990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made pub
▶ Go to www.lrs.gov/Form990PF for instructions and the latest information

OMB No 1545-0047

Open to Public Inspection

	alendar year 2020 or tax year beginning	U9	710 , 2020,	and endir		Employer identif	12/31, 20 20
	offoundation EZANKEL SCALA FAMILY FOUNDATI	OM			1	85-300504	
Numbe	r and street (or P O box number if mail is not delivered to	o street address)		Room/suite			per (see instructions)
Numbe	and street (or 1 o box number it mains not demoted to	o alloca additions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	•	,
FOI	UNDATION SOURCE 501 SILVERSIDE	RD				(800) 83	39-1754
	town, state or province, country, and ZIP or foreign posta					() ()	
,	, , , , , , , , , , , , , , , , , , ,				С	If exemption applic	ation is
WII	MINGTON, DE 19809-1377					pending, check her	·
	eck all that apply X Initial return	Initial return o	of a former p	ublic chari	ty	1 Foreign organiza	tions check here
G Ch	Final return	Amended ret	turn		` -	2 Foreign organiza	ations meeting the
	Address change	Name change	е	_		85% test, check computation	here and attach
H Ch	eck type of organization X Section 501	(c)(3) exempt private f	oundation	M	$\prod_{\mathbf{z}}$	If private foundation	n status was terminated
	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr					D)(1)(A), check here .
l Fai	r market value of all assets at J Acco	unting method X Ca	ash [] Acci	rual	F	If the foundation is	s in a 60-month termination
	· · · · · · · · · · · · · · · · · · ·	ther (specify)			_	under section 507(t)(1)(B), check here . 🕨 🔽
		column (d), must be on ca	ash basis)			· · · · · · · · · · · · · · · · · · ·	T (0.5)
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	(a) Revenue and expenses per books	(b) Net inve			djusted net income	(d) Disbursements for charitable purposes (cash basis only)
	column (a) (see instructions))	6,000,000.	····				(Cash basis only)
) 1	Contributions, gifts, grants atd received (attach schedule) Check I if the foundation is not required to	3,000,000.	\$ 1941 3		•	· · · · · · · · · · · · · · · · · · ·	
' ²	attach Sch B	723.	<u> </u>	723.			A
3	Interest on savings and temporary cash investments. Dividends and interest from securities	9,875.		9,875.			
4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· ·	,			
	Gross rents	,					, ,
l	Net rental income or (loss) Net gain or (loss) from sale or assets not on line 10	28,542.					1
בֿן "B	Gross sales price for all 28, 542 assets on line ba	1,					,
evenue 6 p	Capital gain net income (from Part IV, line 2) .		2	8,542.		•	
ž 8	Net short-term capital gain	,					
9	Income modifications						
10 a	Gross sales less returns and allowances	4 2 5 5 0			, ,	,	
L	Less Cost of guods sold :	10.5 64 6	w) , ç:	entre an	3	1 4 4 7	1 0
C	Gross profit or (loss) (attach schedule)						ļ
11	Other income (attach schedule)	6 030 140		0 140		<u> </u>	
12	Total. Add lines 1 through 11	6,039,140.		9,140.	=	1	
ဟ ¹³	Compensation of officers, directors, trustees, etc			CEN	ED	- ker	
9 14	Other employee salaries and wages		L BE			10/1 10/1	
등 15 연기	Pension plans, employee benefits		1.1	N 8 4	15021	18/	
ДI G	Legal fees (attach schedule)		1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	01 K. 3/	5_	→ ┡┤	
9 5	Accounting fees (attach schedule)		121		i U	ال ۲	
17	Interest		1	GDE			
18	Taxes (attach schedule) (see instructions)						<u> </u>
E 19	Depreciation (attach schedule) and depletion.						
Administrative Expe	Occupancy						
4 21	Travel, conferences, and meetings						
21 22 23 24 24 25	Printing and publications						
P 23	Other expenses (attach schedule) ATCH $.1$.	6,500.					6,50
E 24	Total operating and administrative expenses.	6 500					
ĕ	Add lines 13 through 23	6,500.					6,50
	Contributions, gifts, grants paid	6,500.				· · · · · · · · · · · · · · · · · · ·	6,50
26	Total expenses and disbursements. Add lines 24 and 25	6,300.		1 -0.7			6, 50
27	Subtract line 20 from line 12	6,032,640.	n mily ye. On proget my	19 . 19 . 19 . 19 . 19 . 19 . 19 . 19 .	Janotan	g and Oglangs with	to the best of the second of the second
1	* '. '' '	0,032,640.	110	9,140.	7.5 !	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- 1	Net investment income (if negative, enter -0-)		 	- / + 10 -			
1 9	Adjusted net income (if negative, enter -0-)	<u>. </u>	L				Form 990-PF (20)

