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CLIENT'S COPY

| Form | 88 | 79- | EO |
|------|----|-----|----|
| FOUL |    |     |    |

## IRS e-file Signature Authorization for an Exempt Organization

2019

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

Name of exempt organization

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

, 2019, and ending

Employer identification number

84-3818432

, 20

| SILVIO A | AND | SALLY | J. | INGUI | CHARITABLE |
|----------|-----|-------|----|-------|------------|
|----------|-----|-------|----|-------|------------|

TRUST

#### Name and title of officer STEPHEN INGUI TRUSTEE

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2019, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| 1a | Form 990 check here <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)   | 1b |    |
|----|---|----|----|
| 2a | Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)                     | 2b |    |
| 3a | Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)                            | 3b |    |
| 4a | Form 990-PF check here <b>X b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | 0. |
| 5a | Form 8868 check here b Balance Due (Form 8868, line 3c)   | 5b |    |
|    |   |    |    |

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

| X lauthorize MURPHY, MILLER, BAGLIERI LLP   | to enter my PIN 07470   |
|---|---|
| ERO firm name   | Enter five numbers, but<br>do not enter all zeros   |
| as my signature on the organization's tax year 2019 electronically file is being filed with a state agency(ies) regulating charities as part of th enter my PIN on the return's disclosure consent screen.                  | d return. If I have indicated within this return that a copy of the return<br>e IRS Fed/State program, I also authorize the aforementioned ERO to |
| As an officer of the organization, I will enter my PIN as my signature of indicated within this return that a copy of the return is being filed with program, I will enter my PIN on the return's disclosure consent screen | a state agency(ies) regulating charities as part of the IRS Fed/State   |
| Officer's signature   | Date ▶  |
| Part III Certification and Authentication   |   |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification   |   |
| number (EFIN) followed by your five-digit self-selected PIN.  | 22974207452<br>Do not enter all zeros   |
| I certify that the above numeric entry is my PIN, which is my signature on the 20 confirm that I am submitting this return in accordance with the requirements of <i>e-file</i> Providers for Business Returns.             |   |
| ERO's signature   | Date <b>6/04/20</b>   |
| ERO Must Retain This For  | m - See Instructions  |
| Do Not Submit This Form to the IR   |   |
| LHA For Paperwork Reduction Act Notice, see instructions.   | Form <b>8879-EO</b> (2019)  |
| 923051 10-03-19   |   |

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FILEABLE FORMS

Form **990-PF** 

Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information. OMB No. 1545-0047 2

| For c   | aler     | ıdar year 2019 or tax year beginning  |                                       | , and ending                 |   |  |
|---|----------|---|---------------------------------------|------------------------------|---|--|
| Name of foundation A E<br>SILVIO AND SALLY J. INGUI CHARITABLE<br>TRUST |          |   |                                       |                              | A Employer identification                                 | number                                       |
|   |          |   |                                       |                              | 84-3818432  |  |
|   |          | nd street (or P.O. box number if mail is not delivered to street  | ,                                     | Room/suite                   | B Telephone number  | ~ ~  |
|   |          | 0 E. DIXILETA DRIVE, UN   |                                       | 973-953-20                   | 、   |  |
|   |          | own, state or province, country, and ZIP or foreign  <br>TTSDALE , AZ 85266   | postal code                           |                              | <b>C</b> If exemption application is pe                   | nding, check here                            |
| G C   | heck     | all that apply: X Initial return  | ormer public charity                  | D 1. Foreign organizations   | , check here  |  |
|   |          | Final return  | Amended return                        |                              | 2 Foreign organizations mee                               | ating the 85% test                           |
|   |          | Address change  | Name change                           |                              | 2. Foreign organizations mee<br>check here and attach cor | nputation                                    |
| H C   | -        | type of organization: X Section 501(c)(3) e   |                                       |                              | E If private foundation stat                              |  |
|   |          |   | Other taxable private founda          |                              | under section 507(b)(1)                                   | (A), check here …                            |
|   |          |   | ting method: X Cash                   | Accrual                      | F If the foundation is in a 6                             |  |
| (fr   |          | 2 art II, col. (c), line 16) [] C<br>330 <b>, 206 .</b> (Part I, colu   | )ther (specify)                       | is )                         | under section 507(b)(1)                                   | B), check here                               |
| Pa  |          | Analysis of Revenue and Expenses  |                                       |                              | (a) Adjusted pat  | (d) Disbursements                            |
|   |          | (The total of amounts in columns (b), (c), and (d) may not<br>necessarily equal the amounts in column (a).)   | (a) Revenue and<br>expenses per books | (b) Net investment<br>income | (c) Adjusted net<br>income                                | for charitable purposes<br>(cash basis only) |
|   | 1        | Contributions, gifts, grants, etc., received  | 302,912.                              |                              |   |  |
|   | 2<br>3   | Check |                                       |                              |   |  |
|   | 4        | Dividends and interest from securities  |                                       |                              |   |  |
|   | 5a       | Gross rents   |                                       |                              |   |  |
|   | b        | Net rental income or (loss)   |                                       |                              |   |  |
| Revenue   | 6a<br>b  | Net gain or (loss) from sale of assets not on line 10<br>Gross sales price for all<br>assets on line 6a   |                                       |                              |   |  |
|   | 7        | Capital gain net income (from Part IV, line 2)  |                                       | 0.                           |   |  |
| Ĕ   | 8        | Net short-term capital gain   |                                       |                              |   |  |
| ш   | 9        | Income modifications<br>Gross sales less returns  |                                       |                              |   |  |
|   |          | and allowances  |                                       |                              |   |  |
|   |          | Less: Cost of goods sold  |                                       |                              |   |  |
|   |          | Gross profit or (loss)  |                                       |                              |   |  |
|   | 11       | Other income  |                                       | 0.                           | 0.  |  |
| -   | 12<br>13 | Total. Add lines 1 through 11<br>Compensation of officers, directors, trustees, etc   |                                       | 0.                           | 0.  | 0.   |
|   | 13<br>14 | Other employee salaries and wages   |                                       | 0.                           |   | 0.   |
|   |          | Pension plans, employee benefits  |                                       |                              |   |  |
| se  |          | Legal fees  |                                       |                              |   |  |
| sue   | b        | Accounting fees   |                                       |                              |   |  |
| <u>Administrative Expenses</u>  |          | Other professional fees   |                                       |                              |   |  |
| ve  | 17       | Interest  |                                       |                              |   |  |
| rati  | 18       | Taxes   |                                       |                              |   |  |
| nist  | 19       | Depreciation and depletion  |                                       |                              |   |  |
| <u>ju</u>   | 20       | Occupancy   |                                       |                              |   |  |
|   | 21       | Travel, conferences, and meetings   |                                       |                              |   |  |
| and   | 22       | Printing and publications   |                                       |                              |   |  |
| ing   | 23       | Other expenses  |                                       |                              |   |  |
| Operating a   | 24       | Total operating and administrative expenses. Add lines 13 through 23  | 0.                                    | 0.                           | 0.  | 0.   |
| ð   | 25       | Contributions, gifts, grants paid   |                                       |                              | 0.  | 150.   |
|   |          | Total expenses and disbursements.   |                                       |                              |   | 1001   |
|   |          | Add lines 24 and 25   | 150.                                  | 0.                           | 0.  | 150.   |
|   | 27       | Subtract line 26 from line 12:  |                                       |                              |   |  |
|   | a        | Excess of revenue over expenses and disbursements   | 302,762.                              |                              |   |  |
|   |          | Net investment income (if negative, enter -0-)  |                                       | 0.                           |   |  |
|   | C        | Adjusted net income (if negative, enter -0-)  |                                       |                              | 0.  |  |

