

SILVIO AND SALLY J. INGUI CHARITABLE **TRUST** 8400 E DIXILETA DRIVE, UNIT 192 SCOTTSDALE, AZ 85266

SILVIO AND SALLY J. INGUI CHARITABLE TRUST:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURN AND 2023 ESTIMATED TAX WORKSHEET, AS FOLLOWS...

2022 FORM 990-PF

2023 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-PF

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

DIANE L. CAPOBIANCO



#### PRIVACY POLICY

CPAS, LIKE ALL PROVIDERS OF PERSONAL FINANCIAL SERVICES, ARE NOW REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THEIR POLICIES REGARDING PRIVACY OF CLIENT INFORMATION. CPAS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY THAT ARE EVEN MORE STRINGENT THAN THOSE REQUIRED BY LAW. THEREFORE, WE HAVE ALWAYS PROTECTED YOUR RIGHT TO PRIVACY.

#### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

WE COLLECT NONPUBLIC PERSONAL INFORMATION ABOUT YOU THAT IS EITHER PROVIDED TO US BY YOU OR OBTAINED BY US WITH YOUR AUTHORIZATION.

#### PARTIES TO WHOM WE DISCLOSE INFORMATION

FOR CURRENT AND FORMER CLIENTS, WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION OBTAINED IN THE COURSE OF OUR PRACTICE EXCEPT AS REQUIRED OR PERMITTED BY LAW. PERMITTED DISCLOSURES INCLUDE, FOR INSTANCE, PROVIDING INFORMATION TO OUR EMPLOYEES AND, IN LIMITED SITUATIONS, TO UNRELATED THIRD PARTIES WHO NEED TO KNOW THAT INFORMATION TO ASSIST US IN PROVIDING SERVICES TO YOU. IN ALL SUCH SITUATIONS, WE STRESS THE CONFIDENTIAL NATURE OF INFORMATION BEING SHARED.

# PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO THAT WE ARE BETTER ABLE TO ASSIST YOU WITH YOUR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. IN ORDER TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

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PLEASE CALL IF YOU HAVE ANY QUESTIONS, BECAUSE YOUR PRIVACY, OUR PROFESSIONAL ETHICS, AND THE ABILITY TO PROVIDE YOU WITH QUALITY FINANCIAL SERVICES ARE VERY IMPORTANT TO US.

# 2023 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

#### FOR THE YEAR ENDING

**DECEMBER 31, 2023** 

#### PREPARED FOR:

SILVIO AND SALLY J. INGUI CHARITABLE TRUST 8400 E DIXILETA DRIVE, UNIT 192 SCOTTSDALE, AZ 85266

#### PREPARED BY:

MURPHY, MILLER, BAGLIERI LLP 65 HARRISTOWN ROAD GLEN ROCK, NJ 07452

#### **AMOUNT OF TAX:**

TOTAL ESTIMATED TAX	\$ 12,520
LESS CREDIT FROM PRIOR YEAR	\$ 0
LESS AMOUNT ALREADY PAID ON 2023 ESTIMATE	\$ 0
BALANCE DUE	\$ 12,520

### PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT		DUE DATE
NO 1	\$	3,130	MAY 15, 2023
NO 2	\$	3,130	JUNE 15, 2023
NO 3	\$	3,130	SEPTEMBER 15, 2023
NO 4	\$	3,130	<b>DECEMBER 15, 2023</b>

#### MAKE CHECK PAYABLE TO:

**NOT APPLICABLE** 

# MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:

ELECTRONIC FILING HAS BEEN SELECTED FOR THE PAYMENT OF ESTIMATED TAX. PAYMENT FOR THE INSTALLMENT(S) WILL BE AUTOMATICALLY WITHDRAWN FROM THE ACCOUNT ENDING IN 8925 FOR THE AMOUNT(S) ON OR AFTER THE DATE(S) LISTED BY THE DEPARTMENT OF THE TREASURY. REFER TO ESTIMATE ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

# **SPECIAL INSTRUCTIONS:**

# TAX RETURN FILING INSTRUCTIONS

**FORM 990-PF** 

#### FOR THE YEAR ENDING

**DECEMBER 31, 2022** 

#### PREPARED FOR:

SILVIO AND SALLY J. INGUI CHARITABLE TRUST 8400 E DIXILETA DRIVE, UNIT 192 SCOTTSDALE, AZ 85266

#### PREPARED BY:

MURPHY, MILLER, BAGLIERI LLP 65 HARRISTOWN ROAD GLEN ROCK, NJ 07452

### AMOUNT DUE OR REFUND:

BALANCE DUE OF \$5,012

#### MAKE CHECK PAYABLE TO:

YOUR BALANCE DUE OF \$5,012 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ENDING IN 8925 ON MAY 3, 2023. REFER TO FORM 990-PF ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

## MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

#### RETURN MUST BE MAILED ON OR BEFORE:

**NOT APPLICABLE** 

### **SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2023

PLEASE NOTE THAT THERE IS \$73,472 OF UNDISTRIBUTED INCOME FOR 2022 ON FORM 990-PF. THE ORGANIZATION MUST DISTRIBUTE THIS AMOUNT BY THE END OF ITS 2023 TAX YEAR TO AVOID THE EXCISE TAX ON UNDISTRIBUTED INCOME.

