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2020

OMB No. 1545-0052

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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

or	caler	ndar year 2020, or tax year beginning 01-01-20	)20 , ar	nd er	nding 12-31-	2020	
		Indation S PRIVATE FOUNDATION			A Employer id	entification numbe	r
Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 7881 W CHARLESTON BLVD STE 250					<b>B</b> Telephone nu	mber (see instruction	ns)
					(518) 424-8193	3	
		, state or province, country, and ZIP or foreign postal code NV 89117			C If exemption	application is pendin	g, check here
- CI		I that apply:   I initial return I Initial return of a	£		- - 		, , , , , , , , , , , , , , , , , , ,
a Cr	теск ат	I that apply: ☐ Initial return ☐ Initial return of a☐ Final return ☐ Amended return	former public charity		_	ganizations, check he ganizations meeting	▶ ⊔
		Address change Name change				k here and attach co	
1 Ch	neck ty	pe of organization: Section 501(c)(3) exempt private	foundation			undation status was t n 507(b)(1)(A), chec	
	Section	4947(a)(1) nonexempt charitable trust	e private foundation				
			☑ Cash ☐ Accru	al		ation is in a 60-mont	
		rom Part II, col. (c),  ▶\$ 20,625,210  Other (specify)	h h i - N		under sectio	n 507(b)(1)(B), chec	k nere
		(Part I, column (d) must	De ON CASN DASIS.)			T	1
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions).)	expenses per books	, ,	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach					, , ,
		schedule)	1,050,029				
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments	470		470		
	4	Dividends and interest from securities	360,806		360,806		
	5a	Gross rents					
	b	Net rental income or (loss)					
rie Le	6a	Net gain or (loss) from sale of assets not on line 10	51,604				
Revenue	Ь	Gross sales price for all assets on line 6a 5,245,568					
æ	7	Capital gain net income (from Part IV, line 2)			51,604		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,462,909		412,880		
	13	Compensation of officers, directors, trustees, etc.	90,000		45,000		45,000
	14	Other employee salaries and wages	30,000		+3,000		+3,000
s	15	Pension plans, employee benefits					
ıse	16a	Legal fees (attach schedule)	5,000		5,000		0
<u>8</u>	b	Accounting fees (attach schedule)	5,527		5,527		0
Ţ.	c c	Other professional fees (attach schedule)	152,895	-	152,895		0
ĭKe	17	Interest					
E S	18	Taxes (attach schedule) (see instructions)	<b>9</b> 13,698		6,087		0
<u> </u>	19	Depreciation (attach schedule) and depletion					
=	20	Occupancy					
Ž.	21	Travel, conferences, and meetings					
ang	22	Printing and publications					
Ď.	23	Other expenses (attach schedule)	1,765		0		0
Operating and Administrative Expenses	24	Total operating and administrative expenses.					
<u>8</u>		Add lines 13 through 23	268,885	-	214,509		45,000
ر	25	Contributions, gifts, grants paid	855,000				855,000
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	1,123,885		214,509		900,000
	27	Subtract line 26 from line 12:	1,123,003		217,309		300,000
	a	Excess of revenue over expenses and	220.024				
	b	disbursements  Net investment income (if negative, enter -0-)	339,024		198,371		
	c	Adjusted net income (if negative, enter -0-)			190,3/1		
		· · · · · · · · · · · · · · · · · · ·		L		<u> </u>	<u> </u>

Attached schedules and amounts in the description column

Beginning of year

Page 2

End of year

110

17,587,620

17,587,620

17,587,730

1

2

3

4

5

6

17,245,700

17,587,620

17,587,620 Form **990-PF** (2020)

339,024

2,896

17,245,700

17,245,700

17,245,700

Form 990-PF (2020)

Liabilities

Net Assets or Fund Balances

19

20

21

22 23

24

25

26 27

28 29

30

Part III

2

3

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . . Decreases not included in line 2 (itemize) ▶

Net assets with donor restrictions .

Other liabilities (describe ...

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

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

Total liabilities (add lines 17 through 22) . . . . .

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds . . .

