Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public

| | | Revenue Service | | ▶ Go to | www.irs.go | v/Form | 990PF for inst | | | | 0 | pen to Public Inspection | | |
|---|---|---|-----------------------|------------------|---|--|------------------------------------|----------------------|---------------------------------------|--|---|----------------------------------|--|--|
| _ | | ilendar year 2020 | or ta | x year begi | nning | | 1: | 2/10 , 2020 , | , and end | ling | | 12/31, 20 20 | | |
| | | f foundation | | | | | | | | | | ication number | | |
| _ | MAC | KENZIE RYAN | BRUM | BERG FOU | OITAGM | N | | | | 85- | -425125 | .7 | | |
| N | Number and street (or P.O. box number if mail is not delivered to | | | | | street ad | dress) | : | Room/sur | e B Tele | phone numb | per (see instructions) | | |
| | | | | | | | | | | | 1 | | | |
| | FOU | NDATION SOUR | CE 5 | 01 SILVE | RSIDE | RD | | | | (| (800) 839-1754 | | | |
| С | aty or t | own, state or province | country | y, and ZIP or fo | reign postat o | code | | | | | | | | |
| | | | | | | C tf execuption a pending, checi | | | | emption application in the control of the control o | athon is X | | | |
| _ | WIL | MINGTON, DE | 1980 | 9-1377 | | | | ·-·· · | | | - | _ | | |
| G | G Check all that apply: X Initial return Final return | | | | | Initial return of a former public charity | | | | nity D 1. Fo | reign organiza | itions, check here ▶ | | |
| | | | | | | | Amended re | turn | | | 2. Foreign organizations meeting the | | | |
| _ | | | | Address c | | Name change 85% test, check here and attac | | | | | | | | |
| H | H Check type of organization: X Section 501 | | | | |)(3) ex | empt private | foundation | \cap | ∩ le πori | rate foundatio | n status was terminated | | |
| 1 | | Section 4947(a)(1) | | | | | her taxable pi | | tion V | | | D(1)(A), check here | | |
| 1 | Fair | market value o | of all a | assets at | | | | ash LLIAco | :rual | F if the | foundation is | n a 60-month termination | | |
| | | | | | | er (sp | ecify) | | | unde | r section 507(b |)(1)(B), check here | | |
| _ | | ▶ \$ | ····· | | , , , , , , , , , , , , , , , , , , , | olumn (e | olumn (d), must be on cash basis.) | | | | | | | |
| | Part | Analysis of Re | | | | (a) R | evenue and | GN Net imm | | (a) Adina | 4nd n.4 | (d) Disbursements for charitable | | |
| | | total of amounts may not necessa | | | | | enses per | (b) Net inve | | (c) Adjus | | purposes | | |
| _ | т. | column (a) (see ir | | | | | books | | | | | (cash basis only) | | |
| I | 1 | Contributions, gifts, gran | | | | | 500,000. | | | | | | | |
| $\mathcal{N} \sim$ | 2 | Check ▶ if th | e tounda ch Sch. I | ation is not req | ured to | | | | | | | | | |
| / (| 3 | Interest on savings a | | | | | 18. | | 18. | | | | | |
| P | 4 | Dividends and inte | rest fro | om securities | L | | | | | , | | | | |
| • | 5a | Gross rents | | | | | | | | | | | | |
| | Ь | Net rental income or | (loss) | | | | | | | | | | | |
| ٩ | 6a | Net gain or (loss) fro | m sate o | f assets not on | fine 10 | | | | | | | | | |
| Ĭ | Ь | Gross sales price for assets on line 6a | ali | | | | | | | | | | | |
| Revenue | 7 | Capital gain net in | come (I | from Part IV. | ine 2) | | | | 0. | | | | | |
| ď | 8 | Net short-term cap | • | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | 9 | Income modification | _ | | | | | | | | | | | |
| | 10a | Gross sales less return and allowances | | | Γ | | | | | | | | | |
| | ь | Less Cost of goods s | | | | | | | | | | | | |
| | | Gross profit or (los | | ch schedule) | | | | | | | | | | |
| Ŋ | 11 | Other income (atta | | | | | | | | | | | | |
| ဂိ | 12 | Total. Add lines 1 | | | | | 500,018. | i · | 18. | | | | | |
| | 13 | Compensation of offi | cers, dare | ectors, trustees | etc. | | 0. | | | | | | | |
| ₹ s | 14 | Other employee s | | | 1 | | | | | | | | | |
| 可 | 15 | Pension plans, em | plovee i | benefits | | | | | | | | | | |
| Φ 9 | 16a | Legal fees (attach | | | | | | | | ב | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | |
| × Saw | ь | Accounting fees (a | | | | | | | | RECE | :IVEL | | | |
| 2202 1 1 AVW GENN Administrative Expenses | c | Other professional | | | | | | | 1[| | , , , , , , , , , , , , , , , , , , , | 118 | | |
| Tati | 17 | Interest | - | | · | | | | 8 | NOV 1 | 8 2021 | Š | | |
| <u> </u> | 18 | Taxes (attach sche | | | _ | | | | | | | 是 | | |
| S3 : | 19 | Depreciation (atta | | | | | | | | .3/205 | - A1 ' 1' | | | |
| 22 | 20 | Occupancy | | • | | | | | | CODE | TW, UT | | | |
| | | Travel, conference | | | | | _ | | | | | | | |
| 2 | 21 22 | Printing and public | | _ | | | | · · | | | | | | |
| ٥ | 23 | Other expenses (a | | | | | | | | | | | | |
| Ĕ | 23 24 25 | Total operating a | | | | | | | | | | | | |
| 9 | | Add lines 13 throu | | | | | 0. | | | | | | | |
| Õ | 25 | Contributions, gifts | _ | | | | | | | | | | | |
| | 26 | Total expenses and dist | | - | | | Ö. | | | | _ | 0 | | |
| _ | 27 | Subtract line 26 fr | | | | | - · | | | | | | | |
| | 1 | Excess of revenue ov | | | sements | | 500,018. | | | | | 1 | | |
| | 1 | Net investment in | | | - | | <u> </u> | | 18. | | | | | |
| | 1 | Adjusted net inco | | | · · ⊢ | | | | | | - | | | |
| JSA F | • | perwork Reduction | | | | | | | | | | Form 990-PF (2020) | | |
| DE1410 | 1 000 | | | , | | | | | | | α | 20 | | |
| | | | | | | | | | | | ٥ | | | |