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

<sup>1</sup> 

SILVIO AND SALLY J. INGUI CHARITABLE

| For              | Form 990-PF (2019) TRUST 84-3818432 Page |   |                   |                |                       |  |
|------------------|--|---|-------------------|----------------|-----------------------|--|
|                  | art                                      | Balance Sheets Attached schedules and amounts in the description                | Beginning of year | End of         |                       |  |
| P                | art                                      | column should be for end-of-year amounts only.                                  | (a) Book Value    | (b) Book Value | (c) Fair Market Value |  |
|                  | 1  | Cash - non-interest-bearing   |                   | <150.>         | <150.>                |  |
|                  | 2  | Savings and temporary cash investments  |                   |                |                       |  |
| ssets            |  | Accounts receivable   |                   |                |                       |  |
|                  |  | Less: allowance for doubtful accounts   |                   |                |                       |  |
|                  | 4  | Pledges receivable  |                   |                |                       |  |
|                  |  | Less: allowance for doubtful accounts 🕨   |                   |                |                       |  |
|                  | 5  | Grants receivable   |                   |                |                       |  |
|                  |  | Receivables due from officers, directors, trustees, and other                   |                   |                |                       |  |
|                  |  | disqualified persons  |                   |                |                       |  |
|                  | 7  | Other notes and loans receivable  |                   |                |                       |  |
|                  |  | Less: allowance for doubtful accounts 🕨   |                   |                |                       |  |
|                  | 8  | Inventories for sale or use   |                   |                |                       |  |
|                  |  | Prepaid expenses and deferred charges   |                   |                |                       |  |
| Ä                |  | Investments - U.S. and state government obligations                             |                   |                |                       |  |
|                  | b  | Investments - corporate stock STMT 1  | 0.                | 302,912.       | 330,356.              |  |
|                  |  | Investments - corporate bonds   |                   |                |                       |  |
|                  | 11                                       | Investments - land, buildings, and equipment: basis                             |                   |                |                       |  |
|                  |  | Less: accumulated depreciation  |                   |                |                       |  |
|                  |  | Investments - mortgage loans  |                   |                |                       |  |
|                  |  | Investments - other   |                   |                |                       |  |
|                  | 14                                       | Land, buildings, and equipment: basis   |                   |                |                       |  |
|                  |  | Less: accumulated depreciation  |                   |                |                       |  |
|                  |  | Other assets (describe )  |                   |                |                       |  |
|                  | 16                                       | Total assets (to be completed by all filers - see the                           | 0                 |                | 220 200               |  |
|                  |  | instructions. Also, see page 1, item I)   | 0.                | 302,762.       | 330,206.              |  |
|                  |  | Accounts payable and accrued expenses   |                   |                |                       |  |
|                  |  | Grants payable  |                   |                |                       |  |
| ies              |  | Deferred revenue  |                   |                |                       |  |
| Liabilities      |  | Loans from officers, directors, trustees, and other disqualified persons        |                   |                |                       |  |
| Liat             |  | Abor list like (describe)   |                   |                |                       |  |
| _                | 22                                       | Other liabilities (describe )   |                   |                |                       |  |
| _                | 23                                       | Total liabilities (add lines 17 through 22)                                     | 0.                | 0.             |                       |  |
|                  |  | Foundations that follow FASB ASC 958, check here                                |                   |                |                       |  |
| ŝ                |  | and complete lines 24, 25, 29, and 30.  |                   |                |                       |  |
| or Fund Balances | 24                                       | Net assets without donor restrictions   |                   | 302,762.       |                       |  |
| ala              | 25                                       | Net assets with donor restrictions  |                   |                |                       |  |
| Б                |  | Foundations that do not follow FASB ASC 958, check here 🕨 📃                     |                   |                |                       |  |
| Fun              |  | and complete lines 26 through 30.   |                   |                |                       |  |
|                  | 26                                       | Capital stock, trust principal, or current funds                                |                   |                |                       |  |
| ets              | 27                                       | Paid-in or capital surplus, or land, bldg., and equipment fund                  |                   |                |                       |  |
| <b>A</b> ss      | 28                                       | Retained earnings, accumulated income, endowment, or other funds                |                   | 200 500        |                       |  |
| Net Assets       | 29                                       | Total net assets or fund balances   | 0.                | 302,762.       |                       |  |
| Z                | 20                                       | Total liabilities and not accets/fund balances                                  | 0.                | 302,762.       |                       |  |
| =                |  | Total liabilities and net assets/fund balances                                  |                   | JUZ, /0Z.      |                       |  |
| Ρ                | art                                      | III Analysis of Changes in Net Assets or Fund Ba                                | lances            |                |                       |  |
| 4                | Tatal                                    | net asserts or fund balances at beginning of year - Dart II, column (a), line ( | 20                |                |                       |  |

| 1 | lotal net assets or fund balances at beginning of year - Part II, column (a), line 29                 |   |                           |
|---|---|---|---------------------------|
|   | (must agree with end-of-year figure reported on prior year's return)                                  | 1 | 0.                        |
| 2 | Enter amount from Part I, line 27a  | 2 | 302,762.                  |
| 3 | Other increases not included in line 2 (itemize)  | 3 | 0.                        |
| 4 | Add lines 1, 2, and 3   | 4 | 302,762.                  |
| 5 | Decreases not included in line 2 (itemize) 🕨  | 5 | 0.                        |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 | 302,762.                  |
|   |   |   | Form <b>990-PF</b> (2019) |

Form **990-PF** (2019)

| orm 990-PF (2019) TRU<br>Part IV Capital Gains  | and Losses for Tax on In   | vestment                                | Income                               |   |                                     | 84-381   | . <b>843</b> 2 Pa                      |
|---|--|---|--------------------------------------|---|-------------------------------------|--|--|
|   | the kind(s) of property sold (for exal arehouse; or common stock, 200 shs      |   | te,                                  | (b) Ho<br>P -<br>D -                              | ow acquired<br>Purchase<br>Donation | <b>(c)</b> Date acquired<br>(mo., day, yr.)                                | <b>(d)</b> Date solo<br>(mo., day, yr. |
| a   |  |   |                                      |   |                                     |  |  |
| NO NO   | NE   |   |                                      |   |                                     |  |  |
|   |  |   |                                      |   |                                     |  |  |
|   |  |   |                                      |   |                                     |  |  |
| e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale   |  |   |                                      |   |                                     | l<br>(h) Gain or (loss<br>((e) plus (f) minus                              |  |
|   |  |   |                                      |   |                                     |  |  |
|   |  |   |                                      |   |                                     |  |  |
|   |  |   |                                      |   |                                     |  |  |
|   |  |   |                                      |   |                                     |  |  |
| Complete only for assets showing  | <br>ng gain in column (h) and owned by t                                       | the foundation                          | on 12/31/60                          |   |                                     | (I) Caina (Cal. (h) asir   | minuo                                  |
| (i) FMV as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69   | (k) Ex                                  | cess of col. (i)<br>col. (j), if any |   |                                     | (I) Gains (Col. (h) gair<br>ol. (k), but not less tha<br>Losses (from col. | an -0-) <b>or</b>                      |
|   |  |   |                                      |   |                                     |  |  |
|   |  |   |                                      |   |                                     |  |  |
|   |  |   |                                      |   |                                     |  |  |
|   |  |   |                                      |   |                                     |  |  |
|   |  |   |                                      |   |                                     |  |  |
| Capital gain net income or (net ca  | apital loss)   | r in Part I, line<br>I- in Part I, line | 7<br>7                               | . }   | 2                                   |  |  |
| If gain, also enter in Part I, line 8<br>If (loss), enter -0- in Part I, line 8   | }  |   | Tax on Not                           | }   | 3                                   | omo  |  |
|   | Inder Section 4940(e) for  |   |                                      |   | stment inc                          | come   | N/A                                    |
|   | e foundations subject to the section 4   | 1940(a) tax on                          | net investment ind                   | come.)  |                                     |  | N/A                                    |
| ection 4940(d)(2) applies, leave t  | his part blank.  |   |                                      |   |                                     |  |  |
| Yes," the foundation doesn't quali  | ction 4942 tax on the distributable am<br>fy under section 4940(e). Do not com | nplete this part.                       |                                      |   |                                     |  | Yes                                    |
|   | each column for each year; see the in  | nstructions before                      | ore making any er                    | ntries.   |                                     |  | (4)                                    |
| (a)<br>Base period years<br>Calendar year (or tax year beginning in)<br>(b)<br>Adjusted qualifying distributions<br>(c)<br>Net value of noncharitable-use a |  | able-use asset                          | ts (col. (b) di                      | ( <b>d)</b><br>bution ratio<br>vided by col. (c)) |                                     |  |  |
| 2018  |  |   |                                      |   |                                     |  |  |
| <u>2017</u><br>2016   |  |   |                                      |   |                                     |  |  |
| 2010  |  |   |                                      |   |                                     |  |  |
| 2014  |  |   |                                      |   |                                     |  |  |
|   | ·  | 1                                       |                                      |   |                                     |  |  |
| Total of line 1, column (d)   |  |   |                                      |   |                                     |  |  |
| Average distribution ratio for the  | 5-year base period - divide the total of                                       | on line 2 by 5.0                        | ), or by the numbe                   | er of ye  | ars                                 |  |  |
| the foundation has been in existe   | ence if less than 5 years  |   |                                      |   |                                     | 3  |  |
|   |  |   |                                      |   |                                     |  |  |

| 4 | Enter the net value of noncharitable-use assets for 2019 from Part X, line 5  | 4 |  |
|---|---|---|--|
| 5 | Multiply line 4 by line 3   | 5 |  |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b)  | 6 |  |
|   | Add lines 5 and 6   | 7 |  |
|   | Enter qualifying distributions from Part XII, line 4  | 8 |  |
| U | If line 8 is equal to or greater than line 7, check the box in Dart VI, line 1b, and complete that part using a 1% tax rate |   |  |

