efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491085003041

OMB No. 1545-0052 **Return of Private Foundation** 2020 Department of the Treasury or Section 4947(a)(1) Trust Treated as Private Foundation Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public. Open to Public ► Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information. Inspection , and ending 12-31-2020 For calendar year 2020, or tax year beginning 01-01-2020 A Employer identification number Name of foundation MOLO FAMILY CHARITABLE TRUST 1015004067 42-6607437 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 895 MAIN ST **B** Telephone number (see instructions) (563) 582-1841 City or town, state or province, country, and ZIP or foreign postal code DUBUQUE, IA  $\,$  52001  $\,$  ${f C}$  If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply: D 1. Foreign organizations, check here..... ☐ Final return Amended return 2. Foreign organizations meeting the 85%

		☐ Final return ☐ Amended return ☐ Address change ☐ Name change	1		rganizations meeting ck here and attach co	
<b>—</b>	ock to	/pe of organization: $\square$ Section 501(c)(3) exempt private	foundation		undation status was	
		n 4947(a)(1) nonexempt charitable trust $\Box$ Other taxab		under section	on 507(b)(1)(A), chec	ck here 🕨 🗀
					-tiii	L
of	year (f	ket value of all assets at end from Part II, col. (c),	□ Casn □ Accr		ation is in a 60-mont on 507(b)(1)(B), chec	
line	16)	▶\$ 734,766	t be on cash basis.)			
					T	
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				(cash basis only)
	•	schedule)	106,879	Э		
	2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch. B				
	3	Sch. B Interest on savings and temporary cash investments	9,267	9,267	9,267	,
	4	Dividends and interest from securities	3,694	3,694	3,694	
	5a	Gross rents				
	ь	Net rental income or (loss)	_			
пe	6a	Net gain or (loss) from sale of assets not on line 10	6,556	5		
Reverue	ь	Gross sales price for all assets on line 6a 242,80	5			
₹eγ	7	Capital gain net income (from Part IV, line 2)		6,556		
_	8	Net short-term capital gain			C	)
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	126,396	<u> </u>	12,961	
	13	Compensation of officers, directors, trustees, etc.	4,670			
	14	Other employee salaries and wages		0		
ses	15	Pension plans, employee benefits		0	С	
ens	16a	Legal fees (attach schedule)				0
dx	b	Accounting fees (attach schedule)				
e E	С	Other professional fees (attach schedule)				0
ative Expenses	17	Interest				0
_	18	Taxes (attach schedule) (see instructions)	33:	1		0
ini	19	Depreciation (attach schedule) and depletion		0		
and Administ	20	Occupancy				
d A	21	Travel, conferences, and meetings		0	С	)
an	22	Printing and publications		0	C	
bui	23	Other expenses (attach schedule)				
rati	24	Total operating and administrative expenses.				
Operating		Add lines 13 through 23	5,00:	0	C	0
0	25	Contributions, gifts, grants paid	133,87	5		133,875
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	138,876	5 0	c	133,875
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and	12.404			
	ь	disbursements  Net investment income (if negative, enter -0-)	-12,480	19,517		<del> </del>
	c	Adjusted net income (if negative, enter -0-)		19,317		
For		work Reduction Act Notice, see instructions.		Cat. No. 11289	12,961 X Foi	· <u> </u> rm <b>990-PF</b> (2020)
				Cat. 110. 11209.	. 101	: (2020)

Form 990-PF (2020)

Decreases not included in line 2 (itemize) ▶ \_

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

l'a	rt 11	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	33,542	34,758	34,758
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶		0	0
	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 ▶			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ā	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	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)	551,880	538,186	700,008
	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)	585,422	572,944	734,766
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ti e	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
E	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe  )			
	23	Total liabilities(add lines 17 through 22)		0	
S		Foundations that follow FASB ASC 958, check here ▶			
nce		and complete lines 24, 25, 29 and 30.			
ala	24	Net assets without donor restrictions			
Fund Bala	25	Net assets with donor restrictions			
Ĕ		Foundations that do not follow FASB ASC 958, check here			
<u>.</u>		and complete lines 26 through 30.			
5 0	26	Capital stock, trust principal, or current funds	585,422	572,944	
Assets or	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	28	Retained earnings, accumulated income, endowment, or other funds			
Net	29	Total net assets or fund balances (see instructions)	585,422	572,944	
Z	30	Total liabilities and net assets/fund balances (see instructions) .	585,422	572,944	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	· · · · · · · · · · · · · · · · · · ·		
1		l net assets or fund balances at beginning of year—Part II, column (a), lin	e 29 (must agree with en		
_	-	ear figure reported on prior year's return)		1	585,422
2		er amount from Part I, line 27a		2	-12,480
3 4		er increases not included in line 2 (itemize)  Iines 1, 2, and 3		3   4	<u>2</u> 572,944
-	Auu	mico 1, 2, and 3		1 7 1	J/ <u> </u>