# Form 8879-TE

# IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer SILVIO AND SALLY J. INGUI CHARITABLE
TRUST

EIN or SSN
84-3818432

Name and title of officer or person subject to tax STEPHEN INGUI TRUSTEE

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12	2)	1b
2a	Form 990-EZ check here		<b>b Total revenue,</b> if any (Form 990-EZ, line 9)		2b
За	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)		3b
4a	Form 990-PF check here	X	<b>b</b> Tax based on investment income (Form 990-PF, Part V, lin	ne 5)	4b <u>12,492.</u>
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)		5b
6a	Form 990-T check here		<b>b Total tax</b> (Form 990-T, Part III, line 4)		6b
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)		7b
8a	Form 5227 check here		<b>b FMV</b> of assets at end of tax year (Form 5227, Item D)		8b
9a	Form 5330 check here		<b>b Tax due</b> (Form 5330, Part II, line 19)	!	9b
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part	t III, line 22)	10b
Part	II Declaration and S	ignatu	re Authorization of Officer or Person Subject to	Tax	
Jnder	penalties of perjury, I declare the	at X	am an officer of the above entity or I am a person subject	to tax with respe	ect to (name
of entit	y)		, (EIN)	and that I have e	examined a copy of the
	la atroduction and are also a consequence		dulan and shakararaka and hadha bankatara lumandadan and ba	Park Albania and Annie	and the second

2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN	1:	check	one	box	only
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X I authorize	MURPHY,	MILLER,	BAGLIERI	LLP	

to enter my PIN

07470

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

# 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.

22974280255

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date

# ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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.



		idar year 2022 or tax year beginning	3.g0 v/1 0/111030/1 10/11104/u	, and ending	matom	Open to Public Inspection
		foundation		, and chaing	A Employer identification	numher
		VIO AND SALLY J. INGUI	CHARTTABLE		A Employer Identification	
	RU				84-3818432	
		nd street (or P.O. box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	
8	40	O E DIXILETA DRIVE, UNI	г 192		4806569011	
		own, state or province, country, and ZIP or foreign p		· · · · · · · · · · · · · · · · · · ·	C If exemption application is p	
		TTSDALE, AZ 85266			a somption approach to p	onang, oncommerc
		all that apply: Initial return	Initial return of a fo	ormer public charity	<b>D</b> 1. Foreign organization:	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, omputation
H (	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		<b>E</b> If private foundation sta	
	] Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(1	
I Fa	ir ma	arket value of all assets at end of year   <b>J</b> Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fr	om F		ther (specify)		under section 507(b)(1	)(B), check here
_	\$	4,902,785. (Part I, colur	nn (d), must be on cash basi	is.)		_
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
			expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	2,561,926.		N/A	
	2	Check if the foundation is not required to attach Sch. B Interest on savings and temporary	9.	9.		CMAMEMENT 1
	3	cash investments	29,079.	29,079		STATEMENT 1
	4	Dividends and interest from securities	29,079.	49,079	•	STATEMENT 2
		Gross rents				
		Net rental income or (loss)	884,857.			
e	oa h	Net gain or (loss) from sale of assets not on line 10  Gross sales price for all assets on line 6a	004,037.			
Revenue	b   7	assets on line 6a  Capital gain net income (from Part IV, line 2)		884,857.		
Be	8	Net short-term capital gain		001/03/		
	9	Income modifications				
	10a	Gross sales less returns				
	b	Less: Cost of goods sold				
		Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	3,475,871.	913,945		
	13	Compensation of officers, directors, trustees, etc.	0.	0.	,	0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits	2 455			2 4 5 5
ses	16a	Legal fees STMT 3	3,157.	0.		3,157.
nec	b	Accounting fees STMT 4	2,850.	285.	<u> </u>	2,565.
Ä	C	Other professional fees	6.	6.		
Administrative Expenses	17	Interest STMT 5	14,941.	14,941.		0.
tra	18 19	Depreciation and depletion	14,941.	14,341	)	0.
inis	20					
ρ	21	Occupancy Travel, conferences, and meetings				
	22	Printing and publications				
and		Other expenses STMT 6	75.	0.		75.
Operating	24	Total operating and administrative		-		
Ser		expenses. Add lines 13 through 23	21,029.	15,232.	,	5,797.
Ö	25	Contributions, gifts, grants paid	104,400.			104,400.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	125,429.	15,232	,	110,197.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	3,350,442.			
		Net investment income (if negative, enter -0-)		898,713.		
	l c	Adjusted net income (if negative, enter -0-)			N/A	

223501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2022)

84-3818432

P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
•	ui t	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		1,460.	1,460.
	2	Savings and temporary cash investments			
		Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
छ	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 7	318,820.	3,838,863.	4,601,727.
	С	Investments - corporate bonds			
		Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	470,659.	299,598.	299,598.
	14	Land, buildings, and equipment; basis			
		Less: accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	789,479.	4,139,921.	4,902,785.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
			•		
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
es		and complete lines 24, 25, 29, and 30.			
anc		Net assets without donor restrictions			
Bal	25	Net assets with donor restrictions			
힏		Foundations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balanc		and complete lines 26 through 30.	0	_	
Š	26	Capital stock, trust principal, or current funds	0.	0.	
sets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	789,479.	4,139,921.	
As	28	Retained earnings, accumulated income, endowment, or other funds	789,479.	4,139,921.	
let	29	Total net assets or fund balances	103,413.	4,139,921.	
_	20	Total liabilities and not assets/fund halaness	789,479.	4,139,921.	
=	30	Total liabilities and net assets/fund balances		Ŧ, IJJ, JZI•	
Р	art	Analysis of Changes in Net Assets or Fund Bal	ances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 2	9		
		t agree with end-of-year figure reported on prior year's return)		1	789,479.
		amount from Part I, line 27a		1 . 1	789,479. 3,350,442.
		increases not included in line 2 (itemize)			0.
		ines 1, 2, and 3			4,139,921.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 29		4,139,921.
_					Farma 990-DE (0000)

Form **990-PF** (2022)