## STLVTO AND SALLY J. TNOIT CHARTMARLE

| Part VI       Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(b), er 4948 - see instructions)         1a Exempt operating foundations described in section 4940(a)(2), check here ▶ and enter TWA' on line 1.       1         Date of ruing or distrintiation described in section 4940(b) (prequirements in Part V, check here ▶ and enter T%       1       0.         of Part I, line 27b.       2       0.       2       0.         e Al other domestic foundations that meet the section 4947(a)(1) trusts and taxable foundations only; others, enter -0.       2       0.         2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0.       5       0.         5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0.       5       0.         6 Codits/Payments:       2       0.       2       0.         a 2019 estimated tax payments. Add lines 6a through 6d       7       0.       0.         7 Total codits and payments. Add lines 6a through 6d       7       0.       0.       0.         9 Tax due: It the total of lines 5 and 8, enter the amount overpaid       9       0.<  | Form | 990-PF (2019) TRUST  | ADLE               |                        | 84-   | 3818            | 432 |     | Page <b>4</b> |
|---|------|--|--------------------|------------------------|-------|-----------------|-----|-----|---------------|
| 1 a Exempt operating foundations described in section 4940(a)(2), check here ▶ and enter "WA' on line 1.       Date of ruing or determination letter:(attach copy of letter if necessary-see instructions)         1 Domestic foundations that meet the section 4940(a) requirements in Part V, check here ▶ and enter "WA' on line 1.       1         0 All other domestic boundations that meet the section 4940(a) requirements in Part V, check here ▶ and enter 1%       1       0.         2 All other domestic boundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)       2       0.         3 Add lines 1 and 2       3       0.       1       0.         4 Subtite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)       5       0.         6 Credits/Payments:       a 2019 estimated tax payments and 2018 overpayment ordeited to 2019       6a       0.         a 2019 estimated tax payments and 2018 overpayment ordeited to 2019       6a       0.       6         a Cauge and the papication for extension of time to file (Form 8868)       6a       0.       6         a Cauge and the total of lines 5a and 9 is more than line 7, enter amount overpaid       10       10       10         11 Enter may penalty for underpayment of estimated tax 2.       Refunded ▶ 11       11       11         Part VII-A       Statements Regarding ActivVites       10       10   |      |  | . 4940(b).         | 4940(e), or 49         |       |                 |     |     |               |
| Date of ruling or determination letter:   |      |  |                    |                        |       |                 |     |     | -,            |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <ul> <li>and enter 1%</li> <li>of Part 1, line 27b.</li> <li>all other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part 1, line 12, col. (b)</li> </ul> <ul> <li>a Xu under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)</li> <li>a Xu under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)</li> <li>a Xu based on investment lincome. Subtract line 4 from line 3. If zero or less, enter -0-</li> <li>c Credits-Payments:</li> <li>a 2019 estimated tax payments and 2016 overpayment credited to 2019</li> <li>b Exempt foreign organizations - tax withheld at source.</li> <li>b Exempt foreign organizations - tax withheld at source.</li> <li>b Exempt foreign organizations - tax withheld at source.</li> <li>b Exempt foreign organizations - tax withheld at source.</li> <li>b Exempt foreign organizations - tax withheld at source.</li> <li>c Tax paid with application for extension of time to file (from 8868)</li> <li>d due.</li> <li>d to tax of dueses ta due to tax of the source of the amount overgaid</li> <li>c Total credits and payments. And dueses band 8, enter than in 7, enter amount overgaid</li> <li>d output the total of lines 5 and 8, enter than in 7, enter amount overgaid</li> <li>d output the tax year, d0 the foundation attempt to influence any national, state, or local legislation or did if participate or intervere in any political campaign?</li> </ul> <ul> <li>and output the tax year, d0 the foundation attempt to influence any national, state, or local legislation or did if participate or i</li></ul>   | iu   |  |                    |                        |       |                 |     |     |               |
| of Part I, line 27b.       c. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)       2         c. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)       2       0.         3. Add lines 1 and 2       3       0.       3       0.         4. Subtile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-       5       0.         5. Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-       5       0.         6. Credits/Rayments:       2019 estimated tax payments and 2018 overpayment credited to 2019       6a       0.         8. Backup withholding erroneously withheld       6a       0.       7       0.         9. Tax due: If the total of lines 5 and 5 is more than the total of lines 5 and 8, enter the amount overpaid       8       0.         10. Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       10       10         10. Turing the tax year, id the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?       1       1         10. Unring the tax year, id the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?       0.       1       1   | b    |  |                    |                        | 1     |                 |     |     | 0.            |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) J       2         2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)       2         3 Add lines 1 and 2       0.         4 Subtlie A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)       4         5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0       5         6 Credits/Payments:       0.         a 2019 estimated tax payments and 2018 overpayment credited to 2019       6a       0.         6 Exempt foreign organizations: tax withed at source       6a       0.         7 Total credits/Payments:       7       0.         8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached       8       0.         9 Tax due. If the total of lines 5 and 8 is more than line 7, enter <b>amount overpaid</b> 10       10         11 Enter the amount of lines 10 to be: Credited to 2202 estimated tax >       Refunded >       10         12 Buring the tax year, did the toundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?       1       1         13 During the tax year, did the toundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the ac   | 5    |  |                    |                        |       |                 |     |     |               |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 0.   3 Add lines 1 and 2 0.   4 Subtile 4, (ncome) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 0.   5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5 0.   6 Credits/Fayments: 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 0.   6 Backup withholding erroneously withheld 6d 0.   7 Total credits and payments. Add lines 5a through 6d 6d 0.   8 Total credits and payments. Add lines 5a through 6d 7 0.   9 Tax due. If the total of lines 5a and 8, enter the amount overpaid 10 10   10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 10   11 Enter the amount of line 10 to be: Credited to 2020 estimated tax protocal legislation or did it participate or intervene in any political campaign? Yes No   10 Overpayment. If line 7 is more than the total of lines: 5 and 8, enter the amount overpaid 10 10 11   11 Enter the amount of line 10 to be: Credited to 2020 estimated tax protocal legislation or did it participate or intervene in any political campaign? 10 11   12 Burlen that aver, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 0. 2 X <  | С    | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of         | Part I. line 12.   | col. (b)               |       |                 |     |     |               |
| 3       Add lines 1 and 2         4       Subtle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)       3       0.         5       Tax based on investment licome. Subtract line 4 from line 3. If zero or less, enter -0-       5       0.         6       Cedits/Payments:       a 2019 estimated tax payments and 2018 overpayment credited to 2019       6a       0.         6       Beckup withholding erroneously withheld       .       .       .       .         7       Total credits and payments. Add lines 6a through 6d       .       .       .       .         9       Tax based with application for extension of time to file (Form 8868)       .       .       .       .       .         9       Total credits and payments. Add lines 6a through 6d       .  |      |  |                    | ( )                    | 2     |                 |     |     | Ο.            |
| 4       Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-               4             4   | -    |  |                    |                        |       |                 |     |     | 0.            |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0.   6 Credits/Payments:   a 2019 estimated tax payments and 2018 overpayment credited to 2019   b Exempt foreign organizations - tax withheld at source   6   C Tax paid with application for extension of time to file (Form 8868)   6   6   7   7   7   7   8   8   9   9   7   0.   8    9    9    10   11   11    12    14    15    16    17    18    19    10   11    11    12    13    14    14    15    16    17    18    19    10    11    11    11    12    13    14    14    14    15    16    17    18    19    10   11    11    12    13    14    14    15 <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   | 4    |  |                    |                        |       |                 |     |     |               |
| 6       Credits/Payments:         a 2019 estimated tax payments and 2018 overpayment credited to 2019       6a       0.         b Exempt foreign organizations - tax withheld at source       6b       0.         c Tax paid with application for extension of time to file (Form 8868)       6c       0.         d Backup withholding erroneously withheld       7       0.         7 Total credits and payments. Add lines 5a tab strough 6d       8       0.         9 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 enter the anount overpaid       9       0.         10       Overpayment. If line 7 is more than the total of lines 5 and 8 enter the anount overpaid       10       11         Part VII-A       Statements Regarding Activities       Refunded       11         Part VII-A       Statements Regarding Activities       No       11         11       Unrigh te tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?       1       1         10       bit it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is 'Yes' to 1 a or 1b, attach a detailed description of the activities.       0.       -         10       Did the foundation in connection with the activities. <t< td=""><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0.</td></t<>  | 5    |  |                    |                        |       |                 |     |     | 0.            |
| b Exempt foreign organizations - tax withheld at source       b       0       0         c Tax paid with application for extension of time to file (Form 8868)       b       0       0         d Backup withholding erroneously withheld       7       0       0         7 Total credits and payments. Add lines 6s athrough 6d       7       0       0         9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount oved       9       0       0         9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount overpaid       10       10       10         11 Enter the amount of line 10 to be; Credited to 2020 estimated tax       Refunded       11       11         Part VII-A       Statements Regarding Activities       10       11       11         Part VII-A       Statements Regarding Activities       11       11       11         10 bit is spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition       16       X         11 the answer is 'Yes' to 1 or tb, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.       0.       0.       16       X         12 bit differen 1120-POL for this year?       0.       (2       X       16       X       16  | 6    |  |                    |                        |       |                 |     |     |               |
| b Exempt foreign organizations - tax withheld at source       b       0       0         c Tax paid with application for extension of time to file (Form 8868)       b       0       0         d Backup withholding erroneously withheld       7       0       0         7 Total credits and payments. Add lines 6s athrough 6d       7       0       0         9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount oved       9       0       0         9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount overpaid       10       10       10         11 Enter the amount of line 10 to be; Credited to 2020 estimated tax       Refunded       11       11         Part VII-A       Statements Regarding Activities       10       11       11         Part VII-A       Statements Regarding Activities       11       11       11         10 bit is spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition       16       X         11 the answer is 'Yes' to 1 or tb, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.       0.       0.       16       X         12 bit differen 1120-POL for this year?       0.       (2       X       16       X       16  | a    | 2019 estimated tax payments and 2018 overpayment credited to 2019                                      | 6a                 | 0.                     |       |                 |     |     |               |
| c Tax paid with application for extension of time to file (Form 8868) 6   d Backup withholding erroneously withheld 6   7 Total credits and payments. Add lines 5a through 6d 7   8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8   9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overd 9   9 Ourpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10   10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10   11 Enter the amount of line 10 to be; Credited to 2020 estimated tax ▶ Refunded ▶   12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? Yes No   14 Did ts spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the anomation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities. 0.   15 Did it spend more than \$100 during the year? 0. (2) On foundation managers. \$ \$ 0.   2 X 10 X   16 Enter the amount (if any) paid by the foundation during the year? 0. 2 X   17 Tryse, 'attach a detailed description of the activities. 0. 2 X   2 X 1 X 1 2 X   16 Enter the amount (if any) paid by the foundation managers. \$ \$   |      |  | 6b                 | 0.                     |       |                 |     |     |               |
| d Backup withholding erroneously withheld       6d       0.         7 Total credits and payments. Add lines 6a through 6d       7       0.         8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached       8       0.         9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overpaid       9       0.         10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       10       10         11 Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶       Refunded ▶       11         Pent VII-A       Statements Regarding Activities       11         12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?       10       1a       X         13 During the tax year, did the foundation in connection with the activities.       0.       (2) On foundation managers. ▶ \$       0.       0.         14 Bashe foundation in connection with the activities.       0.       (2) On foundation managers. ▶ \$       0.       0.         15 Ut the foundation magaed in any activities that have not previously been reported to the IRS?       2       X         16 The the amount (if any) paid by the foundation during the year?       1       2       X         17 'Yes," attach a detailed description of the activities. <td></td> <td></td> <td>6c</td> <td>0.</td> <td></td> <td></td> <td></td> <td></td> <td></td>   |      |  | 6c                 | 0.                     |       |                 |     |     |               |
| 7       Total credits and payments. Add lines 6a through 6d       7       0.         8       Enter any penalty for underpayment of estimated tax. Check here □ if Form 2220 is attached       8       0.         9       Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ower       9       0.         10       Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       10         11       Enter the amount of line 10 to be; Credited to 2020 estimated tax ▶       Refunded ▶       11         Part VII-A       Statements Regarding Activities       11       11         Inter the amount of line 10 to be; Credited to 2020 estimated tax ▶       Refunded ▶       11         Part VII-A       Statements Regarding Activities       11       11         Inter the amount of line 10 to be; Credited to 2020 estimated tax ▶       Refunded ▶       11         11       Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition in connection with the activities.       0.       12       X         10       Did to foundation ic anopation wore (section 4955) imposed during the year:       0.       1       1       X         11       0.       (2) On foundation managers. ▶ \$       0.       0.       2       X  |      |  | 6d                 | 0.                     |       |                 |     |     |               |