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

**Analysis of Changes in Net Assets or Fund Balances** 

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

		Less: allowance for doubtful accounts ▶			
	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 ▶			
S	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
AS	10a	Investments—U.S. and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			_
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			_
	13	Investments—other (attach schedule)	16,117,327	16,160,159	19,197,639
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	17,245,700	17,587,730	20,625,210
	17	Accounts payable and accrued expenses		110	_
	18	Grants payable			

	e the kind(s) of property sold (e.g., arehouse; or common stock, 200 sh		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1aSee Additional Data Tabl	e				
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	( <b>g)</b> other basis ense of sale	Gain o	r (loss) ) minus (g)
a See Additional Data Tabl	e				
b					
c					
d					
e					
	•				
Complete only for assets	s showing gain in column (h) and ov	vned by the foundation	on 12/31/69	(	I)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> of col. (i) . (j), if any	Gains (Col. (l col. (k), but not	h) gain minus less than -0-) <b>or</b> om col.(h))
a See Additional Data Tabl			1077		
b					
c					
d					
e					
•	gain or (loss) as defined in sections ort I, line 8, column (c) (see instruct		Part I, line 7	3	51,604
Part V Qualification	Under Section 4940(e) for R	educed Tay on Net	Investment In	come	
	LED ON DECEMBER 20, 2019			Come	
1 Reserved	LED ON DECEMBER 20, 2019	9 - DO NOT COMPL	<u> </u>		
(a)	(b)	(c)		(d)	
Reserved	Reserved	Reserved		Reserved	
3 D				1	
			2	<u> </u> 	
<b>3</b> Reserved					
<b>4</b> Reserved			4	<u> </u>	
<b>5</b> Reserved			5	<u> </u>	
<b>6</b> Reserved			6		
<b>7</b> Reserved			7		
8 Reserved ,			8	]	
,			·		

Form	990-PF (20	)20)								F	age <b>6</b>
Pai	rt VII-B	Statements Regar	ding	<b>Activities for Which</b>	Form 4720 May Be	Required (continued	d)				
5a	During the	year did the foundation	pay o	r incur any amount to:						Yes	No
	(1) Carry	on propaganda, or other	wise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes	<b>7</b>	No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry					<u></u>	"				
	on, di	rectly or indirectly, any vo	oter re	gistration drive?		· · 🔲 Yes	<b>V</b>	No			
	(3) Provid	le a grant to an individua	l for t	avel, study, or other sim	ilar purposes?	Yes	<b>7</b>	No			
	(4) Provid	le a grant to an organizat	ion ot	her than a charitable, etc	, organization described		_				
	in sec	tion 4945(d)(4)(A)? See i	nstru	ctions		· ·	<b>✓</b>	No			
	(5) Provid	le for any purpose other t	than r	eligious, charitable, scien	tific, literary, or		_				
	educa	tional purposes, or for the	e prev	ention of cruelty to childr	en or animals?	🗌 Yes	<b>✓</b>	No			
b		wer is "Yes" to 5a(1)–(5)		=		ceptions described in					
	_	ns section 53.4945 or in a				_		L	5b		
	-	ons relying on a current									
С		wer is "Yes" to question 5			•						
		se it maintained expendit		, ,		· · 🗌 Yes		No			
	If "Yes," a	ttach the statement requ	ired b	y Regulations section 53.	4945-5(d).						
6a	Did the fo	undation, during the year	, rece	ive any funds, directly or	indirectly, to pay premit	ums on					
		I benefit contract?				⊔ Yes	✓	No			
b		undation, during the year	, pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?		L	6b		No
		6b, file Form 8870.									
7a	-	ne during the tax year, wa				⊥ Yes	<b>✓</b>	No			
	•	id the foundation receive		,			•	-	7b		
8		ndation subject to the sec									
	excess pa	rachute payment during t	he ye	ar?		· · 🗌 Yes	✓	No L			<u> </u>
Dai	rt VIII	Information About	Offic	ers, Directors, Trust	tees, Foundation Ma	anagers, Highly Paid	d Em	ploy	ees,		
FU	CVIII	and Contractors									
1	List all of	ficers, directors, truste	es, fo	oundation managers ar	d their compensation	See instructions					
	(a) Na	ma and address	(	<ul><li>b) Title, and average hours per week</li></ul>	(c) Compensation (If	(d) Contributions to		(e) l	Expen	se acc	ount,
	(a) No	me and address		devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation			other allowances		
SARA	H ENGLISH		TRUS		30,000	·	0		0		
	IMBER LANE		6.00								
	UETTE, MI 4										
	AS E DOLIN	=5Q	TRUS 6.00	IEE	30,000		이				0
	VIFT ROAD HEESVILLE, N	NY 12186									
	N BOOTH ES		TRUS	TEE	30,000		0				0
		IVER DR SUITE 100	6.00								
	AMENTO, CA								W	NONE	71
	Compens	ation of five highest-pa	iia en	ipioyees (other than ti	nose included on line 1	(d) Contributions to		e, en	ter	NONE.	
(a)	Name and a	address of each employee	paid	<b>(b)</b> Title, and average		employee benefit		(e) E	xpens	se acco	ount,
• •		ore than \$50,000 ' '		hours per week devoted to position	(c) Compensation	plans and deferred				owanc	
				devoted to position		compensation					
NON											
Tota	I number of	f other employees paid ov	/er \$5	0,000							0
								Forr	200	D-DE	(2020)