Page 2

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick variehouse; or common stock, 200 shs. MLC Co.)  (b) How acquired (ino., 697, yr.)  (c) Duration  (d) Date sold (ino., 697, yr.)  (e) Gross sales price  (e) Gross sales price  (f) Depreciation allowed (or allowable)  (g) Cost or other basis plus expense of sale  (h) Gain or (loss) ((e) plus (i) minus (g))  (ii) FMV as of 12/3 1/69  (iii) Adjusted basis  (iv) Excess of col. (i) over col. (i), if any  (iv) FMV as of 12/3 1/69  (iv) Adjusted basis  (iv) Excess of col. (i)  (iv) FMV as of 12/3 1/69  (iv) Adjusted basis  (iv) Excess of col. (ii)  (iv) FMV as of 12/3 1/69  (iv) Adjusted basis  (iv) Excess of col. (ii)  (iv) FMV as of 12/3 1/69  (iv) Adjusted basis  (iv) Excess of col. (ii)  (iv) FMV as of 12/3 1/69  (iv) Adjusted basis  (iv) Excess of col. (ii)  (iv) FMV as of 12/3 1/69  (iv) Adjusted basis  (iv) Excess of col. (ii)  (iv) FMV as of 12/3 1/69  (iv) Adjusted basis  (iv) Excess of col. (ii)  (iv) FMV as of 12/3 1/69  (iv) Adjusted basis  (iv) Excess of col. (ii)  (iv) FMV as of 12/3 1/69  (iv) Adjusted basis  (iv) Excess of col. (ii)  (iv) FMV as of 12/3 1/69  (iv) Adjusted basis  (iv) Excess of col. (ii)  (iv) Adjusted basis  (iv) Excess of col. (ii)  (iv) Adjusted basis  (iv) Excess of col. (iii)  (iv) Adjusted basis  (iv)	Form 990-PF (2022) TRU							84-381	
(e) Gross sales price (f) Depreciation allowed (or allowable) (f) Depreciation allowed (f)	Part IV Capital Gains	and Losses for Tax on In	vestment In	come				ED STATEME	ENTS
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus (f) minus (g))  (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus (f) minus (g))  (ii) Gain (Cot. (h) gain minus (g))  (ii) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (j) Adjusted basis as of 12/31/69 (ii) FXV as of 12/31/69 (iii) FXV				(6	) How a P - Purc D - Don	cquired hase ation	(c) Date acquired (mo., day, yr.)		
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus (f) minus (g))  (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus (f) minus (g))  (ii) Gain (Cot. (h) gain minus (g))  (ii) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (j) Adjusted basis as of 12/31/69 (ii) FXV as of 12/31/69 (iii) FXV	1a								
(e) Gross sales price (f) Depreciation allowed (or allowable) (a) Cost or other basis plus expense of sale (e) plus (f) minus (g))  a	b								
(e) Gross sales price (f) Depreciation allowed (or allowable) (a) Cost or other basis plus expense of sale (e) plus (f) minus (g))  a	C								
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale ((ii) plus (f) minus (g))  a	d								
(e) Gross sales price (f) Depreciation allowed (or allowable) (p) Cost or other basis plus expense of sale ((6) plus (f) minus (g))  (b) Bain or (loss) ((6) plus (f) minus (g))  (c) Bain or (loss) ((6) plus (f) minus (g))  (d) Bain or (loss) ((6) plus (f) minus (g))  (e) Complete only for assets showing gain in column (n) and owned by the foundation on 12/3 1/69.  (i) FMW as of 12/31/69 (i) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any  (ii) FMW as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (ver col. (j), if any  (iii) FMW as of 12/31/69 (iii) Adjusted basis as of 12	e								
b c d d e	(e) Gross sales price	`, '	( ,				•		
b c d d e	a								
complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) Fall standard as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iv) Adjusted basis as of 12/31/69 (iv) Adjusted basis as of 12/31/69 (iv) Fall standard as of 12/31/69 (iv) Adjusted basis as of 12/31/69 (iv) Fall standard a	b								
Section   Sect	C								
Section   Sect	d								
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69  (i) Adjusted basis as of 12/31/69  (ii) FMV as of 12/31/69  (iii) FMV as of 12/31/69  (iv) FMV as of 12	e								884,857.
(i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (ver col. (i) over col. (i), if any col. (ii), if any col. (iii) if any col. (iiii) if any col. (iii) if		ng gain in column (h) and owned by	the foundation on	12/31/6	9.		(1)	Gains (Col. (h) gain	
Capital gain net income or (net capital loss)    If gain, also enter in Part I, line 7   (loss), enter -0- in Part I, line 7   2   884 , 857 .		(j) Adjusted basis	(k) Exce	ss of col.	. (i)			(k), but not less than	1 -0-) <b>or</b>
Capital gain net income or (net capital loss)    If gain, also enter in Part I, line 7   (loss), enter -0- in Part I, line 7   2   884 , 857 .	a								
Capital gain net income or (net capital loss)  (If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 7 Part IV   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)  1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)  1	b								
Reput operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)  1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)  1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)  1a Exempt operating foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  2 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-)  6 Credits/Payments:  a 2022 estimated tax payments and 2021 overpayment credited to 2022 6a 7, 480.  b Exempt foreign organizations - tax withheld at source 6b 0.  d Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Credited to 2022 estimated tax  Refunded  11	C								
Capital gain net income or (net capital loss)  Capital gain net income or (net capital loss)  Capital gain net income or (net capital loss)  Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):  If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8  Part V   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)  1a Exempt operating foundations described in section 4940(d)(2), check here	d								
Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8  Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)  1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)  1 a Late of ruling or determination letter: (attach copy of letter if necessary - see instructions)  1 a Late of ruling or determination letter: (attach copy of letter if necessary - see instructions)  2 a Late of part I, line 12, 492.  3 a Late of ruling or determination letter: (attach copy of letter if necessary - see instructions)  4 a Late of ruling or determination letter: (attach copy of letter if necessary - see instructions)  5 a Late of ruling or determination letter: (attach copy of letter if necessary - see instructions)  6 b Late of ruling or determination letter: (attach copy of letter if necessary - see instructions)  7 a Late of ruling or determination letter: (attach copy of letter if necessary - see instructions)  8 a Late of ruling or determination letter: (attach copy of letter if necessary - see instructions)  9 a Late of ruling or determination letter:	e								884.857.
Part I, line 8 Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)  1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)  b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  3 Add lines 1 and 2  4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6 Credits/Payments:  a 2022 estimated tax payments and 2021 overpayment credited to 2022  b Exempt foreign organizations - tax withheld at source  6 Backup withholding erroneously withheld  6 C  7 Total credits and payments. Add lines 6a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Credited to 2023 estimated tax  Refunded  11	3 Net short-term capital gain or (lo	apital loss) $\int $ If (loss), enter -0 ss) as defined in sections 1222(5) ar	O- in Part I, line 7 nd (6):		) ``	2			884,857.
Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)  1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)  b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  3 Add lines 1 and 2  4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6 Credits/Payments:  a 2022 estimated tax payments and 2021 overpayment credited to 2022		, column (c). Occ manacions. 11 (103			J	7 3		N/A	
Date of ruling or determination letter:		sed on Investment Incom	ne (Section 4	4940(a	a), 4940	)(b), o	r 4948 -		าร)
Date of ruling or determination letter:	1a Exempt operating foundations	described in section 4940(d)(2), che	eck here	and e	nter "N/A"	on line 1			
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 6 Catax paid with application for extension of time to file (Form 8868) 6 Catax paid with application for extension of time to file (Form 8868) 6 Catax paid with application for extension of time to file (Form 8868) 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2023 estimated tax  Refunded 11				_				1	12,492.
enter 4% (0.04) of Part I, line 12, col. (b)  2  Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  3  Add lines 1 and 2  4  Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  5  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6  Credits/Payments:  a 2022 estimated tax payments and 2021 overpayment credited to 2022  b Exempt foreign organizations - tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroneously withheld  6	· ·						,	<b>}</b>	·
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4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6 Credits/Payments:  a 2022 estimated tax payments and 2021 overpayment credited to 2022  b Exempt foreign organizations - tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Credited to 2023 estimated tax  Refunded	0 Add Coss 4 and 0					- /			12,492.
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6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax  Refunded  7 7,480  6c 0.  7 7,480  8 0.  9 5,012  10					,	- /			
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b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax  Refunded 11	•	and 2021 overpayment credited to 20	122	6a			7,480		
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d Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Credited to 2023 estimated tax  12 Refunded  13 Tax due. If the total of lines 5 and 8, enter the amount overpaid  14 Refunded							0		
7 Total credits and payments. Add lines 6a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Credited to 2023 estimated tax  12 Total credits and payments. Add lines 6a through 6d  7 7, 480.  8 0.  9 5, 012.  10 10 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax  11 Payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  12 Total credits and payments. Add lines 6a through 6d  7 Refunded								_	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 Toverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be: Credited to 2023 estimated tax  Refunded 11			-						7,480.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Credited to 2023 estimated tax  12 Setunded  13 Setunded  14 Setunded  15 Setunded  16 Setunded  17 Setunded  18 Setunded  19 Setunded  10 Setunded  10 Setunded  11 Setunded  11 Setunded  11 Setunded  12 Setunded  13 Setunded  14 Setunded  15 Setunded  16 Setunded  17 Setunded  18 Setunded  19 Setunded  10 Setunded  10 Setunded  10 Setunded  10 Setunded  11 Setunded  11 Setunded  11 Setunded  12 Setunded  13 Setunded  14 Setunded  15 Setunded  16 Setunded  17 Setunded  18 Setunded  19 Setunded  10 Setunded  11 Setunded  11 Setunded  12 Setunded  13 Setunded  14 Setunded  15 Setunded  16 Setunded  17 Setunded  18 Setunded  18 Setunded  19 Setunded  10 Setunded  11 Setunded  11 Setunded  12 Setunded  13 Setunded  14 Setunded  15 Setunded  16 Setunded  17 Setunded  18 Setunded  18 Setunded  18 Setunded  18 Setunded  19 Setunded  10 Setunded									
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Credited to 2023 estimated tax  12 Index the amount of line 10 to be: Credited to 2023 estimated tax					•••				5,012.
11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11									,
									orm <b>990-PF</b> (2022