| 8       Enter any penalty for underpayment of estimated tax. Check hereif if Form 2220 is attachedif Form 222 is attachedif Form 2220 is att  |      |  |                    |                        | 7     |                 |     |     |               |
| 10       Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       10         11       Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶       Refunded ▶         11       Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶       Refunded ▶         11       Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶       Refunded ▶         11       Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶       Refunded ▶         11       Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶       Refunded ▶         11       Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶       Refunded ▶         12       During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political expenditures 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.       10         2       Did the foundation ille Form 1120-POL for this year?       0.       0.         4       Enter the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$  | -    | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attache                | d                  |                        | 8     |                 |     |     | 0.            |
| 10       Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       ▶       10         11       Enter the amount of line 10 to be; Credited to 2020 estimated tax ▶       Refunded ▶       11         Part VII-A       Statements Regarding Activities       11       11         1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?       Yes       No         1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition distributed by the foundation in connection with the activities.       16       X         1b Did it spend more than \$100 during the year?       0.       (a Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:       0.       16       X         1c During the tax year, and the toundation during the year for political expenditure tax imposed on foundation managers. ▶ \$       0.       0.       2       X         1d Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation and amagers. ▶ \$       0.       0.       2       X         11 "Yes," attach a detailed description of the activities.       3       3       X       4       4       X         2       4       10.       0.       (2) On foundatio  | 9    |  |                    |                        | 9     |                 |     |     | 0.            |
| Part 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 participate or intervene in any political campaign?       1a       X         b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition       1a       X         b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition       1b       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.       1c       X         c Did the foundation is Form 1120-POL for this year?       1c       X         d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:       0.       0.       2       X         (1) On the foundation magaged in any activities that have not previously been reported to the IRS?       0.       2       X         If "Yes," attach a detailed description of the activities.       3       X       4a       X         9 Has the foundation made any changes, not previously reported to the IRS?       3       X       4a       X         16 'Yes," has it fied a tax return on Form 990-T for this year?       0.       4a       X       4b       5<   |      |  |                    |                        | 10    |                 |     |     |               |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?       1a Uuring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?       1a Uxing the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?       1a X         b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.       1b X         c Did the foundation file Form 1120-POL for this year?       0.       1c X         d Enter the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$  |      |  |                    | Refunded 🕨             | 11    |                 |     |     |               |
| 1a       X         any political campaign?       1a         b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition       1b         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.       1c       X         c Did the foundation file Form 1120-POL for this year?       0.       (2) On foundation managers. > \$   | Pa   | rt VII-A Statements Regarding Activities   |                    |                        |       |                 |     |     |               |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition       1b       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.       1c       X         c Did the foundation file Form 1120-POL for this year?       1c       X         d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:       0.       0.         e Inter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$  | 1a   | During the tax year, did the foundation attempt to influence any national, state, or local legislation | on or did it part  | icipate or intervene   | in    |                 |     | Yes |               |
| 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.       Image: Comparison of the activities and copies of any materials published or distributed by the foundation in connection with the activities.         c Did the foundation file Form 1120-POL for this year?       Image: Comparison of the activities and copies of any materials published or distributed by the foundation.       Image: Comparison of the activities.         d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:       Image: Comparison of the activities.       Image: Comparison of the activities and copies of nondation managers.       Image: Comparison of the activities.         2       Has the foundation engaged in any activities that have not previously been reported to the IRS?       Image: Comparison of the activities.       Image: Comparison 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       Image: Comparison of \$1,000 or more during the year?       Image: Comparison of \$1,000 or more during the year?       Image: Comparison or Sublaws, or other similar instruments? If "Yes," attach the statement required business gross income of \$1,000 or more during the year?       Image: Comparison or Comp |      | any political campaign?  |                    |                        |       |                 | 1a  |     | X             |
| distributed by the foundation in connection with the activities.       1c       X         c Did the foundation file Form 1120-POL for this year?       1c       X         d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <ul> <li>(1) On the foundation. ▶ \$O.</li> <li>(2) On foundation managers. ▶ \$O.</li> </ul> 0.         e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$O.       2       X         If "Yes," attach a detailed description of the activities.       2       X         If "Yes," attach a detailed description of the activities.       3       X         4 as 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         4a       X       4a       X       4a       X         b If "Yes," has it filed a tax return on Form 990-T for this year?       N/A       4b       5       X         16       Attement required by <i>General Instruction T</i> .       5       X       4b       5       X         16       Yes," attach the statement required by <i>General Instruction T</i> .       6       Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<   | b    | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?   | ? See the instru   | ctions for the defin   | ition |                 | 1b  |     | X             |
| c Did the foundation file Form 1120-POL for this year? 1c X   d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0.   (1) On the foundation.  \$  |      |  | ny materials pu    | blished or             |       |                 |     |     |               |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:       0.         (1) On the foundation. ▶ \$O. (2) On foundation managers. ▶ \$O.         e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$O.         2 Has the foundation engaged in any activities that have not previously been reported to the IRS?       2         If "Yes," attach a detailed description of the activities.       2         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         4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?       4a         b If "Yes," has it filed a tax return on Form 990-T for this year?       5         X       X         4b       5         Was there a liquidation, termination, dissolution, or substantial contraction during the year?       5         If "Yes," attach the statement required by <i>General Instruction T</i> .       5         6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:       5         • 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   |      |  |                    |                        |       |                 |     |     |               |
| (1) On the foundation. ▶ \$O.       (2) On foundation managers. ▶ \$O.         e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$O.       0.         2 Has the foundation engaged in any activities that have not previously been reported to the IRS?       2       X         If "Yes," attach a detailed description of the activities.       2       X         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         4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?       N/A       4b         5       X       If "Yes," attach the statement required by <i>General Instruction T</i> .       5       X         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   | C    | Did the foundation file Form 1120-POL for this year?   |                    |                        |       |                 | 1c  |     | X             |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$0.       0.         2 Has the foundation engaged in any activities that have not previously been reported to the IRS?   | d    |  |                    | •                      |       |                 |     |     |               |
| managers. ▶ \$0.       0.         2       Has the foundation engaged in any activities that have not previously been reported to the IRS?       2       X         If "Yes," attach a detailed description of the activities.       3       X         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         4a       Did the foundation have unrelated business gross income of \$1,000 or more during the year?       4a       X         b       If "Yes," has it filed a tax return on Form 990-T for this year?       N/A       4b         5       Was there a liquidation, termination, dissolution, or substantial contraction during the year?       5       X         If "Yes," attach the statement required by <i>General Instruction T</i> .       6       Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:       8       8         •       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       6   |      |  |                    |                        | -     |                 |     |     |               |
| <ul> <li>2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br/>If "Yes," attach a detailed description of the activities.</li> <li>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</li> <li>4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?</li> <li>b If "Yes," has it filed a tax return on Form 990-T for this year?</li> <li>5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?</li> <li>If "Yes," attach the statement required by <i>General Instruction T</i>.</li> <li>6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:</li> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>  | е    |  | e tax imposed o    | n foundation           |       |                 |     |     |               |
| 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a 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 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 16 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   |      |  |                    |                        |       |                 |     |     |               |
| <ul> <li>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</li> <li>4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?</li> <li>b If "Yes," has it filed a tax return on Form 990-T for this year?</li> <li>5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?</li> <li>16 "Yes," attach the statement required by <i>General Instruction T</i>.</li> <li>6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:</li> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>  | 2    |  |                    |                        |       |                 | 2   |     | X             |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a X 4b 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 Was there a liquidation the statement required by <i>General Instruction T</i> . 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   | -    |  |                    |                        |       |                 |     |     |               |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?       4a       X         b If "Yes," has it filed a tax return on Form 990-T for this year?       4b       4b         5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?       5       X         If "Yes," attach the statement required by <i>General Instruction T</i> .       5       X         6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:       6       6         By language in the governing instrument, or       8y state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law       6  | 3    |  |                    |                        |       |                 |     |     | v             |
| <ul> <li>b If "Yes," has it filed a tax return on Form 990-T for this year?</li> <li>5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?</li> <li>6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:</li> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>  |      |  |                    |                        |       |                 |     |     |               |
| 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:       6       8       8       8         By language in the governing instrument, or       9 <td< td=""><td></td><td></td><td></td><td></td><td>NT</td><td>/ 7</td><td></td><td></td><td><u> </u></td></td<>  |      |  |                    |                        | NT    | / 7             |     |     | <u> </u>      |
| If "Yes," attach the statement required by <i>General Instruction T</i> .<br>6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law   | 5    | Weathers a liquidation termination discolution or substantial contraction during the year?             |                    |                        | 11    | /. <del>A</del> |     |     | v             |
| <ul> <li>6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:</li> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>  | Ð    |  |                    |                        |       |                 | 0   |     | Δ             |
| 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  | 6    |  |                    |                        |       |                 |     |     |               |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law  | U    |  | •                  |                        |       |                 |     |     |               |
|   |      |  | rections that co   | onflict with the state | law   |                 |     |     |               |
| remain in the governing instrument?   |      |  |                    |                        |       |                 | 6   | Х   |               |
| 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    | 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            |       |                 |     |     |               |
|   | •    |  | 1 art 11, 001. (0) |                        |       |                 | -   |     |               |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions.   | 8a   | Enter the states to which the foundation reports or with which it is registered. See instructions      |                    |                        |       |                 |     |     |               |
| AZ  |      |  |                    |                        |       |                 |     |     |               |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)  | b    |  | ney General (or    | designate)             |       |                 |     |     |               |
| of each state as required by General Instruction G? If "No," attach explanation   | -    |  |                    | - ,                    |       |                 | 8b  | Х   |               |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar   | 9    |  |                    |                        |       |                 |     |     |               |
| year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV   |      |  |                    |                        |       |                 | 9   |     | X             |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses   | 10   |  |                    |                        |       |                 |     |     |               |

