

For calendar year 2019, or tax year beginning 07-01-2019, and ending 06-30-2020

Name of foundation THE BOGLIASCO FOUNDATION INC		A Employer identification number 13-3632296	
Number and street (or P.O. box number if mail is not delivered to street address) 1 EAST 53RD STREET 8TH FLOOR		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022		B Telephone number (see instructions) (212) 486-0874	
G Check all that apply: <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here..... 2. Foreign organizations meeting the 85% test, check here and attach computation ...	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 1,847,122		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,014,056			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	33,843	33,843	33,843	
	5a Gross rents	27,125	27,125	27,125	
	b Net rental income or (loss) 27,125				
	6a Net gain or (loss) from sale of assets not on line 10	34,725			
	b Gross sales price for all assets on line 6a 1,349,494				
	7 Capital gain net income (from Part IV, line 2) . . .		34,725		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	33,218	0	33,218	
	12 Total. Add lines 1 through 11	1,142,967	95,693	94,186	
	13 Compensation of officers, directors, trustees, etc.	82,160	0	0	82,160
	14 Other employee salaries and wages	373,585	0	0	412,234
	15 Pension plans, employee benefits	240,814	0	0	240,814
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	18,742	1,061	1,061	19,586
	c Other professional fees (attach schedule)	26,277	14,304	14,304	11,973
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	9,056	0	0	9,056
	19 Depreciation (attach schedule) and depletion . . .	2,481	0	0	
	20 Occupancy	52,476	0	0	52,476
	21 Travel, conferences, and meetings	5,149	0	0	5,149
	22 Printing and publications				
	23 Other expenses (attach schedule)	140,867	0	0	140,867
	24 Total operating and administrative expenses. Add lines 13 through 23	951,607	15,365	15,365	974,315
	25 Contributions, gifts, grants paid	12,500			12,500
	26 Total expenses and disbursements. Add lines 24 and 25	964,107	15,365	15,365	986,815
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	178,860			
	b Net investment income (if negative, enter -0-)		80,328		
				78,821	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	148,382	396,692	396,692
	2 Savings and temporary cash investments	144,988	335,548	335,548
	3 Accounts receivable ▶ <u>2,000</u>			
	Less: allowance for doubtful accounts ▶ _____	19,501	2,000	2,000
	4 Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	9,328	11,832	11,832
	10a Investments—U.S. and state government obligations (attach schedule)	179,101	0	0
	b Investments—corporate stock (attach schedule)	1,042,912	1,043,662	1,043,662
	c Investments—corporate bonds (attach schedule)	145,906	0	0
	11 Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment: basis ▶ <u>488,315</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>434,851</u>	55,945	53,464	53,464	
15 Other assets (describe ▶ _____)	3,924	3,924	3,924	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,749,987	1,847,122	1,847,122	
Liabilities	17 Accounts payable and accrued expenses	88,166	104,543	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	521,352	492,950	
	23 Total liabilities (add lines 17 through 22)	609,518	597,493	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	1,039,968	1,092,837	
	25 Net assets with donor restrictions	100,501	156,792	
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	1,140,469	1,249,629	
30 Total liabilities and net assets/fund balances (see instructions) .	1,749,987	1,847,122		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,140,469
2 Enter amount from Part I, line 27a	2	178,860
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	1,319,329
5 Decreases not included in line 2 (itemize) ▶ _____	5	69,700
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	1,249,629

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a REALIZED GAINS ON SALE OF INVESTMENT				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,349,494		1,314,769	34,725
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a			34,725
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 5px;">{</div> <div> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> <div style="font-size: 3em; margin-left: 5px;">}</div> </div>	2	34,725
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 5px;">{</div> <div></div> <div style="font-size: 3em; margin-left: 5px;">}</div> </div>	3	0

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

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

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

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

☐ Yes
 ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	1,107,891	1,599,281	0.692743
2017	1,170,105	1,675,389	0.698408
2016	1,117,085	1,723,417	0.648180
2015	1,040,123	1,783,694	0.583129
2014	1,242,837	1,892,534	0.656705