If "Yes," attach the statement required by General Instruction T.

• By language in the governing instrument, or

**6** Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

SILVIO AND SALLY J. INGUI CHARITABLE Form 990-PF (2022) TRUST 84-3818	432		Page <b>4</b>
Part VI-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		Yes	No
any political campaign?	1a		Х
<b>b</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.			
c Did the foundation file Form 1120-POL for this year?	1c		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1) On the foundation. \$ (2) On foundation managers. \$			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. \$O •			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X

	remain in the governing instrument?	6
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 XIV	7
3a	Enter the states to which the foundation reports or with which it is registered. See instructions	
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)	

of each state as required by General Instruction G? If "No," attach explanation

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

b 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?

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		
	year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		
	If "Yes," attach statement. See instructions	12	X

13	B Did the foundation comply with the public inspection requirements for its annual returns and exemption application?							
	Website address N/A							
14	The books are in care of THE CHARITABLE TRUST  Telephone no. 480656	901	1					
	Located at 8400 E DIXILETA DRIVE, UNIT 192, SCOTTSDALE, AZ ZIP+4 85	266						

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041 -</b> check here						
	and enter the amount of tax-exempt interest received or accrued during the year 15				N/A		
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,	`			Yes	No	
	securities, or other financial account in a foreign country?			16		X	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes." enter the name of the						

Form **990-PF** (2022)