5

6

Page 2

Page **3** 

		kind(s) of property sold se; or common stock, 2				(b) How acqu P—Purch D—Dona	ase		(c) e acquired , day, yr.)	(d) Date sold (mo., day, yr.)
1aSee Additional Data Tab	le									
b										
c										
d										
e										
(e) Gross sales price		<b>(f)</b> Depreciation allo (or allowable				(g) other basis ense of sale			Gain o	r (loss) ) minus (g)
a See Additional Data Tab	le									
b										
c										
d										
e										
	•									
Complete only for asset	s showi	ing gain in column (h) a	ind owne	ed by t	he foundation	on 12/31/69				I)
(i) F.M.V. as of 12/31/69	)	(j) Adjusted bas as of 12/31/6			Excess	( <b>k)</b> of col. (i) l. (j), if any		col.	Gains (Col. (Ì	h) gain minus less than -0-) <b>or</b>
a See Additional Data Tab	le									
b										
c										
d										
e										
<ul> <li>Capital gain net income</li> <li>Net short-term capital         If gain, also enter in Pain Part I, line 8     </li> </ul>	gain or	,	$\begin{cases} I^{t} \end{cases}$	f (loss) 222(5)		Part I, line 7	. }	2		6,556
Part V Qualification	Under	Section 4940(e) f	or Red	luced	Tay on Net	Investme	nt Inc	ome		
ECTION 4940(e) REPEA							110 2110	.01110		
1 Reserved	ALED (	JN DECEMBER 20,	2019 -	- 00 1	101 COMPL	<u> </u>				
(a)	1	(b)			(c)				(d)	
Reserved		Reserved			Reserved				Reserved	
							ļ			
							<u> </u>			
<b>2</b> Reserved							2			
<b>3</b> Reserved							3			
<b>4</b> Reserved							4			
<b>5</b> Reserved							5			<u> </u>
<b>6</b> Reserved							6			_
<b>7</b> Reserved							7			
							<u> </u>			
8 Reserved ,				• • •			8			

Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form	990-PF (20	)20)								F	age <b>6</b>
(2) Influence the outcome of any specific public election (see section 4945(e))?	Pai	t VII-B	Statements Regard	ding	<b>Activities for Which</b>	Form 4720 May Be	Required (continu	ıed)				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter regardation drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(A)(A)? See instructions. (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (7) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (8) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (9) If the foundation purpose or for the prevention of cruelty to children or animals?  (1) If the scientific scientific scientific scientific scientific, literary, or education religion on a current notice regarding disaster assistance? See instructions  (1) If "Yes" or of the foundation scientific scient	5a	During the	year did the foundation	pay o	r incur any amount to:						Yes	No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration driver.  (3) Frovide a grant to an individual for travel, study, or other similar purposes?  (4) Frovide a grant to an organization other than a charitable, etc., organization described in section 4954(d)4()(3)? See instructions.  (5) Frovide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (5) Frovide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (5) Frovide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (5) Frovide for any purpose other than religious, scientific, literary, or educational purposes?  (6) If any answers in "Yes" to Quistion of the second		(1) Carry	on propaganda, or other	vise a	ttempt to influence legisl	ation (section 4945(e))?	Πva		No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?		(2) Influe	nce the outcome of any s	pecifi	c public election (see sec	tion 4955); or to carry	Te	• 🖭	NO			
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 495(d/4)(A)? See instructions.  (5) Provide for any purpose other than religious, charitable, scientific, literany, or educational purposes, or for the prevention of cruelty to children or animals?  (5) Provide for any purpose other than religious, charitable, scientific, literany, or educational purposes, or for the prevention of cruelty to children or animals?  (5) Provide for any purpose other than religious, charitable, scientific, literany, or educational purposes?  (6) Provide for any purpose other than religious, charitable, scientific, literany, or educational purposes?  (7) Provide for any purpose other than religious, charitable, scientific, literany, or education allows of the purpose of the purpos		on, dir	rectly or indirectly, any vo	ter re	egistration drive?		· ·     Ve		Nο			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(3) See instructions.  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "See" to Sq(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.  C If the answer is "Yes" to question Sq(1), closs the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?.  C If the answer is "Yes" to question Sq(1), closs the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?.  C If Yes," attach the statement required by Regulations section 53.4945-S(d).  B Did the foundation, during the year, reserve any funds, directly or indirectly, to pay premiums on a personal benefit contract?.  A tray time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If "Yes" to 5b, Rie Form 8870.  A tray time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If Yes if the foundation receive any proceeds or have any ret income attributable to the transaction?  If If If Yes if the foundation receive any proceeds or have any ret income attributable to the transaction?  If If Yes if the foundation aparty to a prohibited tax sheller transaction?  If If Yes if the foundation aparty to a prohibited tax sheller transaction?  If Yes if the foundation aparty to a prohibited tax sheller transaction?  To be if Yes if the foundation receive any proceed or have any ret income attributable to the transaction?  If Yes if the foundation aparty to a prohibited tax sheller transaction?  If Yes if the foundation aparty to a prohibited tax sheller transaction?  If Yes if the foundation aparty to a prohibited tax sheller t		(3) Provid	le a grant to an individual	for t	ravel, study, or other sim	ilar purposes?			No			
(s) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to 5x(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance fock here.  c If the answer is "Yes" to question 53.(4), does the foundation claim exemption from the tax because it maintained expenditure respending disaster assistance fock here.  c If the answer is "Yes" to question 53.(4), does the foundation claim exemption from the tax because it maintained expenditure respending disaster assistance fock here.  d If "Yes" attach the statement required by Regulations section 53.4945-5(d).  Gai Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  versonal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  versonal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  versonal benefit contract?  b Did 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?  List all officers, directors, trustees, foundation managers and their compensation. See Instructions  (a) Name and address  (b) Title, and average devoted to position  (c) Compensation (If you compensation)  All officers, directors, trustees, foundation managers and their compensation (If you contributions to employee benefit palms and deferred compensation of the highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  (a) Name and address of each employee paid (b) Title, and average hours p		(4) Provid	le a grant to an organizat	ion ot	her than a charitable, etc	, organization described			110			
(6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, of for the prevention of cruetly to children or animals?  b If any answer is "Yes" to \$A(3)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding disaster assistance? See instructions.  Organizations relying on a current notice regarding disaster assistance check here.  I organizations relying on a current notice regarding disaster assistance check here.  I organizations relying on a current notice regarding disaster assistance check here.  I organizations relying on a current notice regarding disaster assistance check here.  If "Yes," attach the statement required by Regulations section \$3.4945-5(d).  B Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The animal provides of the statement required by Regulations section \$3.4945-5(d).  B Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The animal provides of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess paractute payment during the year?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  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  Co-TRUSTEE  O DO DO 338  DUBUQUE, IA \$20040938  O DO CO-TRUSTEE  O PO BOX 338  DUBUQUE, IA \$20040938  O DO CO-TRUSTEE  O PO BOX 338  DUBUQUE, IA \$20040938  O DO CO-TRUSTEE  O COMPENSATION SAINK  (c) Compensation  (d) Contributions to employee paid over \$50,000.		in sect	tion 4945(d)(4)(A)? See i	nstru	ctions		· · □ Ye	. 🗸	No			
b If any answer is "Set" 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.  Organizations relying on a current notice regarding disaster assistance check here.  If the answer is "Yes" to question 5a(4), does the founcation claim exemption from the tax because the maintained expenditure responsibility for the grant?.  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.  Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  A at any time during the tex year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" of the foundation receive any proceads or have any net income attributable to the transaction?  If "Yes of the foundation receive any proceads or have any net income attributable to the transaction?  If "Yes of the foundation receive any proceads or have any net income attributable to the transaction?  If "Yes of the foundation receive any proceads or have any net income attributable to the transaction?  If "Yes of the foundation receive any proceads or have any net income attributable to the transaction?  If the answer payment during the year?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation. See instructions  (a) Name and address of each employee paid to the section 4960 tax on payment (c) Compensation (e) Corposation (e) Expense account, other allowances of each employee paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  To		(5) Provid	le for any purpose other t	han r	eligious, charitable, scien	tific, literary, or		_				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		educa	tional purposes, or for the	prev	ention of cruelty to child	en or animals?	· · 🗌 Ye	, <b>~</b>	No			
Corrantations relying on a current notice regarding disaster assistance check here.  c 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?.  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?.  b Did the foundation, during the year, pay premiums, directly or indirectly, to na personal benefit contract?.  b Did the foundation during the tear, pay premiums, directly or indirectly, to na personal benefit contract?.  b Did the foundation foundation aparty to a prohibited tax shelter transaction?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If "Yes", did 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?  1 List all officers, directors, trustees, foundation managers and their compensation.  1 List all officers, directors, trustees, foundation managers and their compensation of and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation of the deferred compensation of the paid, enter developed by the paid and contractors.  1 List all officers, directors, trustees, foundation managers and their compensation of the paid, enter developed by the paid and contractors.  1 List all officers, directors, trustees, foundation managers and their compensation of the paid, enter developed by the paid and contractors.  1 List all officers, directors, trustees, foundation managers and their compensation of the paid and contractors.  1 List all officers, directors, trustees, foundation managers and their compensation of the paid and contractors.  1 List all officers, directors, trustees, foundation managers, and their compensation of the paid and contractors.  1 List all officers, dire	b				= = = = = = = = = = = = = = = = = = = =		ceptions described in					
c If the answer is "ves" to question 5s.(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?		-						•		5b		
tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945–5(d).  B) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  c) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  d) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  To If "Yes" to 66, file Form 8870.  T		-	, <del>-</del>				•		]			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).  40 b) Id the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	С		·			•						
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.    Personal benefit contract?   Yes   No   No   No   No   No   No   No   N			·		· · · · · · ·		·· 🗌 Ye	s $\square$	No			
a personal benefit contract?.  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		If "Yes," a	ttach the statement requ	red b	y Regulations section 53.	4945-5(d).						
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Test No 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No 1 Fives", did the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration? Yes No 2 No	<b>6</b> a	Did the fo	undation, during the year	, rece	ive any funds, directly or	indirectly, to pay premi	ıms on					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							⊔ Ye	s 🗸	No			
Total number of other employees paid over \$50,000.	b			, pay	premiums, directly or inc	lirectly, on a personal be	nefit contract?	•		6b		No
b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? \ \frac{1}{15} \ \text{No} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			•									
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?		-	- · · · · · · · · · · · · · · · · · · ·				⊥ re	, 🗸	No			
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,  I 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  (a) Name and address (c) Compensation (If not paid, enter allowances)  (b) Title, and average hours per week devoted to position  (c) Compensation (If not paid, enter allowances)  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Compensation (If not paid, enter allowances)  (e) Expense account, other allowances  (f) Compensation (If not paid, enter allowances)  (g) Contributions to employee benefit plans and deferred compensation  (g) Contributions to employee benefit plans and deferred compensation  (g) Contributions to employee benefit plans and deferred compensation  (g) Expense account, other allowances		,			,			• •		7b		
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 of not paid, enter on ployee benefit plans and deferred compensation of the allowances of the allowances of the position of the substitution of the substitution of the position of the substitution of the s	8		<u> </u>									
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 of position of paid, enter of paid position of paid, enter of paid position of paid, enter of paid paid, enter of paid, enter o							<u></u>					
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  (e) Expense account, other allowances  (f) Compensation (If not paid, enter -0-)  (g) Expense account, other allowances  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Contributions to employee benefit plans and deferred compensation  (h) Contributions to employee benefit plans and deferred compensation  (h) Contributions to employee benefit plans and deferred compensation  (h) Contributions to employee benefit plans and deferred compensation  (h) Contributions to employee benefit plans and deferred compensation  (h) Contributions to employee benefit plans and deferred compensation  (h) Contributions to employee benefit plans and deferred compensation  (h) Contributions to employee plant have provided to position to the provided to position to the provided to position to the provided to position	Par			Offic	ers, Directors, Trust	tees, Foundation Ma	anagers, Highly P	aid E	mplo	yees,	,	
(a) Name and address (b) Title, and average hours per week devoted to position on to paid, enter -0-)  CO-TRUSTEE  O BOX 938  DUBUQUE, IA 520040938  HELEN T MOLO  CO-TRUSTEE  O BOX 938  DUBUQUE, IA 520040938  MIDWESTONE BANK SAVINGS BANK  C CO-TRUSTEE  O BOX 938  DUBUQUE, IA 520040938  DOBOX 938  DUBUQUE, IA 520040938  ADDRESTONE BANK SAVINGS BANK  C CO-TRUSTEE  O BOX 938  DUBUQUE, IA 520040938  C 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 hours per week devoted to position  NONE  Total number of other employees paid over \$50,000			and Contractors									
Any Name and address   Anours per week devoted to position   CO-TRUSTEE   ODUBUQUE, IA 520040938   ODUBUQUE, IA 520040	1	List all of	ficers, directors, truste	es, fo	oundation managers ar							
devoted to position		(a) Na	me and address	(					(e)	Exper	ise acc	ount,
P O BOX 938 DUBUQUE, TA 520040938 HELEN T MOLO P O BOX 938 DUBUQUE, TA 520040938 MIDWESTONE BANK SAVINGS BANK P O BOX 938 DUBUQUE, TA 520040938  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  NONE  (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  Total number of other employees paid over \$50,000.		(a) Na	iiile aliu auuless			1			'  °	ther a	llowand	ces
DUBUQUE, IA 520040938 HELEN T MOLO  PO BOX 938 DUBUQUE, IA 520040938  MIDWESTONE BANK SAVINGS BANK  CO-TRUSTEE  PO BOX 938 DUBUQUE, IA 520040938  CO-TRUSTEE  O  O  O  O  O  O  O  O  O  O  O  O	MARK	E MOLO		СО-Т	RUSTEE	0						
HELEN T MOLO P O BOX 938 MIDWESTONE BANK SAVINGS BANK P O BOX 938 DUBUQUE, IA 520040938  MIDWESTONE BANK SAVINGS BANK CO-TRUSTEE P O BOX 938 DUBUQUE, IA 520040938  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 hours per week devoted to position  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000				7°								
P O BOX 938 DUBUQUE, IA 520040938  MIDWESTONE BANK SAVINGS BANK P O BOX 938 DUBUQUE, IA 520040938  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  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  other allowances  Total number of other employees paid over \$50,000			040938	CO. T	DUCTEE				+			
DUBUQUE, IA 520040938  MIDWESTONE BANK SAVINGS BANK P O BOX 938 DUBUQUE, IA 520040938  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  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefits plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000.				0	KUSTEE	0						
DOBUQUE, IA 520040938  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 hours per week devoted to position  NONE  (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			040938									
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  NONE  (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  other allowances  Total number of other employees paid over \$50,000.	MIDW	ESTONE BAN	K SAVINGS BANK		RUSTEE	4,670						
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  (o) Total number of other employees paid over \$50,000.			0.40000	7º								
(a) Name and address of each employee paid hours per week devoted to position  (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  (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  Total number of other employees paid over \$50,000.				id on	anloyaas (athar than t	hoso included on line :	 	Tf no	, no o	ntor "	NONE	71
(a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Ittle, and a verage hours per week devoted to position  (g) Compensation  (hours per week devoted to position  (hours per week		Compens	acion of five nightest-pa	iu ei	ipioyees (other than t	liose ilicidaed oli ilile .			ille, e	iitei	NONE.	<u> </u>
MONE  NONE  Total number of other employees paid over \$50,000	(a)	Name and a	address of each employee	paid		(a) Commonation			(e)	Expen	se acco	ount,
NONE  Total number of other employees paid over \$50,000		mo	ore than \$50,000			(c) Compensation	· · · · · · · · · · · · · · · · · · ·		ot	her all	owanc	es
Total number of other employees paid over \$50,000	NON	_			'		compensation					
	NON	=										
							+					
							+					
		1	5 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	+-	0.000							
F NOO DE /2020\	ıota	numper of	ouner employees paid ov	er \$5	0,000		<u> </u>		г	OO	0_BE /	