2 Total of line 1, column (d)	3.279165
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	0.655833
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	1,512,109
5 Multiply line 4 by line 3	991,691
6 Enter 1% of net investment income (1% of Part I, line 27b)	803
7 Add lines 5 and 6	992,494
8 Enter qualifying distributions from Part XII, line 4	986,815

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	1,607
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	1,607
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,607
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	3,409
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	3,409
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,802
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax 1,802 Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0 (2) On foundation managers. \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
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? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NY		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	Yes	
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 taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	Yes	
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.BFNY.ORG</u>	13	Yes	
14	The books are in care of ► <u>THE BOGLIASCO FOUNDATION</u> Telephone no. ► <u>(212) 486-0874</u>			

Located at ► 1 EAST 53RD STREET 8TH FLOOR NEW YORK NYZIP+4 ► 10022

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ► <u>IT</u>		Yes	

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.**

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

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ARIELLE MOREAU	PROGRAM DIRECTOR	60,000	11,022	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022	40.00			
IVANA FOLLE	VP, RES. DIRECTOR	67,611	0	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022	40.00			
Total number of other employees paid over \$50,000.				0

Part VIII

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

3

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services.

0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 PROVIDES RESIDENTIAL FELLOWSHIPS AT ITS STUDY CENTER IN ITALY, WHERE GIFTED ARTISTS & SCHOLARS OF ALL CULTURES COME TOGETHER TO CONNECT, CREATE & DISSEMINATE NEW WORK.	648,473
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	1,424,913
b	Average of monthly cash balances.	1b	110,223
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,535,136
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,535,136
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	23,027
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,512,109
6	Minimum investment return. Enter 5% of line 5.	6	75,605

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

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
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	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	986,815
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	986,815
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	986,815

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ _____				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2019 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount—see instructions.				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.				
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

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

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
85% of line 2a	75,605	79,964	81,165	86,171	322,905
b Qualifying distributions from Part XII, line 4 for each year listed	64,264	67,969	68,990	73,245	274,469
c Amounts included in line 2c not used directly for active conduct of exempt activities	986,815	1,108,513	1,171,088	1,117,686	4,384,102
d Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	12,500	7,000	12,000	4,000	35,500
e Complete 3a, b, or c for the alternative test relied upon:	974,315	1,101,513	1,159,088	1,113,686	4,348,602
a "Assets" alternative test—enter:					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.	50,403	53,309	55,846	57,447	217,005
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)					0
(2) Support from general public 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					0
(4) Gross investment income					0

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines:

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	12,500
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments. . . .						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities. . . .				14	33,843	
5 Net rental income or (loss) from real estate:						
a Debt-financed property.						
b Not debt-financed property.				16	27,125	
6 Net rental income or (loss) from personal property						
7 Other investment income.						
8 Gain or (loss) from sales of assets other than inventory				18	34,725	
9 Net income or (loss) from special events:						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a APPLICATION FEES _____						7,120
b PARTNER FEE AND OTHER _____						8,450
c PROGRAM REVENUE _____						17,648
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e). . .			0		95,693	33,218
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13		128,911

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- | | | | | |
|---|--|----|--|----|
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | 1c | | No |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2021-01-20	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00183769
	JAMES J REILLY				
	Firm's name ▶ CONDON O'MEARA MCGINTY & DONNELLY LLP				Firm's EIN ▶ 13-3628255
	Firm's address ▶ ONE BATTERY PARK PLAZA NEW YORK, NY 10004				Phone no. (212) 661-7777