Form 990-PF (2020)	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	ONE".
(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	
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	
<b>-</b>	
All other program-related investments. See instructions.	
3	4
	$\dashv$
Total. Add lines 1 through 3	0
	5 000 PE (2020)

1a

1b

2

За 3h

4

5

900,000

900,000

900,000

Form 990-PF (2020)

Part XII

1

2

3

4

5

b

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

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

income. Enter 1% of Part I, line 27b. See instructions.

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

c Excess from 2018. .d Excess from 2019. .e Excess from 2020. .

Form 990-PF (2020)  Part XIII Undistributed Income (see instruc	tions)			Page <b>9</b>
Chaistribatea zheome (see mstrae	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				927,248
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			854,394	
<b>b</b> Total for prior years: 20		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
a From 2015				
<b>b</b> From 2016				
c From 2017				
<b>d</b> From 2018				
e From 2019				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 900,000				
a Applied to 2019, but not more than line 2a			854,394	
Applied to undistributed income of prior years     (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
<b>d</b> Applied to 2020 distributable amount				45,606
e Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2020.	0			0
(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	0			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0		
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		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				881,642
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may				

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

c Any submission deadlines:

factors:

		_

Form 990-PF (2020)				Page <b>11</b>
Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	During the Year or Appro	oved for Futur	e 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)	any foundation manager or substantial contributor	recipient	contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	855,000
<b>b</b> Approved for future payment				
	+	<del>                                     </del>		
Total		<u> </u>	▶ 3b	0

	I-A Analysis of Income-Producing	Activities				rage 12
	s amounts unless otherwise indicated.		usiness income	Excluded by section	n 512, 513, or 514	(e)
_	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
_		Business code	Amount	Exclusion code	, another	
g Fees	and contracts from government agencies					
	ership dues and assessments					
3 Interestinvestr	st on savings and temporary cash ments					
	nds and interest from securities			14 14	470 360,806	
	ntal income or (loss) from real estate:				200,200	
a Debt	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property investment income.					
	r (loss) from sales of assets other than					
invent				18	51,604	
	come or (loss) from special events:					
10 Gross	profit or (loss) from sales of inventory					
b b	revenue: <b>a</b>					
	cal. Add columns (b), (d), and (e).		0		412,880	0 412,880
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			1	.3	412,000
Part XV	I-B Relationship of Activities to th	e Accomplisi	nment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					
	+					
	<u> </u>					
	<u> </u>					

Fo	rm 990-PF (20	20)		Pa	ge <b>13</b>
	Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able		
1		ization directly or indirectly engage in any of the following with any other organization described in section 501 in section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
ā	Transfers fro	n the reporting foundation to a noncharitable exempt organization of:			
	<b>(1)</b> Cash.		1a(1)		No
	(2) Other as	sets	1a(2)		No
Ł	Other transa	tions:			
	(1) Sales of	assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchas	es of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental o	f facilities, equipment, or other assets	1b(3)		No
	(4) Reimbui	sement arrangements	1b(4)		No
	(5) Loans o	loan guarantees	1b(5)		No