4a

4b

5

Х

Х

Х

X

Part VI-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.		ľ	Yes	No
1a During the	ear, did the foundation (either directly or indirectly):				
(1) Engage	in the sale or exchange, or leasing of property with a disqualified person?	<u>1</u> /	a(1)		X
(2) Borrow	money from, lend money to, or otherwise extend credit to (or accept it from)				
a disqu	alified person?	<u>1</u> /	a(2)		X
(3) Furnish	goods, services, or facilities to (or accept them from) a disqualified person?	<u>1</u> /	a(3)		X
(4) Pay co	npensation to, or pay or reimburse the expenses of, a disqualified person?	<u>1</u> /	a(4)		X
(5) Transfe	r any income or assets to a disqualified person (or make any of either available				
for the	benefit or use of a disqualified person)?	<u>1</u> /	a(5)		_X_
	o pay money or property to a government official? (Exception. Check "No"				
if the fo	undation agreed to make a grant to or to employ the official for a period after				
termina	tion of government service, if terminating within 90 days.)	<u>1</u> /	a(6)		_X_
<b>b</b> If any answ	er is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations				
section 53.4	941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
<b>c</b> Organizatio	is relying on a current notice regarding disaster assistance, check here	🔲 📗			
<b>d</b> Did the four	dation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
before the f	rst day of the tax year beginning in 2022?	L	1d		_X_
	lure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
defined in s	ection 4942(j)(3) or 4942(j)(5)):				
<b>a</b> At the end of	f tax year 2022, did the foundation have any undistributed income (Part XII, lines				
6d and 6e)	or tax year(s) beginning before 2022?		2a		_X_
If "Yes," list	the years , , , , , , ,				
<b>b</b> Are there ar	y years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect				
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				
statement -	see instructions.)	N/A	2b		
<b>c</b> If the provis	ions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.				
3a Did the four	dation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the y	ear?		3a		X
<b>b</b> If "Yes," did	it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after				
May 26, 19	(c) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	se			
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,				
	to determine if the foundation had excess business holdings in 2022.)	N/A	3b		
	dation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
	dation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that				
	n removed from jeopardy before the first day of the tax year beginning in 2022?		4b		Х
			990	-PF	(2022)