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PAGE ASHLEY	CHAIR 2.00	0	0	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022				
LAURA HARRISON	PRESIDENT 40.00	82,160	11,948	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022				
GIOVANNI MASO	TREASURER 1.00	0	0	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022				
R ANDREW BOOSE	SECRETARY 1.00	0	0	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022				
GIANNI BIAGGI DE BLASYS	TRUSTEE 1.00	0	0	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022				
JOHN HARBISON	TRUSTEE 1.00	0	0	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022				
MARINA BIAGGI HARRISON	TRUSTEE 1.00	0	0	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022				
ELIZABETH KAN BRAEKMAN	TRUSTEE 1.00	0	0	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022				
CRISTINA BIAGGI	TRUSTEE 1.00	0	0	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022				
MARCO MONTEFIORI	TRUSTEE 1.00	0	0	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022				
MARK MORRIS	TRUSTEE 1.00	0	0	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022				
JANE GARMY	TRUSTEE 1.00	0	0	0
1 EAST 53RD STREET 8TH FLOOR NEW YORK, NY 10022				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHRISTOPHER STARK 3856 BOTANICAL AVE ST LOUIS, MO 63110	NONE	I	COPELAND FUND FELLOWSHIP STIPEND	1,000
CHRISTOPHER TRAPANI 20-61 23RD STREET APT 1 ASTORIA, NY 11105	NONE	I	CONE FOUNDATION FELLOWSHIP STIPEND	2,000
VONA GROARKE5 CAMBRIDGE STREET MANCHESTER 5GF UK	NONE	I	VAN CLEEF & ARPELS FELLOWSHIP STIPEND	2,500
Total ▶ 3a				12,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LAURENCE O'DWYER8 OLD SPA ROAD CLONMEL E91 FF25 EI	NONE	I	VAN CLEEF & ARPELS FELLOWSHIP STIPEND	2,000
MEGAN MARSHALL5 PARK ROAD 1 BELMONT, MA 02478	NONE	I	ADAMS FOUNDATION FELLOWSHIP STIPEND	3,000
GWEN WELLIVER526 W 111 STREET 6B NEW YORK, NY 10025	NONE	I	VAN CLEEF & ARPELS FELLOWSHIP STIPEND	2,000
Total ▶ 3a				12,500

TY 2019 Accounting Fees Schedule**Name:** THE BOGLIASCO FOUNDATION INC**EIN:** 13-3632296

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONDON O'MEARA MCGINTY & DONNELLY, LLP - AUDIT & TAX SERVICES	13,950	1,061	1,061	19,586
NANCY LUPTON - BOOKKEEPER SERVICES	4,792	0	0	0

TY 2019 Investments Corporate Stock Schedule**Name:** THE BOGLIASCO FOUNDATION INC**EIN:** 13-3632296**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ARISTOTLTE VALUE EQUITY	72,932	72,932
ARK INNOVATION ETF	63,609	63,609
ARTISAN INTERNATIONAL VA	44,945	44,945
BLACKROCK STRAT INCM	127,790	127,790
CORPORATE BONDS	48,187	48,187
EDGEWOOD GROTHOR INSTL	89,520	89,520
JHANCOCK SEAPORT LONG/SH	91,894	91,894
LOOMIS SAYLES BOND FUND	102,943	102,943
PIMCO INFLATION RESPONSE	70,082	70,082
RIVER CANYON TOTAL RETUR	49,668	49,668
TOUCHSTONE SANDS CPTL EM	37,757	37,757
VANGAURD SHORT TERM INVE	130,269	130,269
VANGUARD S&P 500 ETF	114,066	114,066

TY 2019 Other Assets Schedule

Name: THE BOGLIASCO FOUNDATION INC

EIN: 13-3632296

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SECURITY DEPOSIT	3,924	3,924	3,924

TY 2019 Other Decreases Schedule

Name: THE BOGLIASCO FOUNDATION INC
EIN: 13-3632296

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	69,700

TY 2019 Other Expenses Schedule**Name:** THE BOGLIASCO FOUNDATION INC**EIN:** 13-3632296**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSES	4,517	0	0	4,517
UTILITIES	37,755	0	0	37,755
FELLOWSHIP LODGING	33,963	0	0	33,963
TELEPHONE	7,441	0	0	7,441
REPAIRS AND MAINTENANCE	9,630	0	0	9,630
SUPPLIES	948	0	0	948
INSURANCE	14,814	0	0	14,814
PUBLICITY & DEVELOPMENT	6,752	0	0	6,752
COMPUTER EXPENSE	4,944	0	0	4,944
OTHER	6,338	0	0	6,338

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WASTE REMOVAL	3,296	0	0	3,296
SPECIAL PROJECTS	4,387	0	0	4,387
STATE FILING FEE	6,082	0	0	6,082