<b>(6)</b> Perfo	ormance of services or m	nembership or fund	raising solicitations.			1b(6)	No			
c Sharing	c Sharing of facilities, equipment, mailing lists, other assets, or paid employees									
of the go	ods, other assets, or ser	vices given by the	reporting foundation.	If the foundatio	should always show the fair marke on received less than fair market va ther assets, or services received.		·			
(a) Line No.	(b) Amount involved	(c) Name of nonch	aritable exempt organizati	on (d) Desc	cription of transfers, transactions, and s	haring arrangem	ents			
describe	undation directly or indir d in section 501(c) (othe complete the following s	r than section 501(			npt organizations Yes	<b>☑</b> No				
u II Yes,	(a) Name of organization		(b) Type of orga	anization	(a) Description of rel	ationship				
(a) Name of organization (b) Type of organization (c) Description of relationship										

2 II 100, complete the following concedure.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
		companying schedules and statements, and to the best er (other than taxpayer) is based on all information of

Sign 2021-11-04 Here

Paid **Preparer Use Only** 

May the IRS discuss this return with the preparer shown Signature of officer or trustee Date Title (see instr.) 🗹 Yes 🗆 No Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P00113028 employed ightharpoonupERIC A JOHNSON CPA RUBINBROWN LLP Firm's name ▶ Firm's EIN ▶43-0765316 Firm's address ► 10801 W CHARLESTON BLVD STE 300 Phone no. (702) 415-2112

LAS VEGAS, NV 89135

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation PUBLICLY TRADED SECURITIES - BNY MELLON 2020-12-31 PUBLICLY TRADED SECURITIES - BANK OF AMERICA 2020-12-31 PUBLICLY TRADED SECURITIES - BNY MELLON 2020-12-31 PUBLICLY TRADED SECURITIES - BANK OF AMERICA 2020-12-31 PASSTHROUGH FROM SCHEDULE K-1 2020-07-31 CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 773,351 797,109 -23,758 843,800 1,022,760 -178,960 1,599,278 -52,448 1,546,830 1,933,250 1,771,744 161,506 3,073 -3,073 148,337 148,337 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (i) as of 12/31/69 (k) over col. (j), if any -23,758 -178.960-52,448 161,506 -3,073

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALTERNATIVE FOR GIRLS PC PROGRAM SUPPORT 30,000

903 W GRAND BLVD DETROIT, MI 48208			,
ALZHEIMER'S ASSOCIATION MICHIGAN CHAPTER 225 N MICHIGAN AVE FL 17	PC	PROGRAM SUPPORT	15,000

CHAPTER 225 N MICHIGAN AVE FL 17 SOUTHFIELD, MI 48033			
BEHAVIORAL EDUCATION ASSESSMENT SERVICES 6213 MADISON AVE	PC	PROGRAM SUPPORT	20,000

SOUTHFIELD, MI 48033			
BEHAVIORAL EDUCATION ASSESSMENT SERVICES 6213 MADISON AVE	PC	PROGRAM SUPPORT	20,00

Total		▶ 3a	855,000
SERVICES 6213 MADISON AVE			
DEHAVIORAL EDUCATION ASSESSMENT	PC	PROGRAM SUPPORT	20,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
CAPITAL CITY RESCUE MISSION 259 S PEARL ST ALBANY, NY 12202	PC	PROGRAM SUPPORT	15,000

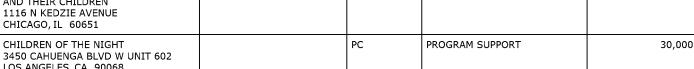
ALBANY, NY 12202			
CAPITAL DISTRICT WOMAN'S BAR ASSOC PO BOX 3747 ALBANY, NY 12203	PC	PROGRAM SUPPORT	45,000

ASSOC PO BOX 3747 ALBANY, NY 12203	ę.	PROGRAM SUPPORT	45,000
COURT APPOINTED SPECIAL ADVOCATES OF SACRAMENTO	PC	PROGRAM SUPPORT	20,000

PO BOX 3747 ALBANY, NY 12203			
COURT APPOINTED SPECIAL ADVOCATES OF SACRAMENTO PO BOX 278383 SACRAMENTO, CA 95827	PC	PROGRAM SUPPORT	20,000

ALDANI, NI 12203			
COURT APPOINTED SPECIAL ADVOCATES OF SACRAMENTO PO BOX 278383 SACRAMENTO, CA 95827	PC	PROGRAM SUPPORT	20,000
Total	 	▶ 3a	855,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CONNECTIONS FOR ABUSED WOMEN PC PROGRAM SUPPORT 30,000 AND THEIR CHILDREN