Form **990-PF** (2019)

| Form 990-PF (2019) SILVIO AND SALLY J. INGUI CHARITABLE 84-3818  | 2122            | D       | 200 <b>F</b> |
|--|-----------------|---------|--------------|
| Part VII-A Statements Regarding Activities (continued)   | <u>J4J2</u>     | F       | age <b>5</b> |
| Turt VII A Otatements negarating Activities (continued)  |                 | /es     | No           |
| <b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of   |                 |         |              |
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of  | 1.1             |         | х            |
| section 512(b)(13)? If "Yes," attach schedule. See instructions  | 11              |         | <u> </u>     |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?  | 10              |         | х            |
| If "Yes," attach statement. See instructions<br>13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 12              | x       | <u></u>      |
| Website address $\blacktriangleright$ <u>N/A</u>   | 13              | <u></u> |              |
| 14 The books are in care of $\blacktriangleright$ THE FOUNDATION Telephone no. $\blacktriangleright$ 973-95  | 53-20           | 33      |              |
| Located at $\triangleright$ 8400 E. DIXILETA DRIVE, UNIT 192, SCOTTSDALE, AZ ZIP+4 $\triangleright$ 8  | 5266            | 55      |              |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here   |                 |         |              |
|  |                 |         |              |
| and enter the amount of tax-exempt interest received or accrued during the year <b>15 16</b> At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,    |                 |         | No           |
|  | 16              |         | X            |
| securities, or other financial account in a foreign country?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the   | 10              |         |              |
| foreign country $\blacktriangleright$  |                 |         |              |
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required   |                 |         |              |
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  |                 | /es     | No           |
| <b>1a</b> 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?   |                 |         |              |
| (1) Engage in the safe of exchange, or leasing of property with a disqualined person:  |                 |         |              |
|  |                 |         |              |
| a disqualified person? Yes X No<br>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No   |                 |         |              |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   |                 |         |              |
| (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.)   |                 |         |              |
| <b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations   |                 |         |              |
|  | 1b              |         |              |
| section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  | 10              |         |              |
| Organizations relying on a current notice regarding disaster assistance, check here <b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected |                 |         |              |
|  | 1c              |         | х            |
| <ul><li>before the first day of the tax year beginning in 2019?</li><li>2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation</li></ul>         | IC              | -       | <u></u>      |
| defined in section 4942(j)(3) or 4942(j)(5)):  |                 |         |              |
| <b>a</b> At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines   |                 |         |              |
| 6d and 6e) for tax year(s) beginning before 2019?  |                 |         |              |
|  |                 |         |              |
| If "Yes," list the years <b></b> ,, _,     |                 |         |              |
| valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach  |                 |         |              |
|  | 2b              |         |              |
| statement - see instructions.) <b>N / A</b><br>c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.   | 20              |         |              |
|  |                 |         |              |
| <b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time  |                 |         |              |
| during the year?   |                 |         |              |
| <b>b</b> If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after  |                 |         |              |
| May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the 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, Schedula C to determine if the foundation had excess business holdings in 2010.) $N/A$     | 3b              |         |              |
| Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A<br>4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                  |                 |         | х            |
| <ul><li>b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that</li></ul>   | 48              |         | 23           |
| had not been removed from jeopardy before the first day of the tax year beginning in 2019?   | 4b              |         | х            |
|  | orm <b>990-</b> |         |              |

# SILVIO AND SALLY J. INGUI CHARITABLE

| Form 990-PF (2019) <b>TRUST</b>  | 8       | 4-3 | 81843        | 2   | Page <b>6</b> |
|--|---------|-----|--------------|-----|---------------|
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (c  | ontinue | ed) |              |     | -             |
| 5a During the year, did the foundation pay or incur any amount to:   |         |     |              | Yes | No            |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  | Yes     | X   | No           |     |               |
| (2) Influence the outcome of any specific public election (see section 4955); 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 other similar purposes?   | Yes     | X   | No           |     |               |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section                          |         |     |              |     |               |
| 4945(d)(4)(A)? See instructions  | Yes     | X   | No           |     |               |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for              |         |     |              |     |               |
| the prevention of cruelty to children or animals?  | Yes     | X   | No           |     |               |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations |         |     |              |     |               |
| section 53.4945 or in a current notice regarding disaster assistance? See instructions   |         | N/  | A 51         |     |               |
| Organizations relying on a current notice regarding disaster assistance, check here  |         |     |              |     |               |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained               |         |     |              |     |               |
| expenditure responsibility for the grant? $$ N/A $[$   | Yes     |     | No           |     |               |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d).   |         |     |              |     |               |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on                            |         |     |              |     |               |
| a personal benefit contract?   | Yes     | X   | No           |     |               |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?              |         |     | 61           |     | X             |
| If "Yes" to 6b, file Form 8870.  |         |     |              |     |               |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                          | Yes     | X   | No           |     |               |
| <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?               |         | N/  | <u>A. 71</u> |     |               |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                    | _       |     |              |     |               |
| excess parachute payment(s) during the year?   | Yes     | X   | No           |     |               |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

| (a) Name and address   | (b) Title, and average<br>hours per week devoted<br>to position | (c) Compensation<br>(If not paid,<br>enter -0-) | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | (e) Expense<br>account, other<br>allowances |
|--|---|---|--|---|
| SILVIO INGUI   | TRUSTEE   |   |  |   |
| 8400 EAST DIXILETA DRIVE, LOT 192                                  |   |   |  |   |
| SCOTTSDALE, AZ 85266   | 1.00  | 0.  | 0.   | 0.  |
| SALLY INGUI  | TRUSTEE   |   |  |   |
| 8400 EAST DIXILETA DRIVE, LOT 192                                  |   |   |  |   |
| SCOTTSDALE, AZ 85266   | 0.60  | 0.  | 0.   | 0.  |
| STEPHEN INGUI  | TRUSTEE   |   |  |   |
| 27 BODIE ROAD  |   |   |  |   |
| WAYNE, NJ 07470  | 3.00  | 0.  | 0.   | 0.  |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
| 2 Compensation of five highest-paid employees (other than those in | ncluded on line 1). If none,                                    | enter "NONE."                                   |  |   |

| 2 | Compensation of five highest-paid employees (other than those incl | uded on line 1). If none, e | enter "NONE." |    |
|---|--|-----------------------------|---------------|----|
|   |  | (b) Title and average       |               | (c |

|   |   |                  |  | 000 DE                                      |  |  |
|---|---|------------------|--|---|--|--|
| Total number of other employees paid over \$50,000            |   |                  |  |   |  |  |
|   | -   |                  |  |   |  |  |
|   | _   |                  |  |   |  |  |
|   |   |                  |  |   |  |  |
|   |   |                  |  |   |  |  |
| NONE  | -   |                  |  |   |  |  |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | (e) Expense<br>account, other<br>allowances |  |  |
|   |   |                  |  |   |  |  |

| SILVIO AND SALLY J. INGUI CHARITABLE   |                 |                           |
|--|-----------------|---------------------------|
| Form 990-PF (2019) <b>TRUST</b>  | 84-3            | 818432 Page 7             |
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers   |                 |                           |
| Paid Employees, and Contractors (continued)  |                 |                           |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE."                                      |                 |                           |
| (a) Name and address of each person paid more than \$50,000 (b)  | Type of service | (c) Compensation          |
| NONE   |                 |                           |
|  |                 |                           |
|  |                 |                           |
|  |                 |                           |
|  |                 |                           |
|  |                 |                           |
|  |                 |                           |
|  |                 |                           |
|  |                 |                           |
|  |                 |                           |
| Total number of others receiving over \$50,000 for professional services   |                 | ▶ 0                       |
| Part IX-A Summary of Direct Charitable Activities  |                 |                           |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such | as the          | _                         |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.                       |                 | Expenses                  |
| 1 N/A  |                 |                           |
|  |                 |                           |
|  |                 |                           |
| 2  |                 |                           |
|  |                 |                           |
|  |                 |                           |
| 3  |                 |                           |
|  |                 |                           |
|  |                 |                           |
| 4  |                 |                           |
|  |                 |                           |
|  |                 |                           |
| Part IX-B Summary of Program-Related Investments   |                 |                           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.                  |                 | Amount                    |
| 1 <u>N/A</u>   |                 |                           |
|  |                 |                           |
|  |                 |                           |
| 2  |                 |                           |
|  |                 |                           |
|  |                 |                           |
| All other program-related investments. See instructions.   |                 |                           |
| 3  |                 |                           |
|  |                 |                           |
|  |                 |                           |
|  |                 |                           |
|  |                 |                           |
|  |                 | -                         |
| Total. Add lines 1 through 3   |                 | 0.                        |
|  |                 | Form <b>990-PF</b> (2019) |