Form 990-PF (2020)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional service	es (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
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relev organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1		
2		
3		
		_
*		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	<del>-</del>	Amount
1		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

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

2a |

2b

Distributable amount before adjustments. Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

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.

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

organizations check here 

and do not complete this part.)

Tax on investment income for 2020 from Part VI, line 5. . . . . .

Income tax for 2020. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Page 8

30.067

30,067

271

29,796

29.796

29.796

133,875

133.875

133.875

Form 990-PF (2020)

6

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

Form 990-PF (2020)

Part X

6

1

2a

3

4 5

6

1

2

3

4

5

Part XII

Part XI

a From 2015. . . . .

**b** From 2016. . . . . c From 2017. . . .

d From 2018. . . . .

e From 2019. . . . .

2020

Page 9

29,796

29,796

Form 990-PF (2020)

Part XIII	

Form 990-PF (20	020)	
Part XIII	Undistributed Income (se	e instruct

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

**5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract 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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . f Undistributed income for 2021. 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 2015 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

**b** Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . .

e Excess from 2020. . .

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 133,875 a Applied to 2019, 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). . . . . . . . . .

F (20	020)	
T T	Undistributed Income (see instruc	tions)
		(a)

020)	
Undistributed Income (see instruc	tio

- Distributable amount for 2020 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only. . . . . .
- Excess distributions carryover, if any, to 2020:

132,615

74.012

19.740 139,544

132.615 74,012

19.740

139,544

104.079

- 16.220

382.131

104.079

486,210

16,220

469,990

Corpus

(b)

Years prior to 2019

(c)