| Р | art II | Balance Sheets | Attached schedules and amounts in the | Beginning of year | End | of year |
|----------|----------------------|---|--|-------------------------------|---------------------------------------|-----------------------|
| | | <u>,</u> | description column should be for end-of-year amounts only. (See instructions.) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bear | ing | | | |
| | `2 | | cash investments | | 500,018 | 500,018 |
| | | Accounts receivable | | | | |
| | | Less: allowance for dou | btful accounts > | | | |
| | 4 | Pledges receivable ▶_ | . <u></u> | · | | |
| | | Less: allowance for dou | btful accounts > | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from | officers, directors, trustees, and other | | | |
| | | disqualified persons (at | tach schedule) (see instructions) | | | |
| | 7 | Other notes and loans | receivable (attach schedule) 🕨 | | | |
| | | Less: allowance for dou | btful accounts > | | <u></u> | |
| Assets | 8 | Inventories for sale or us | e | | | |
| SS | 9 | Prepaid expenses and d | leferred charges | · | | |
| ⋖ | 10a | Investments - U.S. and stat | e government obligations (attach schedule) | | | |
| | | • | stock (attach schedule) | | | |
| | 11 C | | e bonds (attach schedule) | | | |
| | '' | Investments - land, buildings and equipment, basis | | | | |
| | | Less accumulated deprecia (attach schedule) | mon > | | | |
| | 12 | | loans | | | ļ |
| | 13 14 | Investments - other (atta Land, buildings, and | ach schedule) | | | |
| | '* | equipment, basis Less accumulated depreca | then a | | | |
| | | (attach schedute) | - · · · · · · · · · · · · · · · · · · · | | | |
| | 15 | Other assets (describe | | | | |
| | 16 | | completed by all filers - see the | | 500 010 | 500.010 |
| | | | age 1, item I) | | 500,018 | 500,018 |
| | 17 | • • | ccrued expenses | | | |
| , | 18 | • • | | | | |
| Ē | 19 | | | | | |
| 壹 | 19 20 21 22 | • | ors, trustees, and other disqualified persons | | | |
| <u>_</u> | 21 | | stes payable (attach schedule) | | · · · · · · · · · · · · · · · · · · · | |
| _ | 22 | Other habilities (describi |) | | | |
| | 23 | Total liabilities (add line | es 17 through 22) | 0. | o | |
| _ | 1 | • | w FASB ASC 958, check here | | | |
| ě | 1 | and complete lines 24, | | | | |
| ä | 24 | | | | | |
| 쿒 | 25 | Net assets without done | estrictions | | | |
| ᅙ | 25 | | ollow FASB ASC 958, check here | | | |
| 5 | | and complete lines 26 thr | | | | |
| Ĕ | 24 25 26 | - | cipal, or current funds | | | |
| S | 27 | • • | rland, bldg., and equipment fund. | | | |
| Se | 28 | | ulated income, endowment, or other funds | , | 500,018 | - |
| As | 29 | Total net assets or fund | i balances (see instructions) | 0. | 500,018 | |
| 듛 | 27 28 29 30 | | net assets/fund balances (see | | • | |
| _ | | | | 0. | 500,018 | |
| _ | _ | | nges in Net Assets or Fund Bala | | | |
| 1 | | | palances at beginning of year - Part | | _ | į |
| | | | ed on prior year's return) | | | 0. |
| | | | line 27a | | F | 500,018. |
| | | | | | | |
| | | | | | | 500,018. |
| | | reases not included in | • • • | | 5 | F00 055 |
| 6 | Tota | al net assets or fund b | alances at end of year (line 4 minus | i līne 5) - Part II, column (| b), line 29 [6 | 500,018. |

