) De	script	ion of distribution	_
Item number	ļ	donor advised fund		-	(4)			_
1								
2								
3		·····						<u> </u>
								_
4								
(d) Date of o	distribution	(e) Amount of distributio	on		(f) Tax imposed on organization (20% of col (e))		(g) Tax on fund managers (lesser of 5% of col (e) or \$10,000)	_
					0			0
					0			0
	· ·				0			0
Total Colu	mn /fl. Enton	hara and an Bort Line 10		_	0		······································	<u>0</u>
		here and on Part I, line 10 r total (or prorated amount) here and	d in Part II, coli	ımr				ᇹ
Part II		of Tax Liability of Fund Man						<u>~</u>
		und managers liable for tax	(b) Item no from Part I, col (a)		:) Tax from Part I, col (g) or pror amount	ated	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)	
								0
								0
								Ť
							.]	
								0
		}		ļ				
						- ·		^
							<u> </u>	<u>0</u>

SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967)

		Se	e the instructions	<u> </u>
Part I	Prohibited Benefits	and Tax Computation	on	
(a) Item number	(b) Date of prohibited benefit		(c) Descrip	tion of benefit
1				
2			· · · · · · · · · · · · · · · · · · ·	
3				
4				
5				
(d)	Amount of prohibited benefit		or advisors, or related persons d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)
			0	0
•			0	0
			0	0
			0	0
Part II	Summary of Tax Lial	pility of Donors, Do		Persons, and Proration of Payments
(a) Nam	nes of donors, donor advisors, or lated persons liable for tax	(b) Item no from Part I, col. (a)	(c) Tax from Part I, col (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)
	···			0
				0
				0
				0
Part III	Summary of Tax Lial	oility of Fund Mana	gers and Proration of F	Payments
(a) Nam	es of fund managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)
				0
				0
				0
				0

Form 4720 (2019) GIOVANNONE FAMILY FOUNDATION 22-3808910 Page 9 Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)) (See instructions) Part I Failures to Meet Section 501(r)(3) (d) Tax year hospital (e) Tax year hospital (a) Item (b) Name of hospital facility facility last conducted a CHNA (c) Description of the failure facility last adopted an number implementation strategy 2 3 4 5 Part II Computation of Tax Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3)

<u> </u>	x-Enter \$50,000 multiplied by line 1 n	ere and on Part I, line 12		:
	SCHEDULE N—Tax on Ex	cess Executive Compensation (Se	ction 4960) (See instructi	ons)
(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total Add column (c) and (d)
1				
2				
3				
4				
5				
6	Attachment, if necessary See instru-	ctions		
Total	(add column (e) items 1-6)			0
Tax.	Enter 21% of the amount above here a	and on Part I, line 13		0

SCHEDULE O-Excise Tax on Net Investment Income of Private Colleges and Universities (Section 4968)

1	Filing	(a) Name	(b) EIN	(c) Gross Investment Income (See Instructions)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols (c) and (d)	(f) Net investment income (See instructions)
2	Organization Related Organization		23				
3	Related Organization						
4	Related Organization			•			
5	Total from attachn	nent, if necessary					
6	Total			0	0	0	0
7	Excise Tax on Ne	t Investment Incom	e Enter 1 4% of th	e amount in 6(f) he	ere and on Part I, I	ine 14	0

Form 4720 (2019)		GIOVANNONE FAMILY FOUN	IDATION		22-	3808910	Page 10
,	kno		ave examined this return, including accompa complete Declaration of preparer (other tha				as
)	Signature of officer or trustee		Title		Date	
					1		
Sign	•	Signature (and organization or entity nadvisor, or related person	ame if applicable) of manager, self-dealer, d	isqualified person, donor, do	onor	Date	<u> </u>
Here	•	Signature (and organization or entity nadvisor, or related person	ame if applicable) of manager, self-dealer, d	isqualified person, donor, do	onor	Date	
	•	Signature (and organization or entity nadvisor, or related person	ame if applicable) of manager, self-dealer, d	isqualified person, donor, do	onor	Date	3
	•						
	Mav	Signature (and organization or entity nadvisor, or related person the IRS discuss this return with the prep	ame if applicable) of manager, self-dealer, d	isqualified person, donor, do	onor	Date Yes	•
		Type preparer's name	Preparer's signature	Date		PTIN	<u> </u>
Paid		HAEL LEE		1/13/2021	Check self-employed	f P0009	6657
Preparer			FINANCIAL SERVICES INC	1 11372321	Firm's EIN		
Use Only	Firm		LLS RD STE 100 HUDSON OH 4	4236, HUDSON, OH	4 Phone no	(330) 655-1	

Form **4720** (2019)

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

									•				, ,	
		<u> </u>						Totals	Cross	×	Cost or Other Basis, Expenses,	ISIS, Expenses,	Net Gain	, , ,
	Amount								Sales	S	Deprecation and Adjustments	d Adjustments	or Loss)SS ,
Tonn Term CG Distributions		ı-					ఔ	Capital Gains/Losses		49,856		46,219		3,637
Short Term CG Distributions		or co						Other sales		0		0	ļ	0
				Check "X" if							,			
		Check "X"		Purchaser	•						Expense of Sale		_	
		to include		Sa	Acquisition	Date	Date	Gross Sales	Cost or	Valuation	and Cost of			Net Gain
Description	CUSIP#		Purchaser	Business	Method	Acquired	Sold	Pnce	Other Basis	Method	Improvements	Depreciation	Adjustments	orLoss
SECURITIES					۵.	1/1/2017	12/31/2019	49,856	46,219					3,637

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

		3,287	3,287		0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	ACCOUNTING FEES	2,150	2,150		0
2	BROKER FEE	1,137	1,137		0

Part I, Line 16b (990-PF) - Accounting Fees

	0	0	C	0
	Revenue and Expenses per	Net Investment	Adjusted Net	Disbursements for Charitable Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 TAX PREP	0			Ō

Part I, Line 18 (990-PF) - Taxes

		0	0	0	0
		Revenue and Expenses	Net Investment	Adjusted	Disbursements for Charitable
	Description	per Books	Income	Net Income	Purposes
ſ	1 EXCISE TAX	0			

Part I, Line 23 (990-PF) - Other Expenses

	_ 22_		0	0
	Revenue and			Disbursements
	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Income	Purposes
1 POSTAGE	22	22		

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

		104 640	135 002	162 504	125 992
		610,4013	200,000	+0C,2O	200,001
	Num Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
ld l/l		104,619	135,992	162,504	135,992

vestments - Corporate Bonds	
=	
_	
(990-PF)	
10c	
Line	
<u>=</u>	
Part II,	

			14,873	8,564	15,448	8,564
	Interest	Maturity	Book Value	Book Value	FMV	FMV
Description	Rate	Date	Beg of Year	End of Year	Beg of Year	End of Year
			14,873	8,564	15,448	8,564

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

										0	9	2	
		Chack "X"							Avg Hrs			Expertse	
	Name	if Business	Street	Cit	State	Zip Code	Foreign Country	Title	Per Week	Compensation	Benefits	Account	
8	DOROTHY GIOVANNONE		2160 HARTS D	CONSHOHOCKEN	₽	19428		TRUSTEE	100	0			
_													
_					1								