TY 2019 Other Income Schedule**Name:** THE BOGLIASCO FOUNDATION INC**EIN:** 13-3632296**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
APPLICATION FEES	7,120		7,120
PARTNER FEE AND OTHER	8,450		8,450
PROGRAM REVENUE	17,648		17,648

TY 2019 Other Liabilities Schedule**Name:** THE BOGLIASCO FOUNDATION INC**EIN:** 13-3632296

Description	Beginning of Year - Book Value	End of Year - Book Value
ACCRUED PENSION & BENEFITS OBLIGATIONS	502,990	489,650
IRAP TAX PAYABLE	14,262	0
SECURITY DEPOSITS	4,100	3,300

TY 2019 Other Professional Fees Schedule**Name:** THE BOGLIASCO FOUNDATION INC**EIN:** 13-3632296

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	14,304	14,304	14,304	0
CONSULTING	9,973	0	0	9,973
WEBSITE	2,000	0	0	2,000

TY 2019 Taxes Schedule**Name:** THE BOGLIASCO FOUNDATION INC**EIN:** 13-3632296

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
IRAP	9,056	0	0	9,056

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491028000041	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047
					2019
Name of the organization THE BOGLIASCO FOUNDATION INC				Employer identification number 13-3632296	

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE BOGLIASCO FOUNDATION INC	Employer identification number 13-3632296
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Name of organization THE BOGLIASCO FOUNDATION INC	Employer identification number 13-3632296
--	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization THE BOGLIASCO FOUNDATION INC	Employer identification number 13-3632296
--	--

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
	-		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
	-		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
	-		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
	-		

Additional Data

Software ID:
Software Version:
EIN: 13-3632296
Name: THE BOGLIASCO FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	AARON COPLAND FUND FOR MUSIC	\$ 6,500	Person <input checked="" type="checkbox"/>
	254 WEST 31ST STREET 15TH FLOOR		Payroll <input type="checkbox"/>
	NEW YORK, NY 10001		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>2</u>	PAGE ASHLEY	\$ 15,000	Person <input checked="" type="checkbox"/>
	168 EAST 74TH STREET 1B		Payroll <input type="checkbox"/>
	NEW YORK, NY 10021		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>3</u>	JOHN AND ROSEMARY HARBISON	\$ 5,000	Person <input checked="" type="checkbox"/>
	479 FRANKLIN STREET		Payroll <input type="checkbox"/>
	CAMBRIDGE, MA 02139		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>4</u>	SANDY AND MICHAEL HECHT	\$ 5,000	Person <input checked="" type="checkbox"/>
	211 CENTRAL PARK WEST APT 11J		Payroll <input type="checkbox"/>
	NEW YORK, NY 10024		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>5</u>	THE RICHARD AND NATALIE JACOFF FOUN	\$ 10,000	Person <input checked="" type="checkbox"/>
	7 TIMES SQUARE 46TH FLOOR		Payroll <input type="checkbox"/>
	NEW YORK, NY 10036		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>6</u>	THE APPLEMAN FOUNDATION	\$ 10,000	Person <input checked="" type="checkbox"/>
	810 7TH AVE 7TH FLOOR		Payroll <input type="checkbox"/>
	NEW YORK, NY 10019		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	JUDITH-ANN CORRENTE AND WILLEM KOOY	<u>\$ 26,000</u>	Person <input checked="" type="checkbox"/>
	112 EAST 78TH STREET		Payroll <input type="checkbox"/>
	NEW YORK, NY 10075		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>8</u>	DAVID AND CANDACE WEIR FOUNDATION	<u>\$ 5,000</u>	Person <input checked="" type="checkbox"/>
	9 ELK STREET		Payroll <input type="checkbox"/>
	ALBANY, NY 12207		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>9</u>	VAN CLEEF ARPELS	<u>\$ 88,000</u>	Person <input checked="" type="checkbox"/>
	BRANCH RICHEMONT INTERNATIONAL SA C		Payroll <input type="checkbox"/>
	VILLARSSURGLANE, SZ		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>10</u>	SWISS PHILANTHROPY FUND	<u>\$ 516,866</u>	Person <input checked="" type="checkbox"/>
	RUE DE-GRENUS 3 - PO BOX 2097		Payroll <input type="checkbox"/>
	GENEVA, 1211 SZ		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)