efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491211010020

OMB No 1545-0052

2019

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| | | ndar year 2019, or tax year beginning 07-01-20 |)19 , a | nd en | ding 06-30- | | |
|-----------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------|-------------------------------------------------|-------------------------------------------------|
| | | indation TON FAMILY FOUNDATION | | | | entification numbe | r |
| | | | | | 20-4962385 | | |
| | | d street (or P O box number if mail is not delivered to street address) A ANA DRIVE | Room/suite | | B Telephone nu | mber (see instructior | ns) |
| | | n, state or province, country, and ZIP or foreign postal code A 93901 | | | C If exemption | application is pending | g, check here |
| G Cł | neck al | l that apply 🔲 Initial return 🔲 Initial return of a | former public charity | | D 1. Foreign or | ganızatıons, check he | re |
| | | \square Final return \square Amended return | | | | ganizations meeting k here and attach cor | |
| | | Address change Name change | | | | undation status was t | · - |
| | | \checkmark pe of organization \checkmark Section 501(c)(3) exempt private | | | | n 507(b)(1)(A), chec | |
| | | n 4947(a)(1) nonexempt charitable trust | | | | | |
| of | year (f | xet value of all assets at end from Part II, col (c), ▶\$ 254,383 J Accounting method □ Other (specify) (Part I, column (d) must | be on cash basis) | ıaı | | ation is in a 60-month n 507(b)(1)(B), checl | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | (d) | Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | | | | | |
| | _ | — | | | | | |
| | 2 | Sch B | | | | | |
| Revernie | 3 | Interest on savings and temporary cash investments | 4,136 | | 4,136 | 4,136 | |
| | 4 | Dividends and interest from securities | | | | | |
| | 5a | Gross rents | | | | | |
| | b | Net rental income or (loss) | | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | | |
| | b | Gross sales price for all assets on line 6a | | | | | |
| ~ | 7 8 | | | | | | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | ь | Less Cost of goods sold | | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | |
| | 12 | Total. Add lines 1 through 11 | 4,136 | | 4,136 | 4,136 | |
| | 13 | Compensation of officers, directors, trustees, etc | | | | | |
| | 14 | Other employee salaries and wages | | | | | |
| es | 15 | Pension plans, employee benefits | | | | | |
| ens | 16a | Legal fees (attach schedule) | - | | | | |
| άx | Ь | Accounting fees (attach schedule) | 750 | | | | |
| Æ. | C | Other professional fees (attach schedule) | | | | | |
| atı | 17 | Interest | 00-1 | | | | |
| II St | 18 | Taxes (attach schedule) (see instructions) | imms (b), (c), and (d) may not necessarily in column (a) (see instructions) iffs, grants, etc , received (attach is efoundation is not required to attach iterest from securities iterest from securities iterest from sale of assets not on line 10 iffor all assets on line 6a income (from Part IV, line 2) | | | | |
| and Administrative Expenses | 19 | Depreciation (attach schedule) and depletion | | | | | |
| | 20 21 | Travel, conferences, and meetings | | | | | |
| | 22 | Printing and publications | | | | | |
| e G | 23 | Other expenses (attach schedule) | 1,354 | | | | |
| Operatıng | 24 | Total operating and administrative expenses. | <u>-</u> | | | | |
| Der: | | Add lines 13 through 23 | 2,133 | | 0 | | |
| ō | 25 | Contributions, gifts, grants paid | 0 | | | | (|
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 2,133 | | 0 | | (|
| | 27 | Subtract line 26 from line 12 | , , , | | | | |
| | a | Excess of revenue over expenses and | 2.002 | | | | |
| | Ь | disbursements Net investment income (if negative, enter -0-) | 2,003 | | 4 136 | | |
| | c | Adjusted net income (if negative, enter -0-) | | | 1,150 | 4,136 | |
| For | L Paper | work Reduction Act Notice, see instructions. | 1 | | at No 11289 | | l m 990-PF (2019 |

254,383

254,383

254,383 254,383

1

2

3 4

5

6

252,380

254,383

254,383 Form 990-PF (2019)