Ρ	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	E	End o	f year
			amounts only (See instructions)	. (a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bear	ing				
	2	Savings and temporary	cash investments		3,478,4	90.	3,478,490
	3	Accounts receivable			La Laria Tabaanan ana		ا من الله الله الله الله الله الله الله الل
		Less allowance for dou	ıbtful accounts ▶				
	4	•		And house were sent and a second of a	والمستعدد المستعدد المستعدد	``	e e e e e e e e e e e e e e e e e e e
1		Less allowance for dou	ibtful accounts >				· · · · · · · · · · · · · · · · · · ·
	5	Grants receivable					
.	6	Receivables due from	officers, directors, trustees, and other			j	
		disqualified persons (at	tach schedule) (see instructions) ročoivablo (attach schedule)				
	7	Other notes and loans	ročovable (attach schedule) 🕨	THE REPORT OF THE PARTY OF	Tarrist Land	Aller at	
		Less allowance for dou	ıbtful accounts ▶				
ţ	8	Inventories for sale or us	Se		<u>-</u>		· · · · · · · · · · · · · · · · · · ·
Assets	9	Prepaid expenses and o	deferred charges	<u></u>			
Ä	10a	Investments - U S and state	te government obligations (attach schedule)				
	b	Investments - corporate	e stock (attach schedule) ATCH 2		2,554,1	50.	2,606,909
	С	Investments - corporate	e bonds (attach schedule)		١		
	11	Investments - land, building and equipment basis	S. >	The state of the s	The state of the s	ا المارة المارة المارة المارة	A THE WAR WILLIAM
		Less accumulated deprecia (attach schedule)	ation >				
	12	•	loans				
	13	Investments - other (att	ach schedule)				
	14	Land, buildings, and equipment basis		The sales will be to the sales and	a state of the or	·	أوراء والإنجاب والمنافق والمنافع
		Less accumulated deprecial (attach schedule)	ation >				
	15		>)				
	16	•	completed by all filers - see the				
		instructions Also, see p	page 1, item l)	0.	6,032,6	40.	6,085,399
	17	Accounts payable and a	accrued expenses				
	18	Grants payable					
8	19	Deferred revenue					
Liabilities	20	Loans from officers, direct	ors, trustees, and other disqualified persons				-á
ap	21	• •	otes payable (attach schedule)		 		
ַב	22	Other liabilities (describ	e >)				, , , , , , , , , , , , , , , , , , ,
į							
_	23		es 17 through 22)	0.	 	0.	<u> </u>
S	1		w FASB ASC 958, check here				, ,
짇		and complete lines 24,				1	,
alances	24		or restrictions				, ,
$\mathbf{\omega}$	25		estrictions · · · · · · · · · · · · · · · · ·				
Ē			follow FASB ASC 958, check here				, , ,
ቯ		and complete lines 26 thr	ough 30.				
ō	26	•	cipal, or current funds				
ध्र	27	, , ,	or land, bldg, and equipment fund,		C 032 C	40	
SS	28	•	ulated income endowment or other funds	0.	6,032,6		
Ţ	26 27 28 29 30		d balances (see instructions)	0.	6,032,6	40.	, ,
Š	30		net assets/fund balances (see		6 022 6	40	
				0.	6,032,6	40.	
			inges in Net Assets or Fund Bala				
1			balances at beginning of year - Part				,
_			ed on prior year's return)			1	6 032 640
			, line 27a		Г	2	6,032,640
						3	6,032,640
					· · · · · · · ·	4	6,032,640
		creases not included in		the E. Dest H. Com.	(h) line 20	5	6,032,640
<u>6</u>	fot	<u>al net assets or fund b</u>	palances at end of year (line 4 minus	s line 5) - Part II, column (ນ), line 29	_6	0,032,640