| Part | | and Losses for Tax on Inve | estment income | | | |
|----------|----------------------------|--|---|--|--|---------------------------------------|
| | (a) List and de | scribe the kind(s) of property sold (for e | cample, real estate, | (b) How | (c) Date acquired | (d) Date sold |
| • | 2-story b | rick warehouse; or common stock, 200 | shs. MLC Co.) | P - Purchase D - Dunation | (mo, day, yr) | (mo, day, yr) |
| 1 a | | | | | | |
| b | • | | | 1 | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | | |
| e | | | | 1 | | |
| | | (f) Depreciation allowed | (g) Cost or other basis | | (h) Coin (l-) | |
| | (e) Gross sales price | (or allowable) | plus expense of sale | | (h) Gain or (los ((e) plus (f) minu | |
| <u>a</u> | | | | <u> </u> | | |
| <u> </u> | | | | | | |
| <u>c</u> | | | | | - | |
| <u>d</u> | | | | | | |
| е_ | | | | | | |
| | Complete only for assets s | howing gain in column (h) and owned | by the foundation on 12/31/69. | (h) | Gains (Col. (h) ga | in 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 | | (k), but not less the Losses (from col | nan -0-) or |
| | | | | | | |
| ь | | | | | | |
| | | | | | | |
| d | | | | + | | |
| e | | | | | · | |
| | | , H | sis also enter in Deut I Fra 7 | + - | | |
| 2 (| Capital gain net income | or inet control inect | ain, also enter in Part I, line 7 | | | |
| | | | oss), enter -0- in Part I, line 7 | 2 | | |
| | - | ain or (loss) as defined in sections | | | | |
| | - · | art I, line 8, column (c). See ins | • • | } | | |
| | | | | 7 3 | | |
| Part | | Under Section 4940(e) for Rec | ······································ | | | |
| | | ECTION 4940(e) REPEALED ON | DECEMBER 20, 2019 - DO NOT (| COMPLETE | | |
| 1 | Reserved | | | Ţ | | |
| | (a) | (b) | (c) | | (d) | |
| | Reserved | Reserved | Reserved | | Reserved | |
| | Reserved | | | | | |
| | Reserved | | | | | |
| | Reserved | | | | | |
| | Reserved | | | 1 | | |
| | Reserved | | | <u> </u> | | , <u>-</u> - |
| ····· | | | | 1 | | |
| 2 1 | Reserved | | | 2 | | |
| 2 ' | veserveu | • | | - - | | |
| | 3 | | | 1 _ 1 | | |
| 3 i | Reserved | | | . 3 | | |
| | | | | 1 1 | | |
| 4 | Reserved | | • | 4 | | |
| | | | | 1 1 | | |
| 5 -i | Reserved | | | 5 | | |
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| 6 1 | Reserved | | | 6 | | |
| | | | | | | |
| 7 1 | Reserved | | | 7 | | |
| • | | • | • | | | |
| 8 6 | Reserved | | | | | |
| <u> </u> | readlyed | | <u> </u> | 101 | · · · · · · · · · · · · · · · · · · · | |

| Form : | 990-PF (2020) MACKENZIE RYAN BRUMBERG FOUNDATION 85-425 | 1257 | | Page 4 |
|----------|---|-------------|-------------|---------------|
| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instruction | ns) | :. <u>—</u> | |
| | 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) | | | |
| ь` | Reserved 1 | | | 0. |
| | 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-) | | | |
| | Add lines 1 and 2 | | | 0. |
| <u>ح</u> | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | | 0. |
| 4 | (1100) | | | 0. |
| • | Tax based on investment medial. Capture line 4 non-line 6. If 200 of Ress, of the 10 | | | |
| 6 | Credits/Payments: 2020 estimated tax payments and 2019 overnayment credited to 2020 6a | | | |
| a | | | | |
| ь | Exempt foreign organizations - tax withheld at source | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | | | |
| ď | Backup withholding erroneously withheld | | | 0. |
| 7 | Total credits and payments. Add lines 6a through 6d | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | | 0. |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| 11 | Enter the amount of line 10 to be: Credited to 2021 estimated tax ▶ Refunded ▶ 11 | | | |
| | t VII-A Statements Regarding Activities | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | <u> </u> | Yes | No |
| | participate or intervene in any political campaign? | 1a | | X |
| þ | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | | | 1 |
| | instructions for the definition | 16 | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | |
| | published or distributed by the foundation in connection with the activities. | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | Х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the foundation ► \$ (2) On foundation managers. ► \$ | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | 1 |
| | on foundation managers. > \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | х |
| - | 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 | | x |
| 4- | | 4a | | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4b | | |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 5 | | X |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | - | - |
| _ | If "Yes," attach the statement required by General Instruction T. | | | ĺ |
| 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 | | v | |
| | conflict with the state law remain in the governing instrument? | 6 | X | |
| | 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 | Х | |
| | Enter the states to which the foundation reports or with which it is registered. See instructions. | | | |
| | DE, | | | 1 |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | 1 |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | X | <u> </u> |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | 1 |
| | 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," | | | |
| | complete Part XIV | 9 | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | İ | İ |
| | names and addresses . ATCH 1 | 10 | X | 1 |