2019

**c** Any submission deadlines:

NONE

I	Part XIV Private Operating Found	lations (see instru	uctions and Part V	II-A, question 9)		
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20					
b	Check box to indicate whether the organizat	ion is a private opera	ating foundation desc	cribed in section $\Box$	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2020	<b>(b)</b> 2019	(c) 2018	(d) 2017	
	year listed					
	85% of line 2a					
·	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt					
	activities					
e	Qualifying distributions made directly					
	for active conduct of exempt activities.  Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test—enter:  (1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	<ol> <li>Total support other than gross investment income (interest,</li> </ol>					
	dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
	Supplementary Information			oundation had s	5,000 or more	in
1	assets at any time during th Information Regarding Foundation Man		ructions.)			
	List any managers of the foundation who have		than 2% of the total	contributions receiv	ed by the foundation	n
	before the close of any tax year (but only if	they have contribute	ed more than \$5,000	)). (See section 507	(d)(2).)	
b	List any managers of the foundation who ow				arge portion of the	
	ownership of a partnership or other entity)	of which the foundat	ion has a 10% or gre	eater interest.		
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Scl	holarship, etc., Pro	grams:		
	Check here $lacktriangle$ if the foundation only make					
	unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a			als or organizations	under	
_	The name, address, and telephone number			applications should	bo addrossed:	
а	MOLO FAMILY CHARITABLE TRUST CO O'	or e-mail address of	the person to whom	applications should	De audiesseu.	
	1000 MAIN ST					
	DUBUQUE, IA 52001 (563) 557-8400					
	The form in which applications should be su	bmitted and informa	tion and materials th	ney should include:		
	THIS APPLICATION SHOULD INCLUDE ALL			,	REQUESTING THE GR	RANT, LOAN, ETC
	INCLUDING WHERE YOU CAN BE REACHED				•	•

 $\mathbf{d}$  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other GRANTS WILL BE MADE TO ORGANIZATIONS THAT ARE EXEMPT UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE & ARE NOT PRIVATE ORGANIZATIONS AS DEFINED 509(A)

Form 990-PF (2020)				Page <b>11</b>
Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	d 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
a Paid during the year		,		
See Additional Data Table				
Total		<del></del>	<b>&gt;</b> 3a	133,875
<b>b</b> Approved for future payment				·
		1		
·	'	1		
·	'	1		
1	'	1		
1	'	1		
i '	'	1		
Total			<b>▶</b> 3h	_

Form **990-PF** (2020)

	Analysis of Income-Producing s amounts unless otherwise indicated.		usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
<b>1</b> Progran	n service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.)
a						
g Fees	and contracts from government agencies					
	ership dues and assessments					
3 Interes	st on savings and temporary cash			1.4	0.267	
	nds and interest from securities			14	9,267 3,694	
	ntal income or (loss) from real estate:				•	
	-financed property					
	lebt-financed property					
	nvestment income					
	r (loss) from sales of assets other than					
invento	ory			18	6,556	
	come or (loss) from special events:					
	profit or (loss) from sales of inventory revenue: <b>a_</b>					
	revenue. a					
с						
d						
е						
e <b>12</b> Subtot	al. Add columns (b), (d), and (e)				19,517	
e 12 Subtot 13 Total. (See w	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	lations.)			19,517 <b>3</b>	19,517
e 12 Subtot 13 Total. (See w	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)	lations.)			· · · · · · · · · · · · · · · · · · ·	
e 12 Subtot 13 Total. (See w	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplish  income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	

Form 990-PF (	<u> </u>									Pa	ge <b>13</b>
Part XVII	Exempt Organiz	zations						nships With Nonc			
	ganization directly or in- than section 501(c)(3)								501	Yes	No
a Transfers f	rom the reporting foun	dation to a no	nchar	itable exe	mpt organizati	on of:					
<b>(1)</b> Cash.									1a(1)		No
(2) Other	assets								1a(2)		No
<b>b</b> Other trans											
` '	of assets to a nonchari	•	_						. 1b(1)		No
	ases of assets from a n								. 1b(2)		No
` '	al of facilities, equipmer oursement arrangemen	•							. 1b(3)	_	No No
` -	s or loan guarantees.					· · · ·	· · ·		1b(5)	_	No
` .	mance of services or m								1b(6)		No
	facilities, equipment, n			_					1c		No
of the good	ver to any of the above ds, other assets, or servisection or sharing arra	vices given by	the r	eporting f	oundation. If tl	ne foundatio	on receive	d less than fair marke	t value		
(a) Line No.	(b) Amount involved	(c) Name of r	nonchar	ritable exen	npt organization	(d) De	scription of	transfers, transactions, ar	nd sharing arra	ngemen	ts
	ndation directly or indire in section 501(c) (other	•			•			_	<b>✓</b> No		
	omplete the following so		501(0	.,(3), 3	, 5000,011 527 1						
,	(a) Name of organization			(b	<b>)</b> Type of organiz	ation		(c) Description of	relationship		
			-								
of m whic	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co									
Sign Here <b>\</b>	*****				2021-03-26	, k	*****		May the IRS d return		
	Signature of officer or to	rustee			Date	<b>&gt;</b>	Title		with the prepa below (see instr.)		_
	Print/Type preparer's	name	Prepa	rer's Sign	ature	Date		PT:	 IN		
								Check if self- employed ▶ □			
Paid											
Preparer	Firm's name ▶							I Fir	m's EIN ▶		
Use Only	Firm's address ▶										
	2 3.44. 330 F							Ph	one no.		

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) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 7.541 INVESCO AIM FAMILY OF FUNDS OPPENHEIMER 2017-06-14 2020-03-11 7.423 COHEN & STEERS GLBAL REALTY CL I 2019-01-02 2020-03-11 46.354 EATON VANCE FUNDS FLOATINGRATE ADVANTAGE 2019-09-20 2020-03-11 138.431 FEDERATED INSTL HIGH YIELD BOND INSTITUT 2019-09-20 2020-03-11 62.362 HARTFORD FUNDS CORE EQUITYFUND CLASS R6 2019-09-20 2020-03-11 64.706 T ROWE PRICE LARGE CAP GROWTH 2019-01-02 2020-03-11 1842.792 LORD ABBETT FUNDS SHORT DURATION INCOME 2019-09-20 2020-03-11 698.267 PIMCO INV GRADE CORP BOND INSTL 2019-12-11 2020-03-11 577.029 PIMCO FUNDS INCOME FUND INSTITUTIONAL FU 2019-12-11 2020-03-11 77.766 PIONEER INVESTMENTS MULTI-ASSET ULTRASHO 2019-09-20 2020-03-11 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) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 291 288 3 373 360 13 465 495 -30 1,271 1.364 -93 1,915 2,086 -171 2,545 2,307 238 -74 7,684 7,758 7,555 7,646 -91 6,694 6,930 -236 768 773 -5 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)) (j) as of 12/31/69 (k) over col. (j), if any 3 13 -30 -93 -171 238 -74 -91 -236 -5