		allu LUSSES IUI Tax Uli liive		
		scribe the kind(s) of property sold (for erick warehouse, or common stock, 200	· · · · · · · · · · · · · · · · · · ·	(b) How acquired (c) Date acquired (d) Date sold (mo , day, yr) (mo , day, yr)
1.a	SEE PART IV SCHE	DULE		- John Marie Control of the Control
b				
С	· · · · · · · · · · · · · · · · · · ·			
d				
е			•	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a	1			
b				
С				
d				
е				
	Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69	(I) Gains (Col. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col (k), but not less than -0-) or Losses (from ∞l (h))
a				
b	· <u></u>	-		•
С				
d				
е	<u> </u>			
2	Capital gain net income	or (not conital loce)	ain, also enter in Part I, line 7 pss), enter -0- in Part I, line 7	28,542.
3	Net short-term capital g	jain or (loss) as defined in sections	1222(5) and (6)	
	If gain, also enter in F	Part I, line 8, column (c) See ins	tructions if (loss), enter -0- in $\}$	
	Part I, line 8	<u> </u>	<u> </u>	0.
Ра			duced Tax on Net Investment li	
	•	SECTION 4940(e) REPEALED ON	DECEMBER 20, 2019 - DO NOT CO	OMPLETE.
1	Reserved			
	(a) Reserved	(b)	(c)	
		Reserved	Reserved	(d) Reserved
	Roserved		Reserved	
	Roserved '	Reserved	Reserved	Reserved
		Reserved	Reserved	Reserved
	Reserved	Reserved	Reserved	Reserved
	Reserved Reserved Reserved	Reserved	Reserved	Reserved
2	Reserved Reserved Reserved Reserved	Reserved	Reserved	Reserved
2	Reserved Reserved Reserved Reserved	Reserved	Reserved	Reserved
	Reserved Reserved Reserved Reserved Reserved Reserved	Reserved	Reserved	Reserved
3	Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved	Reserved	Reserved	Reserved 2
3	Reserved	Reserved	Reserved	Reserved 2 3
3 4 5	Reserved	Reserved	Reserved	Reserved 2 3
3 4 5 6	Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved	Reserved	Reserved	Reserved 2 3 4

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instruction	ns)		<u></u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
•	Date of ruling or determination letter (attach copy of letter if necessary - see Instructions)	. 1	Phone I f	
b	Reserved		5	544.
С	All other domestic foundations enter 1 39% of line 27b Exempt foreign organizations, enter 4% of			,
	Part I, line 12, col (b)		~ .	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter 0-)			
3	Add lines 1 and 2		5	544.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			544.
6	Credits/Payments			ŀ
а				
b	Exempt foreign organizations - tax withheld at source			,
C	Tax paid with application for extension of time to file (Form 8868) 6c 560.			1
d	Backup withholding erroneously withheld	- -		; ; ;
7	Total credits and payments Add lines 6a through 6d			560.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			16.
10	Overpayment, if line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10.
11				
	rt VII-A Statements Regarding Activities	<u> </u>		No.
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	Yes	No X
	participate or intervene in any political campaign?	<u>'</u>		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1ь		x
	Instructions for the definition	· · ·		
				,
	published or distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?	1c	-	x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
a	(1) On the foundation \$\ \\$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			,
•	on foundation managers > \$			
2		2		x ·
-	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			,
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	<u>X</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	<u> </u>	 ,
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	DE,			:
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8b	Х	<u> </u>
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	٠		<i>'</i>
	4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV if "Yes,"			, L
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		v	
	names and addresses . ATCH. 3	10	X	L

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
••	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	1		х
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
13	. 17/2		1	L
	Website address ► N/A The books are in care of ► FOUNDATION SOURCE Telephone no ► 800-839	-175	4	
14	Located at \$501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 \$19809-1	377		
				Т
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	• • •	•	, Ш
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authorit		163	X
	over a bank, securities, or other financial account in a foreign country?	16	ــــــ	 ^
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	f		١. ،
	the foreign country >	ــــــــــــــــــــــــــــــــــــــ		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		T	T
	File Form 4720 If any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			'
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			l .
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			'
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			!
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after] :
	termination of government service, if terminating within 90 days)			'
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	١.	١.	_
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance, check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that]		ا ا
	were not corrected before the first day of the tax year beginning in 2020?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			ĺ
а	At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines			
_	6d and 6e) for tax year(s) beginning before 2020?		1.	,
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	ļ	1	1
_	(relating to incorrect valuation of assets) to the year's undistributed income? (if applying section 4942(a)(2) to	1		Ι.
	all years listed, answer "No" and attach statement - see instructions)			
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	7		
·				,
3.0	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Jd	at any time during the year?			
	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or		1	l .
0	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			[]
				1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			1.
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2020)		+	x
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	· ·	\vdash	1
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		-	\bar{x}
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	1 +0		┷