MACKENZIE RYAN BRUMBERG FOUNDATION

| 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 | 11 | | 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. | 12 | | х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► N/A | | · | |
| 14 | The books are in care of ▶ FOUNDATION SOURCE Telephone no. ▶ 800-839 | -175 | 4 | |
| | Located at 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP-4 19809-1 | 377 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | T |
| | and enter the amount of tax-exempt interest received or accrued during the year | • • • | | |
| 16 | At any time during calendar year 2020, did the foundation have an interest in or a signature or other authorit | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name of | | | |
| | the foreign country | ' | | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | ٠ | | |
| ı Gı | File Form 4720 If any item is checked in the "Yes" column, unless an exception applies. | T | Yes | No |
| 4- | During the year, did the foundation (either directly or indirectly): | - | | |
| 14 | ि • • • • • • • • • • • • • • • • • • • | | ļ | |
| | (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 | | ĺ | |
| | | | ł | |
| | | | | |
| | (b) turnor goods, services, or rushings to (or assert them notify a and amines person): | | | |
| | (1) is a component of the pay of the manufacture of the payon of the p | | | |
| | (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)? | | İ | |
| | | | • | |
| | (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 | | İ | |
| | termination of government service, if terminating within 90 days.) Yes X No | | | |
| D | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in | | | |
| | Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 16 | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | х |
| _ | were not corrected before the first day of the tax year beginning in 2020? | 1c | | _ |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | 1 | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | 1 | | |
| 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 | İ | |
| | If "Yes," list the years | 1 | ļ | |
| D | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | 1 | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | 1 | | |
| | all years listed, answer "No" and attach statement - see instructions.) | 2b | - | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | } | | |
| • | Pid the foundation half are the a 200 divided in the second state of the second state | | | |
| за | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | 1 | | |
| Đ | If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969; (2) the tapse 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 | | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the | 2 | | |
| 4. | foundation had excess business holdings in 2020.) | 3b | | X |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | |
| D | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable number that had not been removed from jeopardy before the first day of the tay year beginning in 20202. | | | х |
| _ | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020? | 4b | 1 | 4.7 |