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) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2019-09-20 133.869 TCW FUNDS EMERGING MARKETS INCOME CLASS 2020-03-11 822,971 VANGUARD GNMA FUND ADMIRAL SHARE CLASS 2019-12-11 2020-03-11 65.648 EATON VANCE FUNDS FLOATINGRATE ADVANTAGE 2019-09-20 2020-04-13 521.532 FEDERATED INSTL HIGH YIELD BOND INSTITUT 2019-09-20 2020-04-13 5269.694 LORD ABBETT FUNDS SHORT DURATION INCOME 2019-09-20 2020-04-13 1803.487 PIMCO INV GRADE CORP BOND INSTL 2019-12-11 2020-04-13 1953.87 PIMCO FUNDS INCOME FUND INSTITUTIONAL FU 2019-12-11 2020-04-13 194.787 PIONEER INVESTMENTS MULTI-ASSET ULTRASHO 2019-09-20 2020-04-13 368,536 TCW FUNDS EMERGING MARKETS INCOME CLASS 2019-09-20 2020-04-13 2315.24 VANGUARD GNMA FUND ADMIRAL SHARE CLASS 2020-04-13 2019-12-11 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) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1,025 1,122 -97 8,740 8.691 49 611 701 -90 4,668 5.137 -469 21,184 22,185 -1,001 19,732 -849 18,883 21,786 23,461 -1,675 1,936 -126 1,810 3,088 2,550 -538 25,028 24,444 584 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)) (j) as of 12/31/69 (k) over col. (j), if any -97 49 -90 -469 -1,001 -849 -1,675 -126 -538 584

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) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2019-01-02 2020-06-26 24.708 INVESCO AIM FAMILY OF FUNDS OPPENHEIMER 547.23 EATON VANCE FUNDS FLOATINGRATE ADVANTAGE 2019-12-11 2020-06-26 9.52 HARTFORD FUNDS CORE EQUITYFUND CLASS R6 2019-09-20 2020-06-26 87.325 T ROWE PRICE LARGE CAP GROWTH 2019-09-20 2020-06-26 79.324 T ROWE PRICE LARGE CAP GROWTH 2019-01-02 2020-06-26 74.388 JANUS FUNDS HENDERSON TRITON I 2019-09-20 2020-06-26 14.044 MFS FUNDS NEW DISCOVERY VALUE FUND CL I 2019-09-20 2020-06-26 20.621 MFS INSTITUTIONAL INTERNATIONAL EQUITY 2017-07-28 2020-06-26 511.243 PIMCO FUNDS INCOME FUND INSTITUTIONAL FU 2019-09-20 2020-06-26 7.321 PIONEER INVESTMENTS MULTI-ASSET ULTRASHO 2020-06-26 2019-09-20 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) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1,029 941 88 5,368 5,840 -472 314 318 -4 4,146 3.706 440 3,766 2,829 937 2,357 -224 2,133 178 223 -45 527 504 23 5,874 6,109 -235 70 73 -3 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)) (j) as of 12/31/69 (k) over col. (j), if any 88 -472 -4 440 937 -224 -45 23 -235 -3

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) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 15.26 T ROWE PRICE MID CAP GROWTH FUND CLASS I 2019-01-02 2020-06-26 258,998 TCW FUNDS EMERGING MARKETS INCOME CLASS 2019-09-20 2020-06-26 496.945 VANGUARD GNMA FUND ADMIRAL SHARE CLASS 2019-09-20 2020-06-26 6.682 INVESCO AIM FAMILY OF FUNDS OPPENHEIMER 2019-01-02 2020-09-10 3.547 COHEN & STEERS GLBAL REALTY CL I 2019-07-02 2020-09-10 172.947 HARTFORD FUNDS CORE EQUITYFUND CLASS R6 2019-09-20 2020-09-10 210.192 T ROWE PRICE LARGE CAP GROWTH 2019-09-20 2020-09-10 241.066 MFS FUNDS NEW DISCOVERY VALUE FUND CL I 2019-09-20 2020-09-10 5.462 T ROWE PRICE MID CAP GROWTH FUND CLASS I 2019-01-02 2020-09-10 7.342 INVESCO AIM FAMILY OF FUNDS OPPENHEIMER 2020-10-26 2019-09-20 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) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1,393 1,160 233 2,018 2,170 -152 5,362 5,243 119 299 251 48 176 196 -20 6,375 5,785 590 11,228 8,921 2,307 3,194 3,821 -627 540 415 125 342 29 313 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)) (j) as of 12/31/69 (k) over col. (j), if any 233 -152 119 48 -20 590 2,307 -627 125 29

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) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2019-09-20 2020-10-26 21.616 HARTFORD FUNDS CORE EQUITYFUND CLASS R6 27.016 T ROWE PRICE LARGE CAP GROWTH 2019-09-20 2020-10-26 62.469 JANUS FUNDS HENDERSON TRITON I 2019-09-20 2020-10-26 1340.569 LORD ABBETT FUNDS SHORT DURATION INCOME 2019-09-20 2020-10-26 18.913 MFS FUNDS NEW DISCOVERY VALUE FUND CL I 2019-09-20 2020-10-26 11.579 T ROWE PRICE MID CAP GROWTH FUND CLASS I 2019-09-20 2020-10-26 1063.103 VANGUARD GNMA FUND ADMIRAL SHARE CLASS 2019-09-20 2020-10-26 24.597 VICTORY FUNDS INSTL SYCAMORE ESTABLISHED 2019-09-20 2020-10-26 40.221 INVESCO AIM FAMILY OF FUNDS OPPENHEIMER 2019-09-20 2020-12-14 58.93 AMERICAN FUNDS MUTUAL FUND CLASS F-2 2020-12-14 2019-09-20 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) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 823 723 100 1,507 1,147 360 2,073 1,980 93 5,590 5,644 -54 261 300 -39 1,217 1,106 111 11,396 11,216 180 912 981 -69 2,070 1,712 358 2,590 2,512 78 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)) (j) as of 12/31/69 (k) over col. (j), if any 100 360 93 -54 -39 111 180 -69 358 78