THE ZANKEL SCALA FAMILY FOUNDATION

Pai	t VII-B Statements Regarding Activities	for which Form	4720 May be Requ	uirea (continuea)	/		
5a	During the year, did the foundation pay or incur any ame	ount to				Yes	No
•	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	Yes X	No		+
	(2) Influence the outcome of any specific public ele	ection (see section 4	955), or to carry on	•			
	directly or indirectly, any voter registration drive?			Yes X	No		
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		Yes X	No		
	(4) Provide a grant to an organization other than a					1	
	section 4945(d)(4)(A)? See instructions	-			No I	İ]
	(5) Provide for any purpose other than religious, cl					1]
	purposes, or for the prevention of cruelty to children				No	1	}
ь	If any answer is "Yes" to 5a(1)-(5), did any of the					1	
	Regulations section 53 4945 or in a current notice regal				1		
	Organizations relying on a current notice regarding disa	-				1	<u> </u>
						۱.	• [
С	If the answer is "Yes" to question 5a(4), does the				No .	1	{
	because it maintained expenditure responsibility for the	-		Lies Li	**	-	1
_	If "Yes," attach the statement required by Regulations s						1
6a	Did the foundation, during the year, receive any fur			1 - 1 - 1 - 1 - 1			
	on a personal benefit contract?				No		- X
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct'	6b	 	
_	If "Yes" to 6b, file Form 8870			□. □.			
7a	At any time during the tax year, was the foundation a p	• •		— —			
ь	If "Yes," did the foundation receive any proceeds or ha	•		onz	7b	1	
8	Is the foundation subject to the section 4960 tax on pa			□ □.		1	1
	remuneration or excess parachute payment(s) during the tyll Information About Officers, Directo	year?	ndotion Managore	Yes X I			
Pa	information About Officers, Directors	is, irustees, rou	nuation Managers	, nigiliy Falu Eli	ipioyees,		
4	List all officers, directors, trustees, and foundat	on managers and	Abole commonsation	See instructions			
1	List all officers, directors, trustees, and roundat						
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Exper		
		(b) Title, and average	(c) Compensation	(d) Contributions to	l `othors	ise accor llowance	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a		es
ATCI	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	other a		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a		es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a		es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a		es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a		es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a		es
ATCI	(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	other a	llowance	0.
ATCI	(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 0	other a	llowance	0.
ATCI	(a) Name and address I 4 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than thos	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to (d) Contributions to	tions). If a	ilowance	0.
ATCI	(a) Name and address I 4 Compensation of five highest-paid employees	(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 1 - see instruc (d) Contributions to employee benefit plans and deferred	other a	ilowance	0. enter
ATCI	(a) Name and address I 4 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than thos	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 0 1 - see Instruction (d) Contributions to employee benefit	other a	none,	0. enter
2 (a)	(a) Name and address I 4 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than thos	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruc (d) Contributions to employee benefit plans and deferred	other a	none,	0. enter
2 (a)	(a) Name and address I 4 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruc (d) Contributions to employee benefit plans and deferred	other a	none,	0. enter
2 (a)	(a) Name and address I 4 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruc (d) Contributions to employee benefit plans and deferred	other a	none,	0. enter
2 (a)	(a) Name and address I 4 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruc (d) Contributions to employee benefit plans and deferred	other a	none,	0. enter
2 (a)	(a) Name and address I 4 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruc (d) Contributions to employee benefit plans and deferred	other a	none,	0. enter
2 (a)	(a) Name and address I 4 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruc (d) Contributions to employee benefit plans and deferred	other a	none,	0. enter
2 (a)	(a) Name and address I 4 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruc (d) Contributions to employee benefit plans and deferred compensation	other a	none,	0. enter
2 (a)	(a) Name and address I 4 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruc (d) Contributions to employee benefit plans and deferred compensation	other a	none,	0. enter
2 (a)	(a) Name and address I 4 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruc (d) Contributions to employee benefit plans and deferred compensation	other a	none,	0. enter
2 (a)	(a) Name and address I 4 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation 1 - see Instruct (d) Contributions to employee benefit plans and deferred compensation	other a	none,	0. enter

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empland Contractors (continued)	<u> </u>
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NOI	VE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	_
	0.
	