CHILDREN OF THE NIGHT 3450 CAHUENGA BLVD W UNIT 602 LOS ANGELES, CA 90068	PC	PROGRAM SUPPORT	30,0
CHILDREN'S ADVOCACY CENTER - LAS VEGAS	PC	PROGRAM SUPPORT	50,0

CHILDREN OF THE NIGHT 3450 CAHUENGA BLVD W UNIT 602 LOS ANGELES, CA 90068	PC	PROGRAM SUPPORT	30,0
CHILDREN'S ADVOCACY CENTER - LAS VEGAS 6280 S VALLEY VIEW BLVD STE 742	PC	PROGRAM SUPPORT	50,0

LOS ANGELES, CA 90068			
CHILDREN'S ADVOCACY CENTER - LAS VEGAS 6280 S VALLEY VIEW BLVD STE 742 LAS VEGAS, NV 89118	PC	PROGRAM SUPPORT	50,000
Total	 	▶ 3a	855,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
COVENANT HOUSE CA 1325 N WESTERN AVE LOS ANGELES, CA 90027		PC	PROGRAM SUPPORT	65,000

DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	PC	PROGRAM SUPPORT	5,000
LOS ANGELES, CA 90027			

6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	PC	PROGRAM SUPPORT	5,000
FEEDING AMERICA 161 NORTH CLARK STREET SUITE 700 CHICAGO, IL 60601	PC	PROGRAM SUPPORT	25,000

Total	 	▶ 3a	855,000
FEEDING AMERICA 161 NORTH CLARK STREET SUITE 700 CHICAGO, IL 60601	PC	PROGRAM SUPPORT	25,000
SANTA BARBARA, CA 93117			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

855,000

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

a Paid during the year			
GIRLS INCORPORATED OF THE GREATER 120 WALL STREET NEW YORK NY 10005	PC	PROGRAM SUPPORT	10,000

EART'S LANDING RANCH 902 QUAIL LN RANITE BAY, CA 95746	PC	PROGRAM SUPPORT

any foundation manager

or substantial contributor

Name and address (home or business)

Total . .

HEART'S LANDING RANCH 8902 QUAIL LN GRANITE BAY, CA 95746	PC	PROGRAM SUPPORT	25,000
K9S FOR WARRIORS114 CAMP K9 ROAD	PC	PROGRAM SUPPORT	25,000

8902 QUAIL LN GRANITE BAY, CA 95746			·
K9S FOR WARRIORS114 CAMP K9 ROAD PONTE VEDRA, FL 32801	PC	PROGRAM SUPPORT	25,00

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year			
LOAVES & FISHES835 FERRY STREET MARTINEZ, CA 94553	PC	PROGRAM SUPPORT	20,000

CACRAMENTO CHUI DRENIC HOME	D.C.	DDG CD AM CUDDODT	
NORTHEASTERN NY 965 ALBANY SHAKER RD LATHAM, NY 12110	rc	PROGRAM SUPPORT	
REGIONAL FOOD BANK OF	PC	PROGRAM SUPPORT	

965 ALBANY SHAKER RD LATHAM, NY 12110			
SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE RD	PC	PROGRAM SUPPORT	20,000

LATHAM, NY 12110			
SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE RD SACRAMENTO, CA 95820	PC	PROGRAM SUPPORT	20,000
			1

30,000

855,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor - Daid domina the consult

a Paid during the year			
SACRAMENTO DISTRICT COUNCIL SOCIETY 1110 WEST CAPITOL AVENUE 3RD FLOOR	PC	PROGRAM SUPPORT	20,000
SACRAMENTO, CA 95691			

SACRAMENTO REGIONAL COMMUNITY FOUNDATION 955 UNIVERSITY AVE A SACRAMENTO, CA 95825 PC PROGRAM SUPPORT 20,000	FLOOR SACRAMENTO, CA 95691			
	FOUNDATION 955 UNIVERSITY AVE A	PC	PROGRAM SUPPORT	20,000

FOUNDATION 955 UNIVERSITY AVE A SACRAMENTO, CA 95825	FC .	FROGRAM SUFFOR	20,000
SAFE PLACE FOR YOUTH 2469 LINCOLN BLVD LOS ANGELES, CA 90291	РС	PROGRAM SUPPORT	25,000