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) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 13.973 COHEN & STEERS GLBAL REALTY CL I 2019-09-20 2020-12-14 20.44 FEDERATED INSTL HIGH YIELD BOND INSTITUT 2019-09-20 2020-12-14 68.328 HARTFORD FUNDS CORE EQUITYFUND CLASS R6 2019-09-20 2020-12-14 44.557 T ROWE PRICE LARGE CAP GROWTH 2019-09-20 2020-12-14 103.883 JANUS FUNDS HENDERSON TRITON I 2019-09-20 2020-12-14 107.121 MFS FUNDS NEW DISCOVERY VALUE FUND CL I 2019-09-20 2020-12-14 66.733 MFS INSTITUTIONAL INTERNATIONAL EQUITY 2017-07-28 2020-12-14 26.094 PIMCO INV GRADE CORP BOND INSTL 2019-09-20 2020-12-14 43.929 PIMCO FUNDS INCOME FUND INSTITUTIONAL FU 2019-09-20 2020-12-14 14.928 T ROWE PRICE MID CAP GROWTH FUND CLASS I 2020-12-14 2019-09-20 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) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 739 826 -87 2 203 201 2,788 2,286 502 2,652 1.891 761 4,029 3,292 737 1,760 62 1,698 1,992 1,630 362 293 283 10 529 525 4 1,636 1.427 209 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)) (j) as of 12/31/69 (k) over col. (j), if any -87 2 502 761 737 62 362 10 4 209

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, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			<b>(b)</b> How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
74.258 TCW FUNDS EMERGIN	G MARKETS INCOME CLASS			2019-09-20	2020-12-14	
56.118 VICTORY FUNDS INST	L SYCAMORE ESTABLISHED			2019-09-20	2020-12-14	
26.456 LEGG MASON FUNDS	WESTERN ASSET CORE PLUS			2020-09-10	2020-12-14	
CAPITAL GAIN DIVIDENDS			Р			
CAPITAL GAIN DIVIDENDS			Р			
CAPITAL GAIN DIVIDENDS			Р			
CAPITAL GAIN DIVIDENDS			Р			
CAPITAL GAIN DIVIDENDS			Р			
CAPITAL GAIN DIVIDENDS			Р			
CAPITAL GAIN DIVIDENDS			Р			
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h	'	
(e) Gross sales price	Depreciation allowed (f) (or allowable)		r other basis pense of sale	Gain <b>(h)</b> (e) plus	or (loss) (f) minus (g)	
629			622		7	
2,329			2,237	92		
335			331	4		
				4,274		
				4,274		
				4,274		
					4,274	
					4,274	
				4,274		
					4,274	
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I		
Complete only for assets show	ring gain in column (h) and owned b	y the foundation	on 12/31/69		(h) gain minus	
(i) F.M.V. as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69		ss of col. (i) ol. (j), if any		it less than -0-) <b>or</b> from col.(h))	
					7	
					92	
					4	

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, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h	1		
(e) Gross sales price	Depreciation allowed (f) (or allowable)		r other basis pense of sale	Gain <b>(h)</b> (e) plus	or (loss) (f) minus (g)		
					4,274		
				4,2			
					4,274		
					4,274		
				4,274			
				4,274			
					4,274		
					4,274		
					4,274		
					4,274		
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I			
Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69	Gains (Col.	(h) gain minus		
(i) F.M.V. as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69		ss of col. (i) ol. (j), if any		t less than -0-) <b>or</b> from col.(h))		

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, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h	1		
(e) Gross sales price	Depreciation allowed (f) (or allowable)		r other basis pense of sale	Gain <b>(h)</b> (e) plus	or (loss) (f) minus (g)		
					4,274		
				4,2			
					4,274		
					4,274		
				4,274			
				4,274			
					4,274		
					4,274		
					4,274		
					4,274		
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I			
Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69	Gains (Col.	(h) gain minus		
(i) F.M.V. as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69		ss of col. (i) ol. (j), if any		t less than -0-) <b>or</b> from col.(h))		
					-		

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, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h	1		
(e) Gross sales price	Depreciation allowed (f) (or allowable)		r other basis pense of sale	Gain <b>(h)</b> (e) plus	or (loss) (f) minus (g)		
					4,274		
				4,2			
					4,274		
					4,274		
				4,274			
				4,274			
					4,274		
					4,274		
					4,274		
					4,274		
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I			
Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69	Gains (Col.	(h) gain minus		
(i) F.M.V. as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69		ss of col. (i) ol. (j), if any		t less than -0-) <b>or</b> from col.(h))		
					-		

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, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h	1		
(e) Gross sales price	Depreciation allowed (f) (or allowable)		r other basis pense of sale	Gain <b>(h)</b> (e) plus	or (loss) (f) minus (g)		
					4,274		
				4,2			
					4,274		
					4,274		
				4,274			
				4,274			
					4,274		
					4,274		
					4,274		
					4,274		
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I			
Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69	Gains (Col.	(h) gain minus		
(i) F.M.V. as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69		ss of col. (i) ol. (j), if any		t less than -0-) <b>or</b> from col.(h))		