| Form 990-PF (2019) |  |
|--------------------|--|

| Ρ  | art X Minimum Investment Return (All domestic foundations mu                                    | st complete this part. Fo | reign foun | dations, see | instructions.) |
|----|---|---------------------------|------------|--------------|----------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable,     | etc., purposes:           |            |              |                |
| a  | Average monthly fair market value of securities   |                           |            | 1a           | 330,356.       |
|    | Average of monthly cash balances  |                           |            | 1b           | <150.>         |
|    | Fair market value of all other assets   |                           | r          | 1c           |                |
| d  | Total (add lines 1a, b, and c)  |                           |            | 1d           | 330,206.       |
|    | Reduction claimed for blockage or other factors reported on lines 1a and                        |                           |            |              |                |
|    | 1c (attach detailed explanation)  | le                        | 0.         |              |                |
| 2  | Acquisition indebtedness applicable to line 1 assets  |                           |            | 2            | 0.             |
| 3  | Subtract line 2 from line 1d  |                           |            | 3            | 330,206.       |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, se      | e instructions)           | [          | 4            | 4,953.         |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on P         | art V, line 4             | [          | 5            | 325,253.       |
| 6  | Minimum investment return. Enter 5% of line 5   |                           |            | 6            | 16,263.        |
| Ρ  | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and                          |                           |            | d certain    |                |
|    | foreign organizations, check here 🕨 🔲 and do not complete this part.)                           |                           |            |              |                |
| 1  | Minimum investment return from Part X, line 6   |                           |            | 1            | 16,263.        |
| 2a | Tax on investment income for 2019 from Part VI, line 5  | 2a                        |            |              |                |
| b  | Income tax for 2019. (This does not include the tax from Part VI.)                              | 2b                        |            |              |                |
| C  | Add lines 2a and 2b   |                           |            | 2c           | 0.             |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                           |                           |            | 3            | 16,263.        |
| 4  | Recoveries of amounts treated as qualifying distributions                                       |                           |            | 4            | 0.             |
| 5  | Add lines 3 and 4   |                           |            | 5            | 16,263.        |
| 6  | Deduction from distributable amount (see instructions)  |                           |            | 6            | 0.             |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XI        |                           |            | 7            | 16,263.        |
| Ρ  | art XII Qualifying Distributions (see instructions)   |                           |            |              |                |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purpos         |                           |            |              |                |
| -  | Expenses, contributions, gifts, etc total from Part I, column (d), line 26                      |                           |            | 1a           | 150.           |
|    | Program-related investments - total from Part IX-B  |                           |            | 1b           | 0.             |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable.      |                           |            | 2            | <u> </u>       |
| 2  | Amounts set aside for specific charitable projects that satisfy the:                            | e.c., purposes            | ·····      | 2            |                |
|    | Suitability test (prior IRS approval required)  |                           |            | 3a           |                |
|    | Cash distribution test (attach the required schedule)   |                           |            | 3b           |                |
| 4  | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and |                           |            | 4            | 150.           |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investr       |                           |            |              |                |
| 5  | income. Enter 1% of Part I, line 27b  |                           |            | 5            | 0.             |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4                                  |                           | ••••••     | 6            | 150.           |
| v  | <b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years whe   |                           |            | -            |                |
|    | 4940(e) reduction of tax in those years.  |                           | unuuuun yi |              | 000000         |
|    |   |                           |            |              |                |

Form **990-PF** (2019)

## Form 990-PF (2019)

TRUST

## Part XIII Undistributed Income (see instructions)

|  | <b>(a)</b><br>Corpus | <b>(b)</b><br>Years prior to 2018 | <b>(c)</b><br>2018 | <b>(d)</b><br>2019        |
|--|----------------------|-----------------------------------|--------------------|---------------------------|
| 1 Distributable amount for 2019 from Part XI,  |                      |                                   | 2010               | 2013                      |
| line 7   |                      |                                   |                    | 16,263.                   |
| 2 Undistributed income, if any, as of the end of 2019:   |                      |                                   |                    |                           |
| <b>a</b> Enter amount for 2018 only  |                      |                                   | 0.                 |                           |
| <b>b</b> Total for prior years:  |                      | 0                                 |                    |                           |
| <b>3</b> Excess distributions carryover, if any, to 2019:  |                      | 0.                                |                    |                           |
|  |                      |                                   |                    |                           |
| <b>a</b> From 2014<br><b>b</b> From 2015   | -                    |                                   |                    |                           |
|  | -                    |                                   |                    |                           |
| d Errom 00.17  | -                    |                                   |                    |                           |
| e From 2018  |                      |                                   |                    |                           |
| f Total of lines 3a through e  | 0.                   |                                   |                    |                           |
| 4 Qualifying distributions for 2019 from   |                      |                                   |                    |                           |
| Part XII, line 4: $\triangleright$ \$ 150.   |                      |                                   |                    |                           |
| <b>a</b> Applied to 2018, but not more than line 2a  |                      |                                   | Ο.                 |                           |
| <b>b</b> Applied to undistributed income of prior  |                      |                                   |                    |                           |
| years (Election required - see instructions)   |                      | 0.                                |                    |                           |
| <b>c</b> Treated as distributions out of corpus  |                      |                                   |                    |                           |
| (Election required - see instructions)   | 0.                   |                                   |                    |                           |
| <b>d</b> Applied to 2019 distributable amount  | -                    |                                   |                    | 150.                      |
| e Remaining amount distributed out of corpus   | 0.                   |                                   |                    |                           |
| 5 Excess distributions carryover applied to 2019   |                      |                                   |                    |                           |
| (If an amount appears in column (d), the same amount must be shown in column (a).)   | 0.                   |                                   |                    | 0.                        |
| 6 Enter the net total of each column as<br>indicated below:  |                      |                                   |                    |                           |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5   | 0.                   |                                   |                    |                           |
| b Prior years' undistributed income. Subtract<br>line 4b from line 2b  |                      | 0.                                |                    |                           |
| c Enter the amount of prior years'   |                      |                                   |                    |                           |
| undistributed income for which a notice of<br>deficiency has been issued, or on which<br>the section 4942(a) tax has been previously<br>assessed |                      | 0.                                |                    |                           |
| <b>d</b> Subtract line 6c from line 6b. Taxable  |                      |                                   |                    |                           |
| amount - see instructions  |                      | 0.                                |                    |                           |
| e Undistributed income for 2018. Subtract line   |                      |                                   |                    |                           |
| 4a from line 2a. Taxable amount - see instr.   |                      |                                   | Ο.                 |                           |
| f Undistributed income for 2019. Subtract  |                      |                                   |                    |                           |
| lines 4d and 5 from line 1. This amount must   |                      |                                   |                    |                           |
| be distributed in 2020   |                      |                                   |                    | 16,113.                   |
| 7 Amounts treated as distributions out of  |                      |                                   |                    |                           |
| corpus to satisfy requirements imposed by  |                      |                                   |                    |                           |
| section 170(b)(1)(F) or 4942(g)(3) (Election   |                      |                                   |                    |                           |
| may be required - see instructions)  | 0.                   |                                   |                    |                           |
| 8 Excess distributions carryover from 2014   |                      |                                   |                    |                           |
| not applied on line 5 or line 7  | 0.                   |                                   |                    |                           |
| 9 Excess distributions carryover to 2020.  |                      |                                   |                    |                           |
| Subtract lines 7 and 8 from line 6a  | 0.                   |                                   |                    |                           |
| 10 Analysis of line 9:   |                      |                                   |                    |                           |
| a Excess from 2015   |                      |                                   |                    |                           |
| b Excess from 2016   |                      |                                   |                    |                           |
| c Excess from 2017   |                      |                                   |                    |                           |
| d Excess from 2018   | -                    |                                   |                    |                           |
| e Excess from 2019   |                      |                                   |                    |                           |
| 923581 12-17-19  |                      |                                   |                    | Form <b>990-PF</b> (2019) |

9

923581 12-17-19

| Part XU       Private Operating Foundations (see instructions and Part VIA, question 9)       N/A         1 a If the foundation has received a ruling or determination letter that its a private operating foundation, and the ruling a letter the origination letter that its a private operating foundation. And the ruling a letter the data of the ruling of the rule o   | Form 990-PF (2019) SILVIO AN   | ID SALLY J.   | INGUI CHAI                       | RITABLE          | 84-381             | <b>8432</b> Page 10 |
|---|--|---|----------------------------------|------------------|--------------------|---------------------|
| toundation, and the ruling is effective for 2019, enter the date of the ruling  |  | ndations (see inst                                      | ructions and Part VI             | A, question 9)   |                    |                     |
| 2 a Enter the lesser of the adjusted net income from Part 1 or the minimum investment return from Part X for each year listed       Tax year       Prior 3 years         0 above the part isted       (a) 2019       (b) 2018       (c) 2017       (d) 2016       (e) Total         0 b 85% of line 2a  | <b>1 a</b> If the foundation has received a ruling or de foundation, and the ruling is effective for 20                      | termination letter that it<br>19, enter the date of the | is a private operating<br>ruling |                  |                    | <b>12</b> (i)(5)    |
| income from Part I or the minimum<br>investment return from Part X for<br>each year listed       (a) 2019       (b) 2018       (c) 2017       (d) 2016       (e) Total         b 85% of line 2a <td< td=""><td></td><td>r</td><td></td><td></td><td></td><td></td></td<>  |  | r   |                                  |                  |                    |                     |
| investment return from Part X for<br>ach year listed  |  |   | (b) 2018                         |                  | (d) 2016           | (e) Total           |
| each year listed  |  |   |                                  |                  |                    |                     |
| b 85% of line 2a  |  |   |                                  |                  |                    |                     |
| c Qualifying distributions from Part XII,<br>line 4, for each year listed   |  |   |                                  |                  |                    |                     |
| d Amounts included in line 2c not<br>used directly for active conduct of<br>exempt activities   |  |   |                                  |                  |                    |                     |
| d Amounts included in line 2c not<br>used directly for active conduct of<br>exempt activities   | line 4, for each year listed   |   |                                  |                  |                    |                     |
| exempt activities   |  |   |                                  |                  |                    |                     |
| e Qualifying distributions made directly<br>for active conduct of exempt activities.<br>Subtract line 2d from line 2c   | ,  |   |                                  |                  |                    |                     |
| Subtract line 2d from line 2c   |  |   |                                  |                  |                    |                     |
| 3       Complete 3a, b, or c for the alternative test relied upon:         a "Assets" alternative test - enter:       (1) Value of all assets         (2) Value of assets qualifying under section 4942()(3)(B)(i)       (1)         b "Endowment" alternative test - enter:       (2)         (2) Value of assets qualifying under section 4942()(3)(B)(i)       (2)         b "Endowment" alternative test - enter:       (2)         (3) Total support alternative test - enter:       (3)         (1) Total support other than gross investment neome (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)       (2)         (2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(ii)       (3)         Largest amount of support from an exempt organization       (4)         Gross investment income       (2)         Part XV       Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets  | for active conduct of exempt activities.   |   |                                  |                  |                    |                     |
| under section 4942(j)(3)(B)(i)  | <ul> <li>Complete 3a, b, or c for the alternative test relied upon:</li> <li>a "Assets" alternative test - enter:</li> </ul> |   |                                  |                  |                    |                     |
| 2/3 of minimum investment return<br>shown in Part X, line 6, for each year<br>listed  | (2) Value of assets qualifying<br>under section 4942(j)(3)(B)(i)   |   |                                  |                  |                    |                     |
| c "Support" alternative test - enter:       (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)       (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)         (3) Largest amount of support from an exempt organization       (3) Largest amount of support from an exempt organization         (4) Gross investment income       (2) Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets   | b "Endowment" alternative test - enter<br>2/3 of minimum investment return<br>shown in Part X, line 6, for each year         |   |                                  |                  |                    |                     |
| investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)       Image: Comparised on the section of the sect      |  |   |                                  |                  |                    |                     |
| and '5 or more exempt'<br>organizations as provided in<br>section 4942(j)(3)(B)(iii)       Image: form the support form the support form the support of support form the support | investment income (interest,<br>dividends, rents, payments on<br>securities loans (section                                   |   |                                  |                  |                    |                     |
| an exempt organization  | and 5 or more exempt<br>organizations as provided in   |   |                                  |                  |                    |                     |
| (4) Gross investment income<br>Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets   |  |   |                                  |                  |                    |                     |
| Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets  | an exempt organization   |   |                                  |                  |                    |                     |
|   | (4) Gross investment income  | ation (O a market)                                      | 46.5                             |                  |                    |                     |
| at any time during the vear-cee instructions i  |  |   |                                  | the toundation h | ad \$5,000 or more | e in assets         |