SACKAPILITO, CA 93023			
SAFE PLACE FOR YOUTH 2469 LINCOLN BLVD LOS ANGELES, CA 90291	PC	PROGRAM SUPPORT	25,000
Total	 	▶ 3a	855,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
SHARED HOPE INTERNATIONAL PO BOX 1907 VANCOUVER, WA 986689807	PC	PROGRAM SUPPORT	30,000
THE CHILD ABUSE PREVENTION	PC	PROGRAM SUPPORT	15.000

THE CHILD ABUSE PREVENTION CENTER 4700 ROSEVILLE ROAD SUITE 102 NORTH HIGHLANDS, CA 95660	PC	PROGRAM SUPPORT	15,000
THE EMPOWERMENT PLAN	PC	PROGRAM SUPPORT	10,000

CENTER 4700 ROSEVILLE ROAD SUITE 102 NORTH HIGHLANDS, CA 95660			
THE EMPOWERMENT PLAN 7640 KERCHVAL AVE DETROIT, MI 48214	PC	PROGRAM SUPPORT	10,000

NORTH HIGHLANDS, CA 95660			
THE EMPOWERMENT PLAN 7640 KERCHVAL AVE DETROIT, MI 48214	PC	PROGRAM SUPPORT	10,000
			1

Total .

855,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

25,000

855,000

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

TWINKLE TOEZ FOUNDATION PC PROGRAM SUPPORT 2558A WIGWAM PARKWAY HENDERSON, NV 89074

Total .

THE LAS VEGAS RESCUE MISSION PC PROGRAM SUPPORT 480 W BONANZA RD

LAS VEGAS, NV 89106

THE NEVADA PARTNERSHIP FOR	PC	PROGRAM SUPPORT	25,000
HOMELESS YOUTH			
4981 SHIRLEY ST			
LAS VEGAS, NV 89119			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

PC	PROGRAM SUPPORT	25,000
	PC	PC PROGRAM SUPPORT

THE SAFE NEST3900 MEADOWS LN LAS VEGAS, NV 89107	PC	PROGRAM SUPPORT	30,000
1735 N ASHLAND AVE STE 2000 CHICAGO, IL 60622			

THE SAFE NEST3900 MEADOWS LN LAS VEGAS, NV 89107	PC	PROGRAM SUPPORT	30,000
THE SALVATION ARMY 2900 PALOMINO LN LAS VEGAS NV 89107	PC	PROGRAM SUPPORT	20,000

LAS VEGAS, NV 8910/			
THE SALVATION ARMY 2900 PALOMINO LN LAS VEGAS, NV 89107	PC	PROGRAM SUPPORT	20,000

LAS VEGAS, NV 89107		▶ 3a	855,000
2900 PALOMINO LN	PC	PROGRAM SUPPORT	20,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

ويمطر والسطويم المنطوعان

	or substantial contributor			
a Paid during the year				
THINGS OF MY VERY OWN		PC	PROGRAM SUPPORT	25,000

249 GREEN ST SCHENECTADY, NY 12305			
TOM'S5404 JANDY P	PC	PROGRAM SUPPORT	20,

TOM'S5404 JANDY P LOS ANGELES, CA 90066	PC	PROGRAM SUPPORT	20,000
WOMENIC CENTERS 24 2 C FRONT CT	DC.	DDOCD AM CURDORT	10.000

LOS ANGELES, CA 90066			·
WOMEN'S CENTER1310 S FRONT ST MARQUETTE, MI 49855	PC	PROGRAM SUPPORT	10,000

855,000

			1
WOMEN'S CENTER1310 S FRONT ST MARQUETTE, MI 49855	PC	PROGRAM SUPPORT	10,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

FOLITMON THIS FOR SENTERAL AND	200	DD O CD AM CUIDDODT	10.000
YMCA GREATER CAPITAL REGION 465 NEW KARNER ROAD ALBANY, NY 12205	PC	PROGRAM SUPPORT	25,000
a Paid during the year			

EQUINOX INC500 CENTRAL AVE ALBANY, NY 12206	PC	PROGRAM SUPPORT	10
UNITY HOUSE OF TROY INC	PC	PROGRAM SUPPORT	2

Total .