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, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
CAPITAL GAIN DIVIDENDS			Р				
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h	1		
(e) Gross sales price	Depreciation allowed (f) (or allowable)		r other basis pense of sale	Gain <b>(h)</b> (e) plus	or (loss) (f) minus (g)		
					4,274		
				4,2			
					4,274		
					4,274		
				4,274			
				4,274			
					4,274		
					4,274		
					4,274		
					4,274		
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I			
Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69	Gains (Col.	(h) gain minus		
(i) F.M.V. as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69		ss of col. (i) ol. (j), if any		t less than -0-) <b>or</b> from col.(h))		

Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns a - d	
	List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
CAPITAL GAIN DIVIDENDS			Р		
CAPITAL GAIN DIVIDENDS			Р		
CAPITAL GAIN DIVIDENDS			Р		
CAPITAL GAIN DIVIDENDS			Р		
CAPITAL GAIN DIVIDENDS			Р		
CAPITAL GAIN DIVIDENDS			Р		
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h	
(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale		Gain or (loss) (h) (e) plus (f) minus (g)	
					4,274
					4,274
					4,274
					4,274
					4,274
					4,274
, Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I	
Complete only for assets show	wing gain in column (h) and owned b	y the foundation	on 12/31/69		(h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis (j) as of 12/31/69		Excess of col. (i)  (k) over col. (j), if any  (col. (k), but not le  (l) Losses (from		rt less than -0-) <b>or</b> from col.(h))

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

recipient

▶ 3a

133,875

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

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
HILLCREST FAMILY SERVICES 2005 ASBURY RD DUBUQUE, IA 52001		CHARITABLE	1,375
LORAS COLLEGE1450 ALTA VISTA		EDUCATIONAL	15,000

LORAS COLLEGE1450 ALTA VISTA DUBUQUE, IA 52001		EDUCATIONAL	
BOYS & GIRLS CLUB OF GREATER DUBUQU		CHARITABLE	

DUBUQUE, IA 52001			
BOYS & GIRLS CLUB OF GREATER DUBUQU 1299 LOCUST ST		CHARITABLE	

D0B0Q0E,1A 52001			
BOYS & GIRLS CLUB OF GREATER DUBUQU		CHARITABLE	10,000
1299 LOCUST ST DUBUQUE, IA 52001			

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

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

Name and address (home or business)

Total.

·	or substantial contributor		
a Paid during the year			
HOLY FAMILY CATHOLIC SCHOOLS		RELIGIOUS/EDUCATIONAL	105,000

2005 KANE ST DUBUQUE, IA 52001			
MAKE A WISH FOUNDATION		CHARITABLE	

MAKE A WISH FOUNDATION		CHARITABLE	2,500
3009 100TH ST			
URBANDALE, IA 50322	I		1

MAKE A WISH FOUNDATION		CHARITABLE	2,500
3009 100TH ST			
URBANDALE, IA 50322			
<del> </del>			

133,875

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491085003041
TY 2020 Investments - Other	Schedule	
Name:	MOLO FAMILY CH	ARITABLE TRUST 1015004067
EIN:	42-6607437	

## Investments Other Schedule 2 Category/ Item Listed at Cost or FMV Book Value End of Year Fair Market Value

AT COST

538,186

700,008

SEE ATTACHED DETAIL

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491085003	041	
TY 2020 Other Increases Schedule					
Name	MOLO FAMILY	CHARITABLE TRUST 1015004	1067		
Haine.	MOLOTAMILI	CHARTIADEL INOST 101300-	1007		
EIN:	42-6607437				
Other Increases Schedule					
De	escription		Amount		
ROUNDING				2	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 9349108500	03041
TY 2020 Substantial Contribut Schedule	tors		
	MOLO FAMILY 42-6607437	CHARITABLE TRUST 1015004067	
Name		Address	
MOLO PETROLEUM LLC		123 SOUTHERN AVE DUBUQUE, IA 52003	
MOLO OIL COMPANY		PO BOX 1540 DUBUQUE, IA 52004	
MOLO OIL COMPANY		PO BOX 1540 DUBUQUE, IA 52004	
MOLO OIL COMPANY		PO BOX 1540 DUBUQUE, IA 52004	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491085003041
TY 2020 Taxes Schedule				
Name: MOLO FAMILY CHARITABLE TRUST 1015004067 EIN: 42-6607437 Taxes Schedule				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL ESTIMATES PAID	331	0		0

efile GRAPHIC print - DC	NOT PROCESS As Filed Data	-		DLN: 93491085003041			
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 inform	nation.	2020			
Name of the organization MOLO FAMILY CHARITABLE	TRUST 1015004067		Employer i	dentification number			
Organization type (chec	c one):		42-6607437				
	,						
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	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private	501(c)(3) taxable private foundation					
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor.						
Special Rules							
under sections 50 received from any	n described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that c one contributor, during the year, t 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13	, 16a, or 16b, and that			
during the year, to	n described in section 501(c)(7), ( tal contributions of more than \$1,0 se prevention of cruelty to children	000 exclusively for religious, cha	aritable, scientific, literary,				
during the year, co If this box is check purpose. Don't co	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the e, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buns that were received during the General Rule applies to this or	t no such contributions tot e year for an exclusively re ganization because it rece	aled more than \$1,000. eligious, charitable, etc., ived <i>nonexclusively</i>			
990-EZ, or 990-PF), but it	that isn't covered by the General I must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't r	2, of its Form 990; or check th	e box on line H of its Form				
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990	D, 990-EZ, or 990-PF) (2020)			

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

\$

**Payroll** 

Noncash

(Complete Part II for noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)		Page <b>4</b>
	rganization IILY CHARITABLE TRUST 1015004067		Employer identification number 42-6607437
Part III	than \$1,000 for the year from any one contributo	r. Complete columns (a) th of exclusively religious, ch actions.) ► \$	bed in section 501(c)(7), (8), or (10) that total more brough (e) and the following line entry. For aritable, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	elationship 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	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
,	Transferee's name, address, and ZIP 4	(e) Transfer of gift R	elationship of transferor to transferee
		_	Schedule B (Form 990, 990-EZ, or 990-PF) (2020)