	
Total number of others receiving over \$50,000 for professional services	
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 N/A	
•	
2	
•	
3	
<u> </u>	
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 NONE	
<u> </u>	
All other program-related investments. See instructions	<u> </u>
3	
NONE	
WSA, 314 744 • 18 4 115 WELLSTEIN STEIN S	
Total. Add lines 1 through 3	

Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions)	ign foundation	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
_	Average monthly fair market value of securities	1a	1,295,818.
		1b	1,295,047.
b	Average of monthly cash balances	1c	2,030,031
C	Fair market value of all other assets (see instructions)	1d	2,590,865.
a	Total (add lines 1a, b, and c)	iu	2,000,000.
е			•
_	1c (attach detailed explanation)	-	
2	Acquisition indebtedness applicable to line 1 assets	3	2,590,865.
3	Subtract line 2 from line 1d	3	2,390,803.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		38,863.
	instructions)	4	2,552,002.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	
6	Minimum investment return. Enter 5% of line 5	6	39,396.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here ▶ ☐ and do not complete this part.)	j foundations	
1	Minimum investment return from Part X, line 6	1	39,396.
2 a	Tax on investment income for 2020 from Part VI, line 5 2a 544.		
b	Income tax for 2020 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	`544.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	38,852.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	38,852.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	38,852.
_		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Ра	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	6,500.
b		1b	_
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes,	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	7	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	6,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		-:: -:
	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions: Subtract line 5 from line 4	6	6,500.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		her the foundation
	qualifies for the section 4940(e) reduction of tax in those years		•

Pε	rt XIII Undistributed Income (see instr	uctions)			
4	Distributable amount for 2020 from Part XI,	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
•	line 7				38,852.
_				 	
_	Undistributed income, if any, as of the end of 2020				
	Enter amount for 2019 only				
		1 14 117 may 65 15 17 121	july of the state	Variation of the Market	the state of the s
	Excess distributions carryover, if any, to 2020	a zemi Aj	ا العالا الدين العياد العالم الع الماسية الإطهاب العالم الع		કર્મક સ્કોલ કેટેટે કરતાં છે છે. મેટ્રેલ કેટ્રેલ કેટ કેક્સ મહત્વા અંકેલ કેટ ફ્રે
	From 2015	•			, ,
	From 2016		The state of the state of		
	From 2017	L L	- 1919 - 121	The state of high high	, i, i
	Fron: 2018	port of the contract of the co	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And the state of t	E. T. as a series of the
	From 2019	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	r d
	Total of lines 3a through o		m t . To y's	THE SERVICE AND ADMITTED TO THE PARTY OF THE	ergi New Down April 6 Con Dingge ni ni ni 42
4	Qualifying distributions for 2020 from Part XII, line 4 > \$ 6,500.		,		;
a	Applied to 2019, but not more than line 2a				'
t	Applied to undistributed income of prior years				١.
	(Election required - see instructions)			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	
c	Treated as distributions out of corpus (Election required - see instructions)		ere o .		
	Applied to 2020 distributable amount		,		6,500.
	Remaining amount distributed out of corpus		:		
	Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:			,	
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				١
	line 4b from line 2b				
ć	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				ı
c	Subtract line 6c from line 6b Taxable				1
	amount - see instructions	_ ·			,
€	Undistributed income for 2019 Subtract line 4a from line 2a Taxable amount - see instructions				!
f	Undistributed income for 2020 Subtract lines				
	4d and 5 from line 1 This amount must be				20 250
	distributed in 2021			,	32,352.
7	Amounts treated as distributions out of corpus		ا د در ده ^د وي ي		on the second
	to satisfy requirements imposed by section			ر با م	The second of the second
	1/0(b)(1)(l) or 4942(g)(3) (Liection may be		रत्यंत ्रं भ भर्	4	1 4 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	required see instructions)		teritor of the Agency of the time of	* 1	13 25 1 2 x x y 15 x
8	Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions)		ا کے دا میں میں موجود ہو ہو۔ معام دو اور افراد کی افراد مورد اسادہ	er Samer en Engles andere La despetie de Samer en de Angels andere	هاد به الإستان والإستان والإستان والإستان الداخل الله الله الله الله الله الله الله ا
۵	Excess distributions carryover to 2021.		Ender the Williams California .	15 4 3 4 306 2 11 30	the many the day
•	Subtract lines 7 and 8 from line Ga	o.	Carl the table of the	L. P. In the confidence being	But the state of
10	Analysis of line 9.	anamati ja nga ini nga aka	n to a state that is not	معنى والمديدة المعادي والإ) i 1911 5 11 h-14 m.d.
	Excess from 2016	ે બીંડ ઉંગ ટેલિંગ કર્યો છે. રાક્ષ્મિક કર્યો	a fishi di mira ya bi bi bi ka ya La mirani ya mirani ka ma	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The section of the se
	Excess from 2017	a in a stractification for the first traction of the first tractio	an ed tegen as the end of an end of the end	in Maria da da da digina di digina. Ali di di di da	r Marcining of the series of the
	Excess from 2018	An The State of State			
	L Excess from 2019	15 1 m + 12 1 1 2 2	Profit was now	The second of the second	The second of
	Excess from 2020	al μ μ liγ γ' Καμπ β	50 a a €10,545 as a 4a a1 ea	* * * * * * * * * * * * * * * * * * *	e a estas cem sult
	. L. 20033 HOIH LOLO	<u> </u>	L		5 000 PE (2020)