| Par | t VII-B | Statements Regarding Activities | tot vanich Form | 4/20 May be ked | unea (cond | iueu) | | | |
|----------|--|---|---|---|--|--|------------------------|---------|------|
| 5a | During th | e year, did the foundation pay or incur any amo | ount to: | | | | | Yes | No |
| | (1) Carry | on propaganda, or otherwise attempt to influe | ence legislation (sectio | n 4945(e))? | Yes | X No | | | |
| ` | (2) Influe | nce the outcome of any specific public ele | ection (see section | 4955); or to сапу or | , | | | | |
| | direct | ly or indirectly, any voter registration drive? | | | Yes | X No | | | |
| | | de a grant to an individual for travel, study, or o | | | | X No | | | |
| | (4) Provid | de a grant to an organization other than a | charitable, etc., org | anization described i | n | | | | |
| | section | on 4945(d)(4)(A)? See instructions | | | Yes | X No | | | |
| | | de for any purpose other than religious, ch | | | <u> </u> | | | | |
| | purpo | ses, or for the prevention of cruelty to children | or animals? | | Yes | X No | | | |
| ь | | nswer is "Yes" to 5a(1)-(5), did any of the | | | cceptions desc | cribed in | | | |
| | Regulation | ns section 53.4945 or in a current notice regar | ding disaster assistan | ce? See instructions | | | 5b | 1 | |
| | Organizat | tions relying on a current notice regarding disas | ster assistance, check | here | | ▶□ | | | |
| С | If the an | swer is "Yes" to question 5a(4), does the | foundation claim e | xemption from the t | aox | | - I | | |
| | because it maintained expenditure responsibility for the grant? Yes No | | | | | | | | |
| | | attach the statement required by Regulations s | = | | | | | | |
| 6a | | foundation, during the year, receive any fur | ` ' | ectly, to pay premiur | ns | | | | |
| | | onal benefit contract? | • | | Yes | X No | | i | |
| ь | | oundation, during the year, pay premiums, dire | | | ct? | | 6ь | | Х |
| | If "Yes" to | o 6b, file Form 8870. | | | | | | | |
| 7a | At any tin | ne during the tax year, was the foundation a p | arty to a prohibited ta | x shelter transaction? | . Yes | X No | | | |
| ь | | did the foundation receive any proceeds or ha | | | | | 7b | | |
| 8 | Is the fou | ndation subject to the section 4960 tax on pay | ment(s) of more that | ın \$1,000,000 in | | | | | |
| | remunera | tion or excess parachute payment(s) during the | year? | | . Yes | X No | | | |
| Pai | t VIII | Information About Officers, Directo | rs, Trustees, Fou | indation Manager | s, Highly Pa | id Emplo | yees, | | |
| 1 | l ist all of | and Contractors Fricers, directors, trustees, and foundati | ion managers and | their compensation | See instructi | ons | | | |
| | | | | | | | | | |
| | | | (b) Tittle, and average | (c) Compensation | (d) Contributio | ns to | e) Expens | e accou | ınt. |
| | | (a) Name and address | | (c) Compensation (if not paid, enter -0-) | | ns to | e) Expens other all | | |
| | | | (b) Titte, and average hours per week | (c) Compensation (if not paid, enter -0-) | (d) Contributio employee benefit | ns to (in the plans opensation (in the plans o | | | s |
| ATCI | | | (b) Titte, and average hours per week | (c) Compensation (If not paid, | (d) Contributio employee benefit | ns to | | | |
| | | | (b) Titte, and average hours per week | (c) Compensation (if not paid, enter -0-) | (d) Contributio employee benefit | ns to (in the plans opensation (in the plans o | | | s |
| | | | (b) Titte, and average hours per week | (c) Compensation (if not paid, enter -0-) | (d) Contributio employee benefit | ns to (in the plans opensation (in the plans o | | | s |
| | | | (b) Titte, and average hours per week | (c) Compensation (if not paid, enter -0-) | (d) Contributio employee benefit | ns to (in the plans opensation (in the plans o | | | s |
| | | | (b) Titte, and average hours per week | (c) Compensation (if not paid, enter -0-) | (d) Contributio employee benefit | ns to (in the plans opensation (in the plans o | | | s |
| | | | (b) Titte, and average hours per week | (c) Compensation (if not paid, enter -0-) | (d) Contributio employee benefit | ns to (in the plans opensation | | | s |
| ATCI | H 2 | (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributio employee benefit and deferred comp | res to it plans beensation 0. | other all | owance | o. |
| ATCI | I 2 | | (b) Title, and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributio employee benefit and deferred comp | res to it plans beensation 0. | other all | owance | o. |
| ATCI | H 2 | (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contribution employee benefit and deferred compared to the compared to the contribution of the contribution (d) Contribution (d) Contribution | ns to it plans beensation O. |). If no | owance | o. |
| 2 | Compens | (a) Name and address | (b) Title, and average hours per week devoted to position (other than those hours per week hours per week | (c) Compensation (if not paid, enter -0-) | (d) Contribution employee benefit and deferred comp | us to it plans beensation O. Structions ons to the plans been structions been sto the plans been sto the plans been sto the plans to | other all | one, (| O. |
| 2 | Compens | (a) Name and address sation of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those) | (c) Compensation (if not paid, enter -0-) 0. | (d) Contribution employee benefit and deferred comp 1 - see in (d) Contribution employee be | ns to it plans bensation O. Structions ons to herfit erred |). If no | one, (| O. |
| 2 (a) | Compens "NONE." | (a) Name and address sation of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those hours per week hours per week | (c) Compensation (if not paid, enter -0-) 0. | (d) Contribution and deferred comp and deferred comp 1 - see in (d) Contribution employee be plans and def | ns to it plans bensation O. Structions ons to herfit erred |). If no | one, (| O. |
| 2 (a) | Compens | (a) Name and address sation of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those hours per week hours per week | (c) Compensation (if not paid, enter -0-) 0. | (d) Contribution and deferred comp and deferred comp 1 - see in (d) Contribution employee be plans and def | ns to it plans bensation O. Structions ons to herfit erred |). If no | one, (| O. |
| 2 (a) | Compens "NONE." | (a) Name and address sation of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those hours per week hours per week | (c) Compensation (if not paid, enter -0-) 0. | (d) Contribution and deferred comp and deferred comp 1 - see in (d) Contribution employee be plans and def | ns to it plans bensation O. Structions ons to herfit erred |). If no | one, (| O. |
| 2 (a) | Compens "NONE." | (a) Name and address sation of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those hours per week hours per week | (c) Compensation (if not paid, enter -0-) 0. | (d) Contribution and deferred comp and deferred comp 1 - see in (d) Contribution employee be plans and def | ns to it plans bensation O. Structions ons to herfit erred |). If no | one, (| O. |
| 2 (a) | Compens "NONE." | (a) Name and address sation of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those hours per week hours per week | (c) Compensation (if not paid, enter -0-) 0. | (d) Contribution and deferred comp and deferred comp 1 - see in (d) Contribution employee be plans and def | ns to it plans bensation O. Structions ons to herfit erred |). If no | one, (| O. |
| 2 (a) | Compens "NONE." | (a) Name and address sation of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those hours per week hours per week | (c) Compensation (if not paid, enter -0-) 0. | (d) Contribution and deferred comp and deferred comp 1 - see in (d) Contribution employee be plans and def | ns to it plans bensation O. Structions ons to herfit erred |). If no | one, (| O. |
| 2 (a) | Compens "NONE." | (a) Name and address sation of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those hours per week hours per week | (c) Compensation (if not paid, enter -0-) 0. | (d) Contribution and deferred comp and deferred comp 1 - see in (d) Contribution employee be plans and def | ns to it plans bensation O. Structions ons to herfit erred |). If no | one, (| O. |
| 2 (a) | Compens "NONE." | (a) Name and address sation of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those hours per week hours per week | (c) Compensation (if not paid, enter -0-) 0. | (d) Contribution and deferred comp and deferred comp 1 - see in (d) Contribution employee be plans and def | ns to it plans bensation O. Structions ons to herfit erred |). If no | one, (| O. |
| 2 (a) | Compens "NONE." | (a) Name and address sation of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those hours per week hours per week | (c) Compensation (if not paid, enter -0-) 0. | (d) Contribution and deferred comp and deferred comp 1 - see in (d) Contribution employee be plans and def | ns to it plans bensation O. Structions ons to herfit erred |). If no | one, (| O. |
| 2 (a) | Compens "NONE." Name and a | (a) Name and address sation of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those hours per week devoted to position | (c) Compensation (if not paid, enter -0-) 0. ce included on line (c) Compensation | (d) Contribution employee benefit and deferred comparts of the comparts of the comparts of the comparts of the comparts and deferred comparts and deferred comparts and deferred comparts of the comparts of t | ns to it plans beensation O. Structions ons to enefit deferred ion |). If no | one, (| O. |

MACKENZIE RYAN BRUMBERG FOUNDATION 85-4251257 Form 990-PF (2020) Page 7 Part VIIÎ Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions, if none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE 0. **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 **Expenses** organizations and other beneficiaries served, conferences convened, research papers produced, etc N/A

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

All other program-related investments. See instructions.