TRUST

Page 6

Sa During the year, did the foundation pay or incur any anount to:  (1) Carry on proapagatio, or otherwise altergate infinitence legislation (section 4945(c))?  (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter regislation drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide to any purpose other than religious, martiable, scientific, literary, or obscalational purposes, or for the prevention of cruely to children or animals?  (6) Provide to any purpose other than religious, martiable, scientific, literary, or obscalational purposes, or for the prevention of cruely to children or animals?  (7) It is any anexes in Section 534(4)**Ci), oil any of the transactions fail to qualify under the cooploins described in Regulations section Section 54(4)**Ci), oil any of the transactions fail to qualify under the cooploins described in Regulations section sections for in a current notice regarding diseaster assistance, these here  (a) If the answers in Section 534(4)**Cist on the company of the section of the company of	Part VI-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)			9
(a) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration driver?  (b) Provide a great to an individual for travel, study, or other similar purposes?  (c) Provide a great to an individual for travel, study, or other similar purposes?  (d) Provide a great to an individual for travel, study, or other similar purposes?  (e) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crustly to children or animals?  (e) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crustly to children or animals?  (f) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of contracts of the scientific of the purpose of the transactions for the prevention of the scientific of the scienti	<b>5a</b> During the year, did the foundation pay or incur any amount to:		•	•		Yes	No
any voter registration driver?  (3) Provide a grant to a individual for travel, study, or other similar purposes?  (4) Provide a grant to a individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(c)(4)(AP) See instructions  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  If any asserts is "Ves to Sq1(-)5(d, diary or the transactions fail to qualify under the exceptions described in Regulations section 53-4945 or in a current notice regarding diseaset assistance, check here  If the answer is "Vest to question 54(4), does the foundation claim exemption from the tax because it maintained opponiture responsibility for the grant?  If "Ves," attach the statement required by Regulations section 53.4445-5(1).  By the foundation, during the year, page eminures, directly or indirectly, to page premiums on a pursonal benefit contract?  1 Directly and the foundation subject to the section 4960 tax on payment(s) or indirectly, to page premiums on a pursonal benefit contract?  1 List all efficers, directors, trustees, and foundation managers and their compensation.  1 List all efficers, directors, trustees, and foundation managers and their compensation.  1 List all efficers, directors, trustees, and foundation managers and their compensation.  1 List all efficers, directors, trustees, and foundation managers and their compensation.  1 List all efficers, directors, trustees, and foundation managers and their compensation.  1 List all efficers, directors, trustees, and foundation managers and their compensation.  1 List all efficers, directors, trustees, and foundation managers and their compensation.  1 List all efficers, directors, trustees, and foundation managers and their compensation.  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE  2 C	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?						Х
(3) Provide a grant to an individual for taxel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of curely to children or animals?  5 It any answers is "Mes" to \$(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$(3.94.95) of in a current notice regarding disaster assistance, check here c Organizations relying on a current notice regarding disaster assistance, check here d If the answer is "xes" to question 1944, looss the foundation claim exemption form the tax because it maintained exponditure responsibility for the grant? If "Yes," attach the statement required by Regulations section \$3.4945-5(g).  8a Did the foundation, during the year, receive any funds, directly or indirectly, or pay premiums on a personal benefit contract?  8a Literature of the statement required by regulations section \$3.4945-5(g). B If "Yes," did the foundation, during the year, any permiums, directly or indirectly, on a personal benefit contract?  8a Literature of the statement required by regulations section \$3.4945-5(g). B If "Yes," did the foundation, during the year, any permiums, directly or indirectly, on a personal benefit contract?  8b If the foundation, during the year, any permiums, directly or indirectly, on a personal benefit contract?  8a Literature of the foundation of the foundation approach of the foundation of the highest paid employees (other than those included on line 1.1 finone, enter "NONE."  1 List all officers, directors, tractsc	(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,				
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide agrant to an individual for travel, study, or other similar purposes?  (5) Provide for agrant to an individual for travel, study, or office similar purposes, or or the prevention of cruelty to children or animals?  1) If any answer is "est to \$41,1-50, did any of the transactions fail to qualify under the exceptions discribed in Regulations section \$3.496 for in a current notice regarding diseases assistance, theck here  1) Organizations relying on a current notice regarding diseases assistance, theck here  2) Organizations relying on a current notice regarding diseases assistance, theck here  3) If "yes," stands in a surrent notice regarding diseases assistance, theck here  4) If the answers "even to guestion selection septrating diseases assistance, theck here  5) Organizations relying on a current notice regarding diseases assistance, the the here assistance assistance, the part of the second of th							X
4946(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(	(3) Provide a grant to an individual for travel, study, or other similar purposes	?			5a(3)		X
(6) Provide for any purpose often than religious, charitable, scientific, literary, or oducational purposes, or for the prevention of curlet to children or animate.  b If any answer is "Yes" to Sai(1)-(5), did any of the transactions all to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions  c Organizations relying on a current notice regarding disaster assistance, check here  d If the answer is "Yes" to question Sai(4), does the doundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "As," attach the statement required by Regulations section 53.4945-5(6).  B bid the foundation, during the grant, receive any funds, directly or indirectly, to pay premiums on a presonal benefit contract?  B bid the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To at any time during the tax year, was the foundation or applied to the transaction?  N/A To 1 If "As of the form 870.  To a list any time during the tax year, was the foundation or applied to the section 4960 fax on payment(s) of more than \$1,000,000 in remuneration or excess paracture payments) fauntine the year?  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VII Information About Officers, Officers, Information Managers, Information Ma							
b If any answer is "Yes" to \$6, 11\(-15\), (iii) and any of the transactions fall to qualify under the exceptions described in Regulations section \$3.495 or in a current notice regarding disaster assistance? See instructions  of Organizations relying on a current notice regarding disaster assistance, theck here of If the answers 'Yes' to question \$40\), does the broudston claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attentive the statement required by Regulations section \$3.4945-\$60).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b If the "Yes" to \$6, like Form \$870.  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  b If "Yes," did the foundation subject to the section 4960 bix on payment(s) of more than \$1,000,000 in remuneration or years payment(s) during the year?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, grustees, and foundation managers and their compensation.  (e) Name and address    (a) Name and address   1.00   0   0   0   0   0   0   0   0    STEPHEN INGUI   TRUSTEE   0   0   0   0   0   0   0   0   0	4945(d)(4)(A)? See instructions						
b If any answer is "Yes" to Sa(1)-(5), did any of the transactions all to qualify under the exceptions described in Regulations section S.4946 or in a current notice regarding disaster assistance, these here  c Organizations relying on a current notice regarding disaster assistance, these here  d If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes" attach the statement required by Regulations section S.4945-5(0).  B bid the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  1 bid the foundation creative any proceeds of have any net income attributable to the transaction?  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8 is the foundation subject to the section 4860 fax on payment(s) of more than \$1,000,000 in remuneration or occass parachite payment(s) furing the year?  Part III Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation  (a) Name and address  (b) Tile, and everage hours provided the compensation (c) (Compensation of the path shape and the party of the path shape and the pat							
section 53.4945 or in a current notice regarding disaster assistance; See instructions	the prevention of cruelty to children or animals?				5a(5)		X
c Organizations relying on a current notice regarding disaster assistance, check here d if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  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?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (b) Title, and varage hours give week devoted for possible.  (c) Compensation (thot paid, eight and paid of possible to the paid of t			-	3T / 3			
d If the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, 'attach the statement required by Regulations section 63.4945-5(0).  Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pey premiums, directly or indirectly, on a personal benefit contract?  1 If Yes' to Sig. In Errorm 8370.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b If Yes', did the foundation subject to the section 4960 tax on payment(s) during the year?  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Tifle, and average foundation (find paid) enter 19.1 In one of the paid of the					5b		
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess paracular payments(s) furting the year?  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Tille, and average holds for the paid of the pai				Ш			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a ild the toundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b ild the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  1a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8 is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachule payment(s) during the year?  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Title, and average bour specific position of the highest-paid employees (and the position of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000				NT / 7\	F.4		
Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   Sa X   Bb X   K   B				IN / A	50		
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7a At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  7a b if "Yes" of the fire from 8870.  7a At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  8 is the foundation subject to the section 4800 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours go no section of the paid, enter "-0-)  TRUSTEE  SCOTTSDALE, AZ 85266  1.00  0.00  0.00  0.00  0.00  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average devoted to position  TRUSTEE  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average devoted to position  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average devoted to position  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (f) Compensation of five highest paid emplo		nov promiumo on					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  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?  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?  Part VII					62		x
If Yes' to 8b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7a At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  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?  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Plaid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted to position of the paid, enter-0-)  SILVIO INGUI  FRUSTEE  TRUSTEE  SCOTTSDALE, AZ 85266  1.00  0.0.0.0.0.0.0.  SALLY INGUI  FRUSTEE  SCOTTSDALE, AZ 85266  1.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	h Did the foundation, during the year, pay premiums, directly or indirectly, on a n	arconal hanafit contract?					-
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b if Yes; did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A  8 is the tondation subject to the section 4980 tax on payment(s) of more than \$1,000,000 in removeration or excess parachute payment(s) during the year?  Part VII		ersonal benefit contract:			- 00		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess paradhurle payment(s) during the year?  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Title, and average of the director of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (b) Title, and average of the part of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees Paid Information (c) Compensation (d) Compensation (fine opaid, enter 0-9) and the property benefit paid and compensation (fine opaid, enter 0-9) and paid to position (	•	helter transaction?			7a		x
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or good payments) during the year?  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address (b) Title, and average hours per week devoted to position (If not paid, enter-0-)  TRUSTEE  8400 EAST DIXILETA DRIVE, LOT 192  SCOTTSDALE, AZ 85266 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.							
Part VII							
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, directors, trustees, and foundation managers and their compensation.   (a) Name and address   (b) Title, and average hours per week devoided to position (if not paid, enter -0-)   (c) Compensation (if not paid, enter -0-)   (d) Contributions to position (if not paid, enter -0-)   (e) Expense and their Compensation (if not paid, enter -0-)   (e) Expense and contractors are provided by the position of the position of the position (if not paid, enter -0-)   (e) Expense are provided by the position of the position of the position (if not paid, enter -0-)   (e) Expense are provided by the position of the position of the position of the position of the paid employees (other than those included on line 1). If none, enter "NONE."	average manager than a support of a support of the support				8		х
List all officers, directors, trustees, and foundation managers and their compensation.    List all officers, directors, trustees, and foundation managers and their compensation.    List all officers, directors, trustees, and foundation managers and their compensation.    List all officers, directors, trustees, and foundation managers and their compensation.    List all officers, directors, trustees, and foundation managers and their compensation.    List all officers, directors, trustees, and foundation managers and their compensation.    List all officers, directors, trustees, devoted by Diffice, and average hours per week devoted to position   Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."	Part VII Information About Officers, Directors, Truste	es, Foundation Mai	nagers, Highly				
(a) Name and address (b) Title, and average hours per veek devoked (of position (if not paid, on paid, on position (if not paid, on paid, on position (if not paid, on paid,							
SILVIO INGUI  8400 EAST DIXILETA DRIVE, LOT 192  SCOTTSDALE, AZ 85266  1.00  0.0.0.0.  SALLY INGUI  8400 EAST DIXILETA DRIVE, LOT 192  SCOTTSDALE, AZ 85266  0.60  0.0.0.0.  STEPHEN INGUI  27 BODIE ROAD  WAYNE, NJ 07470  3.00  0.0.0.  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Expense and other employees paid over \$50,000  Total number of other employees paid over \$50,000	1 List all officers, directors, trustees, and foundation managers and the		1,10	(4)			
8400 EAST DIXILETA DRIVE, LOT 192 SCOTTSDALE, AZ 85266 1.00 0.0.0.0.  SALLY INGUI TRUSTEE 8400 EAST DIXILETA DRIVE, LOT 192 SCOTTSDALE, AZ 85266 0.60 0.0.0.0.  STEPHEN INGUI TRUSTEE 27 BODIE ROAD WAYNE, NJ 07470 3.00 0.0.0.  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE (b) Title, and average hours per week devoted to position (c) Compensation  (d) Contributions to employee belief than and deterral compensation account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000	(a) Name and address	(b) litle, and average hours per week devoted to position	(If not paid,	employee benefit pla and deferred compensation	account, allowar		other
SCOTTSDALE, AZ 85266  SALLY INGUI  8400 EAST DIXILETA DRIVE, LOT 192  SCOTTSDALE, AZ 85266  0.60  TRUSTEE  7 BODIE ROAD  WAYNE, NJ 07470  3.00  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation and deferred compensation and deferred compensation allowances  Total number of other employees paid over \$50,000	SILVIO INGUI	TRUSTEE					
SALLY INGUI 8400 EAST DIXILETA DRIVE, LOT 192 SCOTTSDALE, AZ 85266  TRUSTEE  7RUSTEE  17RUSTEE  7RUSTEE  7RUSTE							
8400 EAST DIXILETA DRIVE, LOT 192 SCOTTSDALE, AZ 85266 STEPHEN INGUI TRUSTEE  7 BODIE ROAD WAYNE, NJ 07470 3.00 0.0.  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 NONE  (b) Title, and average hours pre week devoted to position  (c) Compensation (d) Contributions to employee add deferred address and deferred address and deferred allowances  Total number of other employees paid over \$50,000	•		0.	0	•		<u>0.</u>
SCOTTSDALE, AZ 85266  O.60 O.0. STEPHEN INGUI TRUSTEE  3.00 O.0. O.0.  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances  Total number of other employees paid over \$50,000		TRUSTEE					
TOTAI number of other employees paid over \$50,000  TRUSTEE  TRUSTEE  TRUSTEE  3.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				_			
27 BODIE ROAD WAYNE, NJ 07470  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee paid more than \$50,000  (e) Expense account, other allowances  Total number of other employees paid over \$50,000	•		0.	0	. 0.		0.
WAYNE , NJ 07470  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation  (c) Compensation  (d) Contributions to employee the employee account, other allowances  NONE  Total number of other employees paid over \$50,000		TRUSTEE					
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee berril plans account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000		2 00		_			^
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000	WAYNE, NJ 07470	3.00	0.	0	•		0.
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000		-					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000		-					
NONE  NONE  Total number of other employees paid over \$50,000 allowances	2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."				
NONE  Total number of other employees paid over \$50,000	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions t employee benefit pla and deferred compensation	o ns a	ccount.	other
Total number of other employees para ever weekees	NONE	·		·			
Total number of other employees para ever weekees							
Total number of other employees para ever weekees							
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Total number of other employees para ever weekees							
Total number of other employees para ever weekees					+		
Total number of other employees para ever weekers		-					
Total number of other employees para ever weekers	Total number of other ampleyees paid over \$50,000				$\Box$		0
	וטנמו וועווווטפו טו טנוופו פוווייייטעפפט אמוע טעפו אָטט,טטט			Fn	rm <b>99</b> (	)-PF	