2,003

254,383

252,380

252,380

252,380

252,380

| | 5 |
|--------|-----|
| | 6 |
| | 7 |
| S | 8 |
| Assets | 9 |
| As | 10a |
| | b |
| | С |

b

C 11

12

13

14

15 16

17 18

19 20

21

22

23

24

25

28

29

30

Part III

2

3

Liabilities

Fund Balances

ŏ 26

Assets 27

Net

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Other increases not included in line 2 (itemize) -

Other assets (describe > _

Other liabilities (describe ▶_

Grants payable

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗀

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg, and equipment fund

Less accumulated depreciation (attach schedule) ▶

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Investments—other (attach schedule)

Total assets (to be completed by all filers—see the

Less accumulated depreciation (attach schedule) ▶

Foundations that follow FASB ASC 958, check here ▶

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the 0 0499 number of years the foundation has been in existence if less than 5 years 4 249,850 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 5 12,468 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) . 6 41 7 12,509 8 Enter qualifying distributions from Part XII, line 4 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 Form 990-PF (2019)

| Form | 990-PF (2019) | | | | | ſ | Page (|
|-------|--------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------------|-------------|---------|--------|
| Pai | t VIII-B Statements Regard | ing Activities for Which | Form 4720 May Be | Required (continued) | | | |
| 5a | During the year did the foundation p | ay or incur any amount to | | | | Yes | No |
| | (1) Carry on propaganda, or otherw | • | | ☐ Yes ✓ | No | | |
| | (2) Influence the outcome of any sp | · | • • • • • • • • • • • • • • • • • • • • | | | | |
| | on, directly or indirectly, any vot | - | | · · 🗌 Yes 🗸 | No | | |
| | (3) Provide a grant to an individual i | • • • • • • • • • • • • • • • • • • • • | | ☐ Yes 🗹 | No | | |
| | (4) Provide a grant to an organization | | · - | | | | |
| | in section 4945(d)(4)(A)? See in (5) Provide for any purpose other th | | | ·· · | No | | |
| | ,, , | • • | * * * * * * * * * * * * * * * * * * * * | | | | |
| h | educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$, | • | | ⊔ Yes 🖭 | No | | |
| b | Regulations section 53 4945 or in a c | • | | • | 5b | | |
| | Organizations relying on a current no | | | | 35 | | |
| c | If the answer is "Yes" to question 5a | | | | | | |
| Ĭ | tax because it maintained expenditure | • • • | • | | | | |
| | If "Yes," attach the statement requir | | | ' ' ∐ Yes ∐ | No | | |
| 6a | Did the foundation, during the year, | · - | | ıms on | | | |
| | a personal benefit contract? | , , , , , , , , , , , , , , , , , , , , | | | | | |
| ь | Did the foundation, during the year, | | | ⊔ Yes 🖭 | No 6b | | No |
| | If "Yes" to 6b, file Form 8870 | . , , , , | ,, , | | | | |
| 7a | At any time during the tax year, was | the foundation a party to a p | orohibited tax shelter trai | nsaction? Yes | No. | | |
| b | If "Yes", did the foundation receive a | ny proceeds or have any net | income attributable to th | ne transaction? | 7b | | |
| 8 | Is the foundation subject to the section | on 4960 tax on payment(s) | of more than \$1,000,000 | in remuneration or | | | |
| | excess parachute payment during th | e year [?] | | · · 🔲 Yes 🗸 | No L | | |
| | Information About O | fficers, Directors, Trus | tees, Foundation Ma | nagers, Highly Paid En | | , | |
| Ра | t VIIII and Contractors | | | | | | |
| 1 | List all officers, directors, trustee | s, foundation managers a | nd their compensation | See instructions | | | |
| | (-) None and address | (b) Title, and average | (c) Compensation (If | (d) Contributions to | (e) Expe | nse acc | ount, |
| | (a) Name and address | hours per week devoted to position | not paid, enter -0-) | employee benefit plans and deferred compensation | other a | llowan | ces |
| See / | Addıtıonal Data Table | ' | , | ' | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _2 | Compensation of five highest-pai | d employees (other than t | hose included on line : | | ne, enter " | NONE | ." |
| (2) | Name and address of each employee : | (b) Title, and average | | (d) Contributions to employee benefit | (e) Expen | CO 3000 | ount |
| (a) | more than \$50,000 | nours per week | (c) Compensation | plans and deferred | other al | | |
| | | devoted to position | | compensation | | | |
| NON | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| Tota | I number of other employees paid ove | | | | | | |
| | Hamber of other employees paid ove | . φου,ουσι ι ι ι ι | | | Form 99 | O-DE | (2010 |