All other program-related investments. See instructions.

Form 990-PF (2020)

| Pai | Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.) | reign founda | tions, |
|-----|--|--------------|--|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes: | , | |
| а | Average monthly fair market value of securities | 1a | |
| | Average of monthly cash balances | | 250,009. |
| c | | | |
| d | | 1d | 250,009. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d. | | 250,009. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see | | |
| • | instructions). | 1 1 | 3,750. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 | | 246,259. |
| 6 | Minimum investment return. Enter 5% of line 5 | · ———— | 740. |
| Pa | The XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operational and certain foreign organizations, check here ▶ ☐ and do not complete this part.) | | ns |
| 1 | Minimum investment return from Part X, line 6 | . 1 | 740. |
| 2a | Tax on investment income for 2020 from Part VI, line 5 | | |
| ь | | 7 | |
| c | | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | 740. |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | ······································ |
| 5 | Add lines 3 and 4 | | 740. |
| 6 | Deduction from distributable amount (see instructions) | | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII line 1 | , | 740. |
| | rt XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | 1 1 | |
| _ | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | | |
| Ь | The gram relation with a second comment and a secon | | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes | 1 1 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | - | |
| a | | . 3a | |
| b | | | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line | | |
| 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. | L L | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 0. |
| _ | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when | <u> </u> | hether the foundation |
| | qualifies for the section 4940(e) reduction of tax in those years. | -alverdang W | are realisabilit |

Form 990-PF (2020)

| Рa | Part XIII Undistributed Income (see instructions) | | | | | | | | | |
|----|--|---------------------------------------|----------------------------|-------------|---------------------------------------|--|--|--|--|--|
| 1 | Distributable amount for 2020 from Part XI. | (a) Corpus | (b) Years prior to 2019 | (c) 2019 | (d) 2020 | | | | | |
| • | • | | | | 740. | | | | | |
| _ | line 7 | | | | 7.10. | | | | | |
| | Undistributed income, if any, as of the end of 2020: | | | | | | | | | |
| | Enter amount for 2019 only. | | | | | | | | | |
| | Total for pnor years 20_18_,20_17_,20_16 | | | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2020: | | | | | | | | | |
| | From 2015 | | | | | | | | | |
| | From 2016 | | | | | | | | | |
| C | From 2017 | | | | 1 | | | | | |
| d | From 2018 | | | | 1 | | | | | |
| е | From 2019 | | <u></u> | | | | | | | |
| f | Total of lines 3a through e | | | | | | | | | |
| 4 | Qualifying distributions for 2020 from Part XII, | | | | | | | | | |
| | line 4: ▶ \$ | | | | | | | | | |
| | Applied to 2019, but not more than line 2a | | | | | | | | | |
| Ð | Applied to undistributed income of prior years (Election required - see instructions) | | | | | | | | | |
| c | Treated as distributions out of corpus (Election | | | | | | | | | |
| _ | required - see instructions) | | | | | | | | | |
| d | Applied to 2020 distributable amount | | | | | | | | | |
| | Remaining amount distributed out of corpus | | | | | | | | | |
| 5 | 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: | | | | | | | | | |
| 2 | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | į. | | | | | |
| | | | | | | | | | | |
| Ь | Pnor years' undistributed income. Subtract | | | | | | | | | |
| c | line 4b from line 2b | | | | | | | | | |
| _ | 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 | | | | | | | | | |
| _ | 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 | | | | 740. | | | | | |
| | distributed in 2021 | | | | 740. | | | | | |
| 7 | Amounts treated as distributions out of corpus | | | | | | | | | |
| | to satisfy requirements imposed by section | | | | ĺ | | | | | |
| | 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) | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| 9 | Excess distributions carryover to 2021. | 0. | | | | | | | | |
| | Subtract lines 7 and 8 from line 6a | | | | | | | | | |
| | Analysis of line 9: | | | | | | | | | |
| | Excess from 2016 | | | | | | | | | |
| | Excess from 2017 | | | | | | | | | |
| | Excess from 2018 | | | | | | | | | |
| | Excess from 2019 | | | | | | | | | |
| e | Excess from 2020 | | | | | | | | | |