EQUINOX INC500 CENTRAL AVE ALBANY, NY 12206	PC	PROGRAM SUPPORT	10,000
UNITY HOUSE OF TROY INC 2431 6TH AVE TROY NY 12180	PC	PROGRAM SUPPORT	20,000

▶ 3a

855,000

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		DI	LN: 93491308020381
TY 2020 Accounting Fees Schedule					
Name: FOROULIS PRIVATE FOUNDATION EIN: 20-7438469					
Category	Amo	unt Ne	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

5,527

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491308020381
TY 2020 Investments - Other S	chedule	

Name: FOROULIS PRIVATE FOUNDATION

ine: FOROULIS

<b>EIN</b> : 20-7438469	

Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
EQUITIES	AT COST	9,707,780	12,305,117		
FIXED INCOME FUNDS	AT COST	5,704,053	6,054,347		
OTHER INVESTMENTS	AT COST	748,326	838,175		

efile GRAPHIC print - DO NOT PROCE TY 2020 Legal Fees Sched		1-	DL	N: 93491308020381	
Name: FOROULIS PRIVATE FOUNDATION EIN: 20-7438469					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

5,000

LEGAL FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491308020381		
TY 2020 Other Expenses Schedule						
-						
Name:	FOROULIS PRIV	ATE FOUNDATIO	N			
EIN:	20-7438469					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

Other Expenses Schedule			
Description	Re		

OFFICE EXPENSE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491308020381			
TY 2020 Other Increases Schedule						
Name:	FOROULIS PR	VATE FOUNDATION				
EIN:	20-7438469					
Other Increases Schedule			4			
De	escription		Amount			
NON-DIVIDEND DISTRIBUTIONS			1,976			
BOOK-TAX DIFFERENCES ON GAINS/LOS	SSES		920			

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491308020381	
TY 2020 Other Professional Fees Schedule					
Name: FOROULIS PRIVATE FOUNDATION					
<b>EIN:</b> 20-7438469					
Category	Amount	Net Investment	Adjusted Net	Disbursements	

20 7430103				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	12,025	12,025		0

140,870

BROKERAGE/ADVISORY FEES

efile GRAPHIC print - DO NOT PR	ROCESS As Filed	Data -		DL	N: 93491308020381	
TY 2020 Taxes Schedule						
	Name: FOROU	∟IS PF	RIVATE FOUNDAT	ION		
	<b>EIN:</b> 20-7438	8469				
Taxes Schedule						
Category	Amount		Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOREIGN TAXES		6,087	6,087		0	
EXCISE TAX		7,611	0		0	

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	-		DLN: 93491308020381
Schedule B	Schee	dule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest infor	mation.	2020
Name of the organization FOROULIS PRIVATE FOUND	DATION		Employer i	dentification number
Organization type (chec			20-7438469	<del>)</del>
Organization type (oneo	K Offe).			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number	) organization		
	4947(a)(1) nonexempt ch	naritable trust <b>not</b> treated as a p	private foundation	
	☐ 527 political organization			
Form 990-PF	<b>✓</b> 501(c)(3) exempt private	foundation		
	4947(a)(1) nonexempt ch	naritable trust treated as a priva	ite foundation	
	501(c)(3) taxable private	foundation		
money or other contributions.	cion filing Form 990, 990-EZ, or 990 property) from any one contributor.			
under sections 50 received from any 990, Part VIII, line	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that c r one contributor, during the year, t r 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greate implete Parts I and II.	or 990-EZ), Part II, line 13 r of <b>(1)</b> \$5,000 or <b>(2)</b> 2% of	, 16a, or 16b, and that the amount on (i) Form
during the year, to	on described in section 501(c)(7), ( otal contributions of more than \$1,0 ne prevention of cruelty to children	000 exclusively for religious, ch	aritable, scientific, literary,	
during the year, c If this box is chec purpose. Don't co	on described in section 501(c)(7), (ontributions exclusively for religiou ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buns that were received during the General Rule applies to this o	ut no such contributions tot ne year for an <i>exclusively</i> ro rganization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>
990-EZ, or 990-PF), but i	that isn't covered by the General it <b>must</b> answer "No" on Part IV, line rt I, line 2, to certify that it doesn't r	e 2, of its Form 990; or check th	ne box on line H of its Form	
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2020)

for Form 990, 990-EZ, or 990-PF.

Employer identification number

OROGEIS FRIVAT	E FOUNDATION	20-7438469	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FOROULIS 2000 TRUST 32 SWIFT ROAD  VOORHEESVILLE, NY 12186	\$ 1,050,029	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)