#### 1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

### SEE STATEMENT 3

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

#### NONE

#### 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here **L** if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

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| SILVIO | AND | SALLY | J. | INGUI | CHARITABLE |
|--------|-----|-------|----|-------|------------|
| TRUST  |     |       |    |       |            |

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| Form 990-PF (2019) <b>TRUST</b>               |  |                                      | 84-381                           | 8432 Page 11             |
|---|--|--------------------------------------|----------------------------------|--------------------------|
| Part XV Supplementary Information             |  |                                      |                                  |                          |
| 3 Grants and Contributions Paid During the Ye | ar or Approved for Future I  | Payment                              |                                  |                          |
| Recipient Name and address (home or business) | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount                   |
|   |  | Tecipient                            |                                  |                          |
| <sup>a</sup> Paid during the year             |  |                                      |                                  |                          |
|   |  |                                      |                                  |                          |
| AMERICAN SOCIETY FOR THE PREVENTION           |  | ANIMAL RIGHTS                        | UNRESTRICTED                     |                          |
| OF CRUELTY TO ANIMALS                         |  |                                      |                                  |                          |
| 520 EIGHTH AVENUE, 7TH FLOOR                  |  |                                      |                                  |                          |
| NEW YORK, NY 10018                            |  |                                      |                                  | 150.                     |
|   |  |                                      |                                  |                          |
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|   |  |                                      |                                  |                          |
|   |  |                                      |                                  |                          |
|   |  |                                      |                                  |                          |
| Total   |  |                                      | ► 3a                             | 150.                     |
| b Approved for future payment                 |  |                                      | Ja                               | 100.                     |
|   |  |                                      |                                  |                          |
|   |  |                                      |                                  |                          |
| NONE  |  |                                      |                                  |                          |
|   |  |                                      |                                  |                          |
|   |  |                                      |                                  |                          |
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|   |  |                                      |                                  |                          |
|   |  |                                      |                                  |                          |
|   |  |                                      |                                  |                          |
| Total   |  |                                      | ► 3b                             | 0.                       |
|   |  |                                      | F                                | orm <b>990-PF</b> (2019) |

# SILVIO AND SALLY J. INGUI CHARITABLE TRUST

## Part XVI-A Analysis of Income-Producing Activities

Form 990-PF (2019)

| Enter grass amounts uplace atherwise indicated  | Unrelated               | business income          | Excluded                      | by section 512, 513, or 514 | (0)   |
|---|-------------------------|--------------------------|-------------------------------|-----------------------------|---|
| Enter gross amounts unless otherwise indicated.   | (a)<br>Business<br>code | (b)<br>Amount            | (C)<br>Exclu-<br>sion<br>code | (d)<br>Amount               | (e)<br>Related or exempt<br>function income |
| 1 Program service revenue:<br>a   | code                    |                          |                               |                             |   |
| a<br>b  | -                       |                          |                               |                             |   |
|   | -                       |                          |                               |                             |   |
| cd  | -                       |                          |                               |                             |   |
| e   |                         |                          |                               |                             |   |
| f   | -                       |                          |                               |                             |   |
| <b>g</b> Fees and contracts from government agencies  | -                       |                          |                               |                             |   |
| 2 Membership dues and assessments   |                         |                          |                               |                             |   |
| 3 Interest on savings and temporary cash  |                         |                          |                               |                             |   |
| investments   |                         |                          |                               |                             |   |
| 4 Dividends and interest from securities  |                         |                          |                               |                             |   |
| 5 Net rental income or (loss) from real estate:   |                         |                          |                               |                             |   |
| a Debt-financed property  |                         |                          |                               |                             |   |
| <ul> <li>b Not debt-financed property</li> </ul>  |                         |                          |                               |                             |   |
| 6 Net rental income or (loss) from personal   |                         |                          |                               |                             |   |
| property  |                         |                          |                               |                             |   |
| 7 Other investment income   |                         |                          |                               |                             |   |
| 8 Gain or (loss) from sales of assets other   |                         |                          |                               |                             |   |
| than inventory  |                         |                          |                               |                             |   |
| 9 Net income or (loss) from special events  |                         |                          |                               |                             |   |
| <b>10</b> Gross profit or (loss) from sales of inventory  |                         |                          |                               |                             |   |
| 11 Other revenue:   |                         |                          |                               |                             |   |
| a   |                         |                          |                               |                             |   |
| b   |                         |                          |                               |                             |   |
| C   |                         |                          |                               |                             |   |
| d   |                         |                          |                               |                             |   |
| e   |                         |                          |                               |                             |   |
| 12 Subtotal. Add columns (b), (d), and (e)  |                         | 0.                       |                               | Ο.                          | 0.  |
| 13 Total. Add line 12, columns (b), (d), and (e)  |                         |                          |                               | 13                          | 0.  |
| Part XVI-B       Relationship of Activities         Line No.       Explain below how each activity for which in the foundation's exempt purposes (other that the foundation is exempt purposes) | come is reported in (   | column (e) of Part XVI-/ |                               |                             | plishment of                                |
|   |                         |                          |                               |                             |   |
|   |                         |                          |                               |                             |   |
|   |                         |                          |                               |                             |   |
|   |                         |                          |                               |                             |   |
|   |                         |                          |                               |                             |   |
|   |                         |                          |                               |                             |   |
|   |                         |                          |                               |                             | Form <b>990-PF</b> (2019                    |

| Form 99                        | 0-DE (2  |   |                               | LY J. ING               | GUI CHARIT                    | ABLE                     | 84-3818                             | 2122                      | Page <b>13</b>   |
|--------------------------------|--|---|-------------------------------|-------------------------|-------------------------------|--------------------------|-------------------------------------|---------------------------|------------------|
| Part                           | (  |   |                               | sfers to and            | Transactions a                | nd Relationsh            |                                     |                           | Tayt IU          |
|                                | Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable<br>Exempt Organizations |   |                               |                         |                               |                          |                                     |                           |                  |
| 1 Dio                          | the or   | ganization directly or indi   |                               | of the following wi     | th any other organizati       | on described in sect     | ion 501(c)                          | 1                         | Yes No           |
|                                |  | n section 501(c)(3) organ   |                               | -                       |                               |                          |                                     |                           |                  |
| ``                             |  | from the reporting foundation   | ,                             |                         | •                             |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     | 1a(1)                     | X                |
|                                |  |   |                               |                         |                               |                          |                                     | 1a(2)                     | X                |
|                                |  | sactions:   |                               |                         |                               |                          |                                     |                           |                  |
| (1)                            | Sales  | of assets to a noncharital  | ble exempt organizati         | ion                     |                               |                          |                                     | 1b(1)                     | X                |
| (2)                            | Purch  | ases of assets from a no  | ncharitable exempt o          | rganization             |                               |                          |                                     | 1b(2)                     | X                |
| (3)                            | Renta  | l of facilities, equipment,   | or other assets               |                         |                               |                          |                                     | 1b(3)                     | X                |
| (4) Reimbursement arrangements |  |   |                               |                         |                               | 1b(4)                    | X                                   |                           |                  |
| (5)                            | Loans  | s or loan guarantees  |                               |                         |                               |                          |                                     | 1b(5)                     | X                |
|                                |  | rmance of services or me  |                               |                         |                               |                          |                                     | 1b(6)                     | X                |
| c Sh                           | aring of   | facilities, equipment, ma   | iling lists, other asse       | ts, or paid employ      | ees                           |                          |                                     | 1c                        | X                |
| <b>d</b> Ift                   | he ansv  | ver to any of the above is  | "Yes," complete the f         | ollowing schedule.      | . Column (b) should al        | ways show the fair I     | market value of the goods, c        | other asse                | ets,             |
|                                |  |   |                               |                         | ss than fair market valu      | ue in any transaction    | n or sharing arrangement, sh        | iow in                    |                  |
|                                | `  | ) the value of the goods,   |                               |                         |                               |                          |                                     |                           |                  |
| (a) Line n                     | ю.   | (b) Amount involved   | (c) Name of                   | noncharitable exe       | mpt organization              | (d) Descriptio           | n of transfers, transactions, and s | haring arrar              | ngements         |
|                                | _  |   |                               | N/A                     |                               |                          |                                     |                           |                  |
|                                | _  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                | _  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                | _  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                | _  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                | _  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     |                           |                  |
| <b>2</b> 9  c                  | the four   | ndation directly or indirect  | l<br>thy affiliated with or r | alated to one or n      | ore tax-exempt organ          | izations described       |                                     |                           |                  |
|                                |  | 501(c) (other than section  |                               |                         | fore tax exempt organ         |                          | Γ                                   | Yes                       | X No             |
|                                |  | mplete the following sch  | ( )( ))                       |                         |                               |                          | L                                   | 103                       |                  |
|                                | 100, 00  | (a) Name of org   |                               | (b)                     | Type of organization          |                          | (c) Description of relations        | hip                       |                  |
|                                |  | N/A   |                               |                         |                               |                          |                                     | <u> </u>                  |                  |
|                                |  | · · · · · · · · · · · · · · · · · · ·                                   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  | penalties of perjury, I declare t<br>lief, it is true, correct, and com |                               |                         |                               |                          | May                                 | y the IRS dis             | scuss this       |
| Sign                           | and be   | aller, it is true, correct, and corr                                    | ipiete. Declaration of prep   | barer (other than taxpa | iyer) is based on all informa | auon of which preparer r | retu                                | irn with the<br>wn below? | preparer         |
| Here                           |  |   |                               |                         |                               |                          | EE                                  | X Yes                     | No               |
|                                | Sign   | ature of officer or trustee   |                               |                         | Date                          | Title                    |                                     |                           |                  |
|                                | Print/Type preparer's name     Preparer's signature     Date     Check if     PTIN   |   |                               |                         |                               |                          |                                     |                           |                  |
| <b>.</b>                       |  |   |                               |                         |                               |                          | self- employed                      |                           |                  |
| Paid                           |  | DIANE L. C.   |                               |                         |                               | 06/04/20                 |                                     | 05785                     |                  |
| Prep                           |  | Firm's name 🕨 MUR   | PHY, MILL                     | ER, BAGL                | IERI LLP                      |                          | Firm's EIN ► 20-16                  | 58927                     | 74               |
| Use (                          | only   |   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  | Firm's address ► 65   |                               |                         |                               |                          |                                     |                           |                  |
|                                |  | GL  | EN ROCK, 1                    | NJ 07452                |                               |                          | Phone no. 201–61                    |                           | )15<br>DE (0010) |