Pa	rt XIV. Private Op	erating Foundations	(see instructions a	nd Part VII-A. guest	ion 9) 1	NOT APPLICABLE
_	If the foundation has					—
	foundation, and the ruling				• • • • • • • • • • • • • • • • • • •	
b	Check box to indicate v				· · · · · · · · · · · · · · · · · · ·)(3) or 49.42(j)(5)
_	Enter the lesser of the ad-	Tax year		Prior 3 years		
	justed net income from Part	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
	I or the minimum investment	,		· · · · · · · · · · · · · · · · · · ·		
	return from Part X for each	1				
h	year listed					
	Qualifying distributions from Part	7				
٠	XII, line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line		,			
3	2d from line 2c					
	elternative test relied upon					
a	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying			/	<u> </u>	
	under section					•
ь	4942(j)(3)(B)(i) "Endowment" alternative test-				<u> </u>	
Ī	enter 2/3 of minimum invest-					
	ment return shown in Part X.					
c	"Support" alternative test - enter				<u> </u>	<u> </u>
Ī	(1) Total support other than	ļ.				
	gross investment income (interest, dividends, rents,					ţ
	payments on securities		<i>/</i> ·			Ì
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general				-	
	public and 5 or more exempt organizations as					
	provided in section 4942					
	((X3)(B)(iii)					
	port from an exempt organization					
	(4) Gross investment income.	L				
Pa				only if the found	ation had \$5,000 o	r more in assets at
	any time d	luring the year - see	instructions.)			
1	Information Regardin	_				
а	List any managers of					
	before the close of any	y tax year (but only if th	ney have contributed r	nore than \$5,000) (S	see section 507(d)(2))	
	NONE					
b	List any managers of					y large portion of the
-	ownership of a partner	rsnip or other entity) o	wnich the foundation	i nas a 10% or greate	merest	
	1-					•
_	N/A	- 0-435-41 0 - 1	Old Lean Outstan	ln eta Duan		
2	Information Regardin	•				
	Check here ► X if	the foundation only	makes contributions	to preselected chai	ritable organizations	and does not accept
	complete items 2a, b,		- -	ants, etc., to individua	ais or organizations u	nder other conditions,
_	The name, address, a			no morcon to utom on	nlications about the ad-	dragged
а	The name, address, a	ina telephone number	or email address of the	e person to whom ap	plications should be add	1162260
b	The form in which app	olications should be su	bmitted and information	on and materials they	should include	
	Any submission deadl	ines				
_	,					
d	Any restrictions or I	imitations on awards	, such as by geogr	aphical areas, charit	able fields, kinds of	institutions, or other
	factors					