| Pa | rt XIV Private Op | erating Foundations | (see instructions a | nd Part VII-A, questi | on 9) 1 | NOT APPLICABLE |
|-----|--|----------------------------|-----------------------------|---|-------------------------|------------------------|
| 1 a | If the foundation has | received a ruling or d | etermination letter that | it is a private opera | ating | |
| | foundation, and the ruling | g is effective for 2020, e | nter the date of the ruling | | | |
| ь | Check box to indicate v | | | | section 4942() | (3) or 4942(j)(5) |
| _ | Enter the lesser of the ad- | Тах уеаг | - pindes operating | Prior 3 years | | 10.120,(0) |
| | justed net income from Part | | (h) 2010 | [' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | (4) 2047 | (e) Total |
| | I or the minimum investment | (a) 2020 | (b) 2019 | (c) 2018 | (d) 2017 | |
| | return from Part X for each | • | | | | |
| | year listed | | | | | |
| b | 85% of line 2a | | | | | |
| С | Qualifying distributions from Part | Į i | | | | |
| | XII, line 4, for each year listed . | | | | | |
| d | Amounts included in line 2c not | | 1 | | | |
| | used directly for active conduct | 1 | | | 1 | |
| _ | of exempt activities | | | | | |
| - | Qualifying distributions made directly for active conduct of | ! | | | | |
| | exempt activities Subtract line | <u> </u> | | | | |
| 3 | 2d from line 2c | | | | | |
| • | alternative test relied upon | | | | | j |
| а | "Assets" alternative test - enter: | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under section | | | | | |
| | 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test- | | | | | : |
| | enter 2/3 of minimum invest- | | | | | |
| | ment return shown in Part X, | | | | | |
| c | "Support" alternative test - enter: | | | · | | |
| _ | (1) Total support other than | | | | | |
| | gross investment income | | | | | |
| | (interest, dividends, rents, payments on secunties | | | | | |
| | loans (section 512(a)(5)), | | | | | |
| | or royalties) | | | | | |
| | (2) Support from general public and 5 or more | | | | | |
| | exempt organizations as | | | | | |
| | provided in section 4942 ()(3)(B)(iii) | | | | | |
| | (3) Largest amount of sup- | | | | | |
| | port from an exempt organization | | | | | |
| | (4) Gross investment income . | | | | | |
| Рa | rt XV Supplemer | ntary information (| Complete this part | only if the founda | tion had \$5,000 o | r more in assets at |
| | | uring the year - see | | • | . , | |
| 1 | Information Regarding | g Foundation Manage | rs: | | | |
| а | List any managers of | | | e than 2% of the tota | el contributions recen | red by the foundation |
| | before the close of any | | | | | , |
| | D RYAN BRUM | REPC | - | . , , | | |
| _ | List any managers of | | our 1004 or more of | the stock of a com | amina for an aqualh | Large portion of the |
| _ | ownership of a partner | | | | | range portion or the |
| | Ownership of a partitor | Ship of outer chary, or | willon the roundation | nas a row or greater | interest. | |
| | 4- | | | | | |
| | N/A | | | | | |
| 2 | Information Regarding | - | | • • • | | |
| | Check here ► X if t | he foundation only | makes contributions | to preselected chari | table organizations a | and does not accep |
| | unsolicited requests for | or funds. If the found | ation makes gifts, gra | ents, etc., to individua | ls or organizations ur | ider other conditions |
| | complete items 2a, b, o | c, and d. See instructio | ns. | | | |
| а | The name, address, a | nd telephone number | or email address of th | e person to whom app | fications should be add | ressed: |
| | | | | • • | | |
| b | The form in which app | lications should be sui | omitted and information | n and materials they | should include: | |
| _ | | | | | —, · · · | |
| | | | | | | |
| | Any submission deadli | noc | | | | |
| C | with amprilipation degree | 1553. | | | | |
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| d | Any restrictions or li factors: | mitations on awards, | , such as by geogra | apnical areas, charita | idle helds, kinds of | institutions, or other |
| | IQUUI J. | | | | | |