Page **6**

| Forr | 990-PF (2019) | | Page 7 |
|------|---------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------|
| Pa | rt VIII Information About Officers, Directors, Trus and Contractors (continued) | tees, Foundation Managers, Highly Paid E | Employees, |
| 3 | Five highest-paid independent contractors for professional | services (see instructions). If none, enter "NO | NE". |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NON | E | | |
| | | | |
| | | 4 | |
| | | | |
| | | - | |
| | | | |
| | | - | |
| | | | |
| | | | |
| Tota | I number of others receiving over \$50,000 for professional services | s | |
| Pa | rt IX-A Summary of Direct Charitable Activities | | |
| | he foundation's four largest direct charitable activities during the tax year. Inc | | Expenses |
| | nizations and other beneficiaries served, conferences convened, research pape NONE | rs produced, etc | . 0 |
| 2 | 10112 | | |
| _ | | | |
| | | | |
| 3 | | | _ |
| | | | |
| | | | |
| 4 | | | |
| | | | |
| | | | |
| | rt IX-B Summary of Program-Related Investments | | |
| | escribe the two largest program-related investments made by the foundation of | during the tax year on lines 1 and 2 | Amount |
| | VONE | | 0 |
| 2 | | | - |
| | | | - |
| _ | Il other program-related investments See instructions | | |
| 3 | Totaler program related investments over mediacions | | |
| | | | 1 |
| | | | |
| Tota | II. Add lines 1 through 3 | | |
| | | | Form 990-PF (2019) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

За 3h

4

5

Form **990-PF** (2019)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

b Total for prior years

XII, line 4 🕨 \$

indicated below:

a From 2014. **b** From 2015. . . . c From 2016. . . **d** From 2017. . . . e From 2018.

12,410

Form 990-PF (2019)

Page 9

| OH | 1 990-PF (20 | 19) | |
|----|---------------|----------------------------------------|--------------|
| P | art XIII | Undistributed Income (see instruc | tions) |
| | | | (a) Corpu |
| 1 | Distributable | e amount for 2019 from Part XI, line 7 | |

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part

same amount must be shown in column (a))

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

6 Enter the net total of each column as

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.

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. .

Subtract lines 7 and 8 from line 6a

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 e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see

| 1 | Distributable amount for 2019 from Part XI, line 7 | |
|---|-----------------------------------------------------|--|
| 2 | Undistributed income, if any, as of the end of 2019 | |
| а | Enter amount for 2018 only | |

(c)

2018

12,428

(b)