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Part VII	Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highes	st-paid independent contractors for professional services. If none, enter "l	NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
N	ONE	(2)	(-)
		-	
		-	
Total number o	f others receiving over \$50,000 for professional services		0
Part VIII-A	Summary of Direct Charitable Activities		
List the foundat number of orga	iion's four largest direct charitable activities during the tax year. Include relevant statistic nizations and other beneficiaries served, conferences convened, research papers produc	al information such as the ed, etc.	Expenses
1 N	/A		
2			-
			-
3			
4			_
Part VIII-B	Summary of Program-Related Investments		
	o largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
	/A		
2			_
-			_
All other progra	ım-related investments. See instructions.		
3	in related investments. See instructions.		
			4
			_
Total, Add line	and thousands O		0.
LUTAL ACCUME	S LUMOUOU 3		ı U •

P	Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations,	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	2,281,834.
	Average of monthly cash balances	1b	83,643.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,365,477.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,365,477.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	35,482.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	2,329,995.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	116,500.
P	Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and (j)(5) private operating foundations are considered as a second conside	and certain	
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	116,500.
2a	Tax on investment income for 2022 from Part V, line 5 2a 12,492.		
b			
C	Add lines 2a and 2b	2c	12,492.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	104,008.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	104,008.
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 XII, line 1	7	104,008.
P	Part XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	110,197.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII. line 4	4	110,197.