Part XV Supplementary Information	(continued)		•	
3 Grants and Contributions Paid Dui Recipient Name and address (home or business)	ring the Year or App	roved for	Future Payment	T
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year			į .	
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Total			▶ 3a	
b Approved for future payment				
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	<u></u>	<u></u>	▶ 3b	<u></u>
And		_		Form 990-PF (2020)

Form 990-PF (2020)

	XVI-A Analysis of Income-Prod	Y		1=	. 515 515 511	(0)
	gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Excluded by	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 P	ogram service revenue	dosiness code		Excusion code	741100111	(See instructions)
а			<u> </u>	 -		
b						<u> </u>
c						
d	<u> </u>				·	
e						· · · · · · · · · · · · · · · · · · ·
f g	Fees and contracts from government agencies					
2 M	embership dues and assessments					
2 10	oract on equippe and temporary each investments			14	723.	
4 D	vidends and interest from securities			14	9,875.	
5 N	et rental income or (loss) from real estate	1 , H & 4 %	के प्रियुत्त हैं के क्षेत्र के भी कि प्रियम के का कुल प्रश्न कर है है के कि कि कि कि कि कि कि कि कि कि कि कि क विकास कर कि कि कि कि कि कि कि कि कि कि कि कि कि	194 1 15 15 15 15 15 15 15 15 15 15 15 15 1	BANK PENDENDERGE OF PENDENDERGE STEELERS	A MAN DESCRIPTION OF SALES OF
а	Debt-financed property					
b	Not debt-financed property					
6 N	et rental income or (loss) from personal property			ļ		
7 0	ther investment income					
8 G	ain or (loss) from sales of assets other than inventory	·		18	28,542.	
9 N	et income or (loss) from special events					
	ross profit or (loss) from sales of inventory					
11 0	ther revenue a			ļ		
b						
С				-		
d						
е					30 140	
	abtotal Add columns (b), (d), and (e)		<u> </u>	L	39,140.	39,140.
	otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify çalo					
حصف	XVI-B Relationship of Activitie		ccomplishment of Ex	empt Pur	poses	
	No. Explain below how each activity					uted importantly to the
•	accomplishment of the foundation	on's exemp	t purposes (other than b	by providing	funds for such purpose	s) (See instructions)
					•	
		,				•
			· · ·		····	
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Form 99	0-PF [*] (2	2020)	THE ZANKE	L SCALA FA	MILY FOUN	DATION		85-300	5046	Pag	je 13
Part			egarding Trans	fers to and	Transaction	s and R	telationships	With Noncha	ritable		
1 D	id the	e organization direct	lv or indirectly er	ngage in any o	f the followin	g with an	other organi	zation described		Yes	No
		ction 501(c) (other	•			-	-				
		zations?		(-)(-)	,		,	g p	1		
	-	ers from the reportin	on foundation to a	noncharitable	evemnt organ	nization of			İ		
		sh	-		-				10/13		х
	•	ner assets									X
•	-			,					18(2)		
		transactions							ļ		x
•	•	les of assets to a no	-	-							X
		rchases of assets fro									
		ntal of facilities, equi									X
		ımbursement arrangı									Х
(4	5) Loa	ans or loan guarantee	es						1b(5)		Х
(6	3) Pe	rformance of service	s or membership	or fundraising	solicitations.				1b(6)		X
c S	harın	g of facilities, equipm	nent, mailing lists,	other assets,	or paid employ	ees			1c		Х
d If	the	answer to any of th	ne above is "Yes,	" complete the	following so	chedule C	olumn (b) sho	ould always show	the	fair m	arke
		of the goods, other									
v	alue i	n any transaction of	r sharing arrange	ment, show in	column (d) t	he value d	of the goods,	other assets, or s	ervice	s rece	eived
(a) Line	no	(b) Amount involved	'(c) Name of nor	ncharitable exempt	organization	(d) Desc	ription of transfers	, transactions, and sha	nng arra	ngeme	nts
• • • • • • • • • • • • • • • • • • • •		N/A		<u>-</u>	2	N/A	,			<u> </u>	
						<u> </u>					
			-								
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d	escril	foundation directly bed in section 501(c) s," complete the follo) (other than sect				tax-exempt o	organizations		es X	No
		(a) Name of organizatio	n	(b) Type	of organization		(c)	Description of relations	ship		
	Unde	r penalties of parjury, I decler ct, and complete Declaration o	are that I have examined for preparer (other than tax)	d this return, include payer) is based on all	ng accompanying a nformation of which	chedules and preparer has a	statements, and to the statements and to the statements and to the statements are statements.	1 -			
Sign		///		+ ////	5/2,	txac	stive 1)18e2	May the iRs		s this shown i	
Here	Sig	nature of officer or trustee		Date	/ = / '	Title		See instruction		Yes	No
	- //	Print/Type preparer's na	ame	Preparer's signa	eture.		Date	Check If	PTIN		
Paid		JEFFREY D HAS		1 .	D HASKELL		11/12/20			4577	0
		1		1				1			-