| Part XV Supplementary Information (continued) | | | | | | | | | |
|---|--|----------------------|----------------------------------|--------|--|--|--|--|--|
| 3 Grants and Contributions Paid Duri | ng the Year or App | roved for | Future Payment | | | | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount | | | | | |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | 1 | | | | | |
| a Paid during the year | | | | | | | | | |
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| Part XVI | A Analysis of Income-Prod | ucing Act | ivities | | | |
|-------------|---|---------------|---------------------------------------|--|-----------------------------------|---------------------------------------|
| | amounts unless otherwise indicated. | · | ated business income (b) | Excluded b | y section 512, 513, or 514 (d) | (e) Related or exempt function income |
| - | n service revenue: | Business code | Amount | Exclusion code | | (See instructions.) |
| | | | | -} | | |
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| _ | and contracts from government agencies | | | - | | |
| | rship dues and assessments | | | 14 | 18. | · · · |
| | on savings and temporary cash investments - ds and interest from securities | | | † | | |
| | tal income or (loss) from real estate: | | | | | ····· |
| | t-financed property | | | | | · · · · · · · · · · · · · · · · · · · |
| | debt-financed property | - | | | | |
| | al income or (loss) from personal property | | | | | |
| | envestment income | | | | | |
| | loss) from sales of assets other than inventory | | | | | |
| • | ome or (loss) from special events | | | | | |
| | profit or (loss) from sales of inventory | | | | | |
| | evenue: a | | | | | |
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| e | | | | | | |
| 12 Subtota | I. Add columns (b), (d), and (e) | | | | 18. | |
| 13 Total. A | dd line 12, columns (b), (d), and (e) | | | | 13 | 18. |
| | heet in line 13 instructions to verify calc | | | | | |
| Part XVI | B Relationship of Activitie | s to the A | ccomplishment of E | xempt Pun | poses | |
| Line No. | Explain below how each activit | y for which | h income is reported i | n column (| e) of Part XVI-A contribu | sted importantly to the |
| ▼ | accomplishment of the foundation | | | | | |
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| Part | XVII | Information R Organizations | egarding Trans | sfers to and | Transaction | ns and | Relationships With No | ncharitabl | e Ex | empt |
|----------|------------------|---|---|------------------------|---------------------------------------|--|---|-----------------------|-----------|----------|
| ÌI O | n sec organiz | e organization direction 501(c) (other ations? | than section | 501(c)(3) org | anizations) or | in sect | iny other organization descrition 527, relating to po | | Yes | No |
| | | ers from the reporti | • | | | | | | | l |
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| | | ransactions: | | | | | | İ | | ١ |
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| | | | | | | | Column (b) should always | | fair m | narket |
| | | | | | | | . If the foundation receive | | | |
| v | alue II | n any transaction o | r sharing arrang | ement, show ii | n column (d) t | he value | of the goods, other assets | s, or service | s rec | eived |
| (a) Line | e no. | (b) Amount involved | (c) Name of no | onchantable exemp | ot organization | (d) De | escription of transfers, transactions, | and shanng ana | ngeme | nts |
| | | N/A | | | | N/A | | | | |
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| d | lescrib | ed in section 501(c |) (other than sect | | - | | re tax-exempt organization | | s X |] No |
| | 165 | complete the follo (a) Name of organization | | (b) Type | e of organization | | (c) Description of | retationstrin | | |
| | | (4) | | (-).,, | o o o o o o o o o o o o o o o o o o o | | (e) occasipilati o | ТСАВИОНАНИР | | |
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| | | | | | | | d statements, and to the best of my | knowledge and b | elief, it | is true, |
| Sign | Contec | t and complete Declaration of | a prepara (omer man ta | payer) is based on all | miumegaan ar emech | preparer nas | · 7 · — | # - D - | | |
| | | | IM I | A. | 5/2/2/ | | | the IRS discus | | |
| Here | Sign | ature of officer or trustee | | Date | | Title | | | Yes [| No |
| | <u></u> | | | | | | | | | |
| Paid | | Print/Type preparer's na | | Preparer's sign | | | Date Check | If PTIN | | |
| | 31000 | JEFFREY D HAS | | | D HASKELL | | 04/28/2021 self-empl | .* . 1 | | 0 |
| Prepa | ai Cí | Firm's name ► FOUNDATION SOURCE Firm's EIN ► 51039834 | | | | | | 510398347 | 7 | |

11042

800-839-1754

Phone no

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

LAKE SUCCESS, NY

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

MACKENZIE RYAN BRUMBERG FOUNDATION 85-4251257 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 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 X 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), II, and III. For an organization described in section 501(c)(7), (8), or (10) fitting Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 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

| | | | 85-4251257 |
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| Part I | Contributors (see instructions). Use duplicate cop | ies 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 | BRUMBERG, D. RYAN 219 BIG FRESH POND ROAD SOUTHAMPTON, NY 11968 | \$\$ | 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 |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
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Employer identification number

| | 85-4251257 | | |
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| Part II | Noncash Property (see instructions). Use duplicate copies o | f Part II if additional space is n | eeded. |
| (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 |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| Part III | Exclusively religious, charitable, etc. | , contributions to o | rganizations desc | | | |
| `` | | (b) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and | | | | |
| | the following line entry. For organization | | | | | |
| | contributions of \$1,000 or less for th | | | ee instructions.) ▶\$ | | |
| | Use duplicate copies of Part III if addit | ional space is need | ed. | | | |
| (a) No. from | (b) Purpose of gift | (c) Use | of aift | (d) Description of how gift is held | | |
| Part I | (b) Furpose of gift | (0) 036 | or girt | (u) Description of now gire is need | | |
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| | (e) Transfer of gift | | | | | |
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| (a) No. | | <u> </u> | L | | | |
| from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | |
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| | | fol Towns | | | | |
| | | (e) Transf | er or gm | | | |
| | Transferee's name, address, ar | nd ZIP+4 | Relation | nship of transferor to transferee | | |
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| (a) No | | r · · · · · · · · · · · · · · · · · · · | <u> </u> | | | |
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| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, and ZIP+4 Relation | | nship of transferor to transferee | | | |
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| | (e) Transfer of gift | | | | | |
| | Towns. | | | | | |
| | Transferee's name, address, ar | ng ∠IP + 4 | Relation | nship of transferor to transferee | | |
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ATTACHMENT

PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS FORM 990PF,

MACKENZIE RYAN BRUMBERG FOUNDATION

NAME AND ADDRESS

BRUMBERG, D. RYAN 219 BIG FRESH POND ROAD SOUTHAMPTON, NY 11968

ATTACHMENT 2

| | I |
|------------------------------|---|
| AND TRUSTEES | |
| AND | |
| LIST OF OFFICERS, DIRECTORS, | |
| OFFICERS, | |
| OF | |
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| VIII | |
| PART VIII - | |
| 990PE, | |
| FORM | |

MACKENZIE RYAN BRUMBERG FOUNDATION

| EXPENSE ACCT AND OTHER ALLOWANCES | ó | Ö | 0 |
|---|---|---|--------------|
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | .0 | · 0 | 0 |
| COMPENSATION | .0 | ó | 0 |
| TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | DIR, PRES 1.00 | DIR, SEC, TREAS 1.00 | GRAND TOTALS |
| NAME AND ADDRESS | D RYAN BRUMBERG FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377 | MACKENZIE WRIGHT BRUMBERG FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377 | |