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Part XII	Undistributed Income	(see instructions)
----------	----------------------	--------------------

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X,	Corpus	Tears prior to 2021	2021	2022
line 7				104,008.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			79,661.	
<b>b</b> Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017				
<b>b</b> From 2018				
<b>c</b> From 2019				
<b>d</b> From 2020				
e From 2021				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$ 110,197.				
a Applied to 2021, but not more than line 2a			79,661.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
<b>d</b> Applied to 2022 distributable amount				30,536.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a).)  6 Enter the net total of each column as				
indicated below:  a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract	•			
line 4b from line 2b		0.		
c Enter the amount of prior years'		•		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2021. Subtract line		<b>J</b> .		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2023				73,472.
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 2017				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2018				
<b>b</b> Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

11250503 135129 90052700

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)  N/A									
1 a If the foundation has received a ruling or determination letter that it is a private operating									
	foundation, and the ruling is effective for 2022, enter the date of the ruling								
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)									
2 a Enter the lesser of the adju	2 a Enter the lesser of the adjusted net Tax year Prior 3 years								
income from Part I or the	minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total			
investment return from Pa	art IX for								
each year listed									
c Qualifying distributions from	om Part XI,								
line 4, for each year listed									
<b>d</b> Amounts included in line 2									
used directly for active co	nduct of								
exempt activities									
e Qualifying distributions ma									
for active conduct of exem	npt activities.								
Subtract line 2d from line	2c								
3 Complete 3a, b, or c for the									
alternative test relied upor <b>a</b> "Assets" alternative test - e									
(1) Value of all assets									
(2) Value of assets qualif under section 4942(j)	ying (3)(B)(i)								
<b>b</b> "Endowment" alternative to									
2/3 of minimum investme shown in Part IX, line 6, fo listed	or each year								
c "Support" alternative test -									
(1) Total support other th									
investment income (in	· ·								
dividends, rents, payr securities loans (sect									
512(a)(5)), or royaltie									
(2) Support from general									
and 5 or more exemp organizations as prov									
section 4942(j)(3)(B)									
(3) Largest amount of su	pport from								
an exempt organization	on								
(4) Gross investment inc	ome								
Part XIV Supplement				the foundation l	had \$5,000 or mor	e in assets			
at any time	e during the y	/ear-see instru	ictions.)						
1 Information Regarding	g Foundation Ma	anagers:							
a List any managers of the f				butions received by the	foundation before the close	e of any tax			
year (but only if they have		man \$5,000). (See se	ection 507(a)(2).)						
SEE STATEMENT									
b List any managers of the f other entity) of which the				or an equally large portio	n of the ownership of a pa	rtnership or			
NONE									
2 Information Regarding	a Contribution. (	Grant. Gift. Loan.	Scholarship, etc., Pro	grams:					
	•		• • •	-	not accept unsolicited rec	juests for funds. If			
the foundation makes gifts	s, grants, etc., to in	dividuals or organiza	tions under other condition	ons, complete items 2a, I	b, c, and d.	•			
a The name, address, and to	elephone number or	r email address of the	e person to whom applica	tions should be address	ed:				
<b>b</b> The form in which applica	tions should be sub	omitted and informati	on and materials they sho	ould include:					
c Any submission deadlines	:								
<b>d</b> Any restrictions or limitati	d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:								

Form **990-PF** (2022) 223601 12-06-22

Form 990-PF (2022) TRUS

2) TRUST 84-3818432 Page 11

3 Grants and Contributions Paid During the Ye		Paymont		
	If recipient is an individual,	Гауппепі		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
· · · · · · · · · · · · · · · · · · ·	or substantial contributor	recipient		
a Paid during the year				
AMERICAN FRIENDS OF JOURNEY HOUSE ACTION RWANDA		AID/RELIEF	UNRESTRICTED	
P.O. BOX 405				
OCONOMOWOC, WI 53066				60,000.
AMERICAN SOCIETY FOR THE PREVENTION		ANIMAL RIGHTS	UNRESTRICTED	
OF CRUELTY TO ANIMALS				
424 EAST 92ND STREET				
NEW YORK, NY 10128				3,750.
CENTER FOR HOPE (HAITI), INC.		EDUCATION	UNRESTRICTED	
P.O. BOX 1812				
ORINDA, CA 94563				4,000.
FOOTHILLS ANIMAL RESCUE		ANIMAL RIGHTS	UNRESTRICTED	
10197 E. BELL ROAD				2 000
SCOTTSDALE, AZ 85260				2,000.
HONORHEALTH FOUNDATION		HOSP/HEALTHCARE	UNRESTRICTED	
8125 NORTH HAYDEN ROAD				
SCOTTSDALE, AZ 85258		<u> </u>		2,500.
	TINUATION SHEE	T(S)	3a	104,400.
<b>b</b> Approved for future payment				
NONE				
		1		
Total			3b	0.
IUIAI			3D I	٠.

Form 990-PF (2022)

Part XV-A

Analysis of Income-Producing Activities

	Unrelated	d business income	Fuelue	lad by applian 510, 510, av 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a					
b					
C					
d					
e					
f					
<b>g</b> Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	9.	
4 Dividends and interest from securities			14	29,079.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			19	884,857.	
9 Net income or (loss) from special events					
10 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.		913,945.	0.
13 Total. Add line 12, columns (b), (d), and (e)					
(See worksheet in line 13 instructions to verify calculations.)					•
	the Asser	muliahmant of Ev		Пина	
Part XV-B Relationship of Activities to	ine Accor	inplishment of Exe	empu	Purposes	
Line No. Explain below how each activity for which income	me is reported ir	n column (e) of Part XV-A	contribu	ted importantly to the accompl	ishment of
the foundation's exempt purposes (other than b				, , , , , , , , , , , , , , , , , , , ,	

Form **990-PF** (2022)

# Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable

		Exempt Organ	izations							
1	Did the or	ganization directly or indir	rectly engage in any	of the followin	ng with any other organizati	on described in sec	tion 501(c)		Yes	No
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
<ul><li>a Transfers from the reporting foundation to a noncharitable exempt organization of:</li><li>(1) Cash</li></ul>										
	(1) Cash							1a(1)		_X
(2) Other assets										_X_
b	Other tran									
(1) Sales of assets to a noncharitable exempt organization										X
										X
										_X_
	(4) Reim	bursement arrangements						1b(4)		X
	<b>(5)</b> Loan	s or loan guarantees						1b(5)		_X_
	(6) Perfo	rmance of services