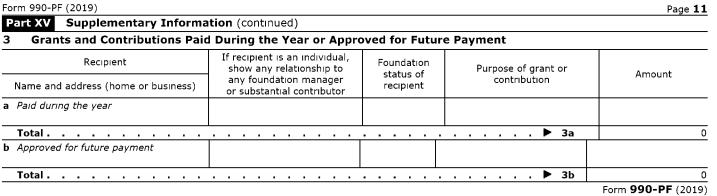
Years prior to 2018

12,428

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

STUDENT MUST PURSUE AN EDUCATION IN THE FIELD OF CONSTRUCTION, BE A HIGH SCHOOL STUDENT FROM THE SALINAS, CA AREA

factors



| Part XV | | Activities | | | | Page 12 |
|-----------------------------|-----------------------------------------------------------------------------------------|---------------|-----------------|-------------------------|--------|---------------------------------------|
| Part XV | Analysis of Income-Producing | | | | | (a) |
| Enter gros | s amounts unless otherwise indicated | Unrelated b | (b) | Excluded by section (c) | (d) | (e) Related or exempt function income |
| 1 Program | m service revenue | Business code | Amount | Exclusion code | Amount | (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| g Fees | and contracts from government agencies | | | | | |
| | ership dues and assessments | | | | | |
| ınvesti | | | | | | 4,136 |
| | nds and interest from securities | | | | | |
| | ntal income or (loss) from real estate -financed property. | | | | | |
| | debt-financed property | | | | | |
| 6 Net re | ntal income or (loss) from personal property | | | | | |
| | investment income | | | | | |
| 8 Gain o | r (loss) from sales of assets other than | | | | | |
| | come or (loss) from special events | | | | | |
| | profit or (loss) from sales of inventory | | | | | |
| 11 Other | revenue a | | | | | |
| b | | | | | | |
| | · | | | | | |
| | | | | | | |
| 12 Subto | tal Add columns (b), (d), and (e) | | | | | 4,136 |
| L 3 Total. (See w | Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations) | | 1 | 3 | 4,136 |
| Part XV | | | nment of Exem | pt Purposes | | |
| Line No. ▼ | the accomplishment of the foundation's ex | | | | | 0 |
| 03 | Instructions) THE FOUNDATIONS GOAL IS TO USE ONLY | | | | | CAL SALINAS AREA |
| | HIGH SCHOOL STUDENTSDISTRIBUTIONS A | RE USED ALSO | TO BENEFIT YOUT | H IN THE SALINAS A | REA | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 1 | | | | | |

| • | , | | | | | | | |
|--------------|---------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| | Information Regarding Transfers To and Transactions and Relationships With Noncharitab | | | | | | | |
| rt XVII | Exempt Organizations | | | | | | | |
| ud the organ | pization directly or indirectly engage in any of the following with any other organization described in section 501 | | | | | | | |

| Part XVI | Exempt Organia | zations | | | | | | | | | |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|------------------------------|--------------|-----------|------------------------|--------------|---------------------------------------------------|---------|----------|
| | rganization directly or in than section 501(c)(3) | directly engage | | | | | | tion 501 | | Yes | No |
| a Transfers | from the reporting foun | dation to a nor | ncharitable exe | empt organization | of | | | ŀ | | | |
| (1) Cash | (1) Cash. | | | | | | | | | | |
| (2) Other assets | | | | | | | | | | | No |
| b Other transactions | | | | | | | | | | | |
| | s of assets to a nonchari | • | - | | | | | F | 1b(1) | | No |
| | hases of assets from a n tal of facilities, equipmer | | | | | | | - t | 1b(2) 1b(3) | | No No |
| | nbursement arrangemen | • | | | | | | ŀ | 1b(3) | | No |
| | ns or loan guarantees. | | | | | | | l l | 1b(5) | | No |
| | rmance of services or m | | | | | | | - t | 1b(6) | | No |
| | of facilities, equipment, n | | | | | | | . | 1c | | No |
| of the god | swer to any of the above ods, other assets, or ser ansaction or sharing arra | vices given by | the reporting | foundation If the | foundation | receive | d less than fair ma | rket value | | | |
| a) Line No | (b) Amount involved | (a) Name of no | ancharitable over | mpt organization | (d) Docor | untion of | transfers, transaction | s and shar | ing arrar | aomoni | te |
| a) Line No | (b) Amount involved | (C) Name of the | липантаріе ехе | inpt organization | (d) Descri | iption or | tiansiers, transaction | s, and snai | ing arrai | igenien | LS |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2a Is the fou | ındatıon dırectly or ındıre | ctly affiliated v | with or relate | d to one or more | tax-exempt | t organi | ızatıons | | | | |
| | l in section 501(c) (other | | | | | | | Yes 🗸 | l No | | |
| | complete the following so | | 301(0)(3)) 01 1 | 3000.011 327 | | • | | | 1110 | | |
| D 11 103, 1 | (a) Name of organization | | (E | b) Type of organizati | on | | (c) Description | n of relatio | nship | | |
| | | | | | | | | | - | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Llma | day namalting of naming | I dodana that I | I have evamen | ad this vature in | ludina saasi | | na sebadulas and s | | | +b 1 | hast |
| of r whi | der penalties of perjury, ny knowledge and belief ch preparer has any kno | , it is true, cori | | | | | | pased on a | all infor | mation | n of |
| Sign Here | ***** | | | 2020-07-25 | | **** | | return | e IRS dis e prepar | | |
| | Signature of officer or to | rustee | | Date | Tıt | :le | T | | str) 🔽 | Yes □ |] No |
| | Print/Type preparer's | name P | Preparer's Sigr | nature | Date | | Check if self- | PTIN | P00434 | 964 | |
| Paid | ALVIN W PAYNE | | | | 2020-0 | 7-29 | employed ▶ ✓ | | , , , , , , , , , , , , , , , , , , , | | |
| Prepare Use Only | The state of the s | N W PAYNE CP | °A | | | _ | | Fırm's EI | N ▶20- | 06666 | 06 |
| - | • | 315 E CARMEL | VALLEY RD | | | | | | | | |
| | CA | CARMEL VALLEY, CA 93924 | | | | | | | (831) | 659-5 | 5173 |
| | | | | | | | | | | | |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account. hours per week not paid, enter Contributions to (e) other allowances -0-) (b) devoted to position employee benefit plans and deferred compensation GLORIA M CLINTON CEOMGR 0 2 00 29 SANTA ANA DRIVE SALINAS, CA 93901 ERLINDA VALDEZ SECRETARY 0 50 1524 9TH ST SANGER, CA 93657 CATHERINE HILLMAN TREASURER 0 50 9517 NE HAZEL DELL 97 VANCOUVER, WA 98665 DIRECTOR BRADLEY CLINTON 0 0 0 50 331 CENTRAL AVE SALINAS, CA 93901 DENNIS CLINTON DIRECTOR 0 50 101 ENOS DRIVE SALINAS, CA 93908 SUSAN AGUIRRE DIRECTOR 0 0.00 378 SANDY COVE DRIVE CHICO, CA 95973 JOANN WESTERLING DIRECTOR 0 0 50 1050 BRONCHO PEBBLE BEACH, CA 93953 NINA CLANCY DIRECTOR 0 00 2839 BORDERLINKS RD