| 012-0015                  |  |
|---------------------------|--|
| Form <b>990-PF</b> (2019) |  |

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# 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

| Name of the organizatio  | n   | Employer identification number |
|--------------------------|---|--------------------------------|
|                          | SILVIO AND SALLY J. INGUI CHARITABLE  | 04 2010422                     |
|                          | TRUST   | 84-3818432                     |
| Organization type (che   | ck one):  |                                |
| Filers of:               | Section:  |                                |
| Form 990 or 990-EZ       | 501(c)( ) (enter number) organization   |                                |
|                          | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation              |                                |
|                          | 527 political organization  |                                |
| Form 990-PF              | X 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 organizati | on is covered by the General Rule or a Special Rule.  |                                |
| Note: Only a section 50  | 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | le. 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, II, and III.

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 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

| Schedule  | B (Form 990, 990-EZ, or 990-PF) (2019)  |                           |     | Page <b>2</b>  |
|---|---|---------------------------|-----|--|
| Name of organization<br>SILVIO AND SALLY J. INGUI CHARITABLE<br>TRUST |   |                           |     | yer identification number<br>-3818432  |
| Part I  | Contributors (see instructions). Use duplicate copies of Part I if additiona      | al space is needed.       |     |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | าร  | (d)<br>Type of contribution  |
| 1   | SILVIO AND SALLY INGUI<br>8400 E DIXILETA DRIVE, UNIT 192<br>SCOTTSDALE, AZ 85266 | \$302,9                   | 12. | Person Payroll Noncash X<br>(Complete Part II for noncash contributions.)        |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | าร  | (d)<br>Type of contribution  |
|   |   | \$                        |     | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | าร  | (d)<br>Type of contribution  |
|   |   | \$                        |     | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | าร  | (d)<br>Type of contribution  |
|   |   | \$                        |     | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | าร  | (d)<br>Type of contribution  |
|   |   | \$                        |     | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | าร  | (d)<br>Type of contribution  |
|   |   | \$                        |     | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

| Schedule E                           | 3 (Form 990, 990-EZ, or 990-PF) (2019)                               |                                       |           | Page 3                        |
|--------------------------------------|--|---------------------------------------|-----------|-------------------------------|
| Name of or                           |  |                                       | Employ    | er identification number      |
| SILVIO AND SALLY J. INGUI CHARITABLE |  |                                       |           |                               |
| TRUST                                |  |                                       | 84-       | -3818432                      |
| Part II                              | Noncash Property (see instructions). Use duplicate copies of Part II | if additional space is needed         | ł.        |                               |
| (a)                                  |  | (c)                                   |           |                               |
| No.                                  | (b)  | FMV (or estimate                      | e)        | (d)                           |
| from<br>Part I                       | Description of noncash property given                                | (See instructions                     |           | Date received                 |
|                                      | 1125 SHARES APPLE INC STOCK  |                                       |           |                               |
| 1                                    |  | —                                     |           |                               |
|                                      |  |                                       |           |                               |
|                                      |  | \$302,9                               | 12.       | 12/06/19                      |
|                                      |  |                                       |           |                               |
| (a)                                  | 0. \   | (c)                                   |           | (-1)                          |
| No.<br>from                          | (b)<br>Description of noncash property given                         | FMV (or estimate                      |           | (d)<br>Date received          |
| Part I                               | Description of nonedan property given                                | (See instructions                     | .)        | Date received                 |
|                                      |  |                                       |           |                               |
|                                      |  | _                                     |           |                               |
|                                      |  |                                       |           |                               |
|                                      |  | _   \$                                |           |                               |
| (a)                                  |  |                                       |           |                               |
| No.                                  | (b)  | (c)                                   |           | (d)                           |
| from                                 | Description of noncash property given                                | FMV (or estimate<br>(See instructions |           | Date received                 |
| Part I                               |  |                                       | <i>,</i>  |                               |
|                                      |  | _                                     |           |                               |
|                                      |  | <u> </u>                              |           |                               |
|                                      |  | —   <sub>\$</sub>                     |           |                               |
|                                      |  |                                       |           |                               |
| (a)                                  |  | (c)                                   |           |                               |
| No.                                  | (b)  | FMV (or estimate                      | e) (e     | (d)                           |
| from<br>Part I                       | Description of noncash property given                                | (See instructions                     |           | Date received                 |
|                                      |  |                                       |           |                               |
|                                      |  | -                                     |           |                               |
|                                      |  | _                                     |           |                               |
|                                      |  | \$                                    |           |                               |
|                                      |  |                                       |           |                               |
| (a)<br>No.                           | (5)  | (c)                                   |           | (4)                           |
| from                                 | (b)<br>Description of noncash property given                         | FMV (or estimate                      |           | (d)<br>Date received          |
| Part I                               |  | (See instructions                     | .)        |                               |
|                                      |  | _                                     |           |                               |
|                                      |  | _                                     |           |                               |
|                                      |  | —                                     |           |                               |
|                                      |  | \$                                    | —         |                               |
| (a)                                  |  |                                       |           |                               |
| No.                                  | (b)  | (c)<br>EMV (or estimate               | ,         | (d)                           |
| from                                 | Description of noncash property given                                | FMV (or estimate<br>(See instructions |           | Date received                 |
| Part I                               |  | (                                     | ,         |                               |
|                                      |  | -                                     |           |                               |
|                                      |  | -                                     |           |                               |
|                                      |  | \$                                    |           |                               |
| 923453 11-06-                        | -19  |                                       | B (Form 9 | 90, 990-EZ, or 990-PF) (2019) |

| Name of or                |  |  |                  | Employer identification number                                  |
|---------------------------|--|--|------------------|---|
| SILVIC<br>TRUST           | ) AND SALLY J. INGUI CH                      | IARITABLE  |                  | 84-3818432  |
| Part III                  | from any one contributor. Complete columns i | (a) through (e) and the following lin<br>charitable, etc., contributions of \$1,00 | he entry. For or | 1(c)(7), (8), or (10) that total more than \$1,000 for the year |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                          | (c) Use of gift  |                  | (d) Description of how gift is held                             |
|                           | Transferee's name, address,                  | (e) Transfer o   |                  | lationship of transferor to transferee                          |
|                           |  |  |                  | · · · · · · · · · · · · · · · · · · ·                           |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                          | (c) Use of gift  |                  | (d) Description of how gift is held                             |
| _                         |  | (e) Transfer o   | of gift          |   |
| -                         | Transferee's name, address,                  | and ZIP + 4  | Re               | elationship of transferor to transferee                         |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                          | (c) Use of gift  |                  | (d) Description of how gift is held                             |
|                           |  | (e) Transfer o   | of gift          |   |
| -                         | Transferee's name, address,                  | and ZIP + 4  | Re               | elationship of transferor to transferee                         |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                          | (c) Use of gift  |                  | (d) Description of how gift is held                             |
|                           |  | (e) Transfer o   | of gift          |   |
| -                         | Transferee's name, address,                  | and ZIP + 4  | Re               | elationship of transferor to transferee                         |
| 923454 11-06-             | 19   |  |                  | Schedule B (Form 990, 990-EZ, or 990-PF) (2019                  |

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## 84-3818432

| FORM 990-PF CORPORATE STOCK             |            | STATEMENT 1          |
|---|------------|----------------------|
| DESCRIPTION                             | BOOK VALUE | FAIR MARKET<br>VALUE |
| APPLE INC                               | 302,912.   | 330,356.             |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 302,912.   | 330,356.             |

| FORM 990-PF          | LIST OF SUBSTANTIAL CONTRIBUTORS<br>PART VII-A, LINE 10 | STATEMENT 2 |
|----------------------|---|-------------|
| NAME OF CONTRIBUTOR  | ADDRESS   |             |
| SILVIO & SALLY INGUI | 8400 E DIXILETA DRIVE, UNI<br>SCOTTSDALE, AZ 85266      | т 192       |

| FORM 990-PF | PART XV - LINE 1A          | STATEMENT 3 |
|-------------|----------------------------|-------------|
| 1           | IST OF FOUNDATION MANAGERS |             |

## NAME OF MANAGER

SILVIO INGUI SALLY INGUI