Form **990-PF** (2020)

800-839-1754

Firm's EIN > 510398347

Phone no

11042

Preparer

Firm's name

▶ FOUNDATION SOURCE

NY

LAKE SUCCESS,

Use Only Firm's address ▶ ONE HOLLOW LN, STE 212

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

THE ZANKEL SCALA FAMILY FOUNDATION

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2020

Employer identification number

85-3005046 Organization type (check one): Section: Filers of: ∫ 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), il, and ill For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number 85-3005046

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ZANKEL FUND S.STERN, CITRIN COOPER. 529 5TH AVE NEW YORK, NY 10017-4608	\$ 6,000,000.	Person X 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 Payroli 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)

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

Name of organization THE ZANKEL SCALA FAMILY FOUNDATION

Employer identification number 85-3005046

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

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

Name of organization THE ZANKEL SCALA FAMILY FOUNDATION

Employer identification number 85-3005046

Part III	the following line entry. For organizati contributions of \$1,000 or less for the	the year from any of ions completing Part e year (Enter this in	one contributor. (III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
	Use duplicate copies of Part III if addit	ional space is neede	<u>d.</u>	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship 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) Transf	er of gift	
	Transferee's name, address, at	nd ZIP + 4	Relation	nship 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) Transf	er of gift	·
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship 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, a	(e) Transf nd ZIP + 4	-	onship of transferor to transferee

85-3005046

ATTACHMENT

- OTHER EXPENSES PART I FORM 990PF,

ADMINISTRATIVE SET-UP FEE DELAWARE INCORPORATION FEES IRS APPLICATION FEES DESCRIPTION

5,400. 500. 600. EXPENSES PER BOOKS

REVENUE AND 6,500.

5,400. 500. 600.

CHARI TABLE PURPOSES

TOTALS

6,500.

ATTACHMENT

(

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION BOOK BOOK
AMG TIMESSQUARE INTERNATIONAL
BRAMSHILL INCOME PERFORMANCE F
DOUBLELINE TOTAL RETURN BOND DWS ALTERNATIVE ASSET ALL PLUS
FIERA CAPITAL INTERNATIONAL EQ
METROPOLITAN WEST RETURN BOND
PIMCO SHORT ASSET INVESTMENT F
VANGUARD DEVELOPED MARKETS IDX
VANGUARD EMERGING MARKETS STOC
VANGUARD INDEX TR VANGUARD TOT

TOTALS

ENDING FMV	مُرسُر	1 W 4	568,59 337,83 218,25	9,4	2,606,90
ENDING BOOK VALUE	7,01	2,51 8,51 4,01	592,515. 337,515. 205,515.	5,01 6,51	2,554,150.

2020 FORM 990-PF

990-PF THE ZANKEL SCALA FAMILY FOUNDATION 85-3005040
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of F				ription		7 2 7	Date acquired	Date sold
Gross sale price less penses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
			RADED SECURÍI		•			
28,542							28,542.	
TAL GAIN(L	oss)				• • • • • •		28,542.	
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ATTACHMENT

THE ZANKEL SCALA FAMILY FOUNDATION

NAME AND ADDRESS

ZANKEL FUND S.STERN, CITRIN COOPER. 529 5TH AVE NEW YORK, NY 10017-4608

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	ERS, DIRECTORS, AND TRUSTEES	,	ATTACH	ATTACHMENT 4
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE 'BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PIA SCALA-ZANKEL FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	CO- PRES, DIR, SEC	Ö	0	
JAMES D ZANKEL FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	CO- PRES, DIR, TREAS 40.00		·	·o
	GRAND TOTALS	0.	0.	0.

85-3005046

2020 FORM 990-PF

THE ZANKEL SCALA FAMILY FOUNDATION