VISALIA, CA 93290

| efile GRAPHIC print - DO NOT P | ROCESS | As Filed D | ata - | D | LN: 93491211010020 | | | | | |
|-----------------------------------------------------|--------|------------|--------------------------|------------------------|---------------------------------------------|--|--|--|--|--|
| TY 2019 Accounting Fees Schedule | | | | | | | | | | |
| | | | | | | | | | | |
| Name: THE CLINTON FAMILY FOUNDATION EIN: 20-4962385 | | | | | | | | | | |
| Category | Amo | ount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | | | |
| ACCOUNTING FEES | | 750 | 0 | 0 | 0 | | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491211010020 | | | | | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|--|--|--|--|--|--|
| TY 2019 Other Expenses Schedule | | | | | | | | | | |
| - | | | | | | | | | | |
| Name: THE CLINTON FAMILY FOUNDATION | | | | | | | | | | |
| EIN: | 20-4962385 | | | | | | | | | |
| Other Expenses Schedule | | | | | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | | | | |
| BANK SERVICE CHARGES | 15 | 0 | 0 | 0 | | | | | | |
| CALIF FILING FEE | 20 | 0 | 0 | 0 | | | | | | |
| FILING FEE 199 | 10 | 0 | 0 | 0 | | | | | | |
| INSURNCE PREMIUM | 1,349 | 0 | 0 | 0 | | | | | | |

-40

MISCELLANEOUS ADJ

| efile GRAPHIC print - DO NOT PR | OCESS As Filed Data | d Data - DLN: 934912110 | | | | | | | | |
|-------------------------------------|------------------------|--------------------------|------------------------|---------------------------------------------|--|--|--|--|--|--|
| TY 2019 Taxes Schedule | | | | | | | | | | |
| | | | | | | | | | | |
| Name: THE CLINTON FAMILY FOUNDATION | | | | | | | | | | |
| | EIN: 20-4962385 | | | | | | | | | |
| Catalanii | A | Not Tourselment | A diversed Not | Diehousemente | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | | | | |
| EXCISE TAX 990PF | 29 | 9 0 | 0 | 0 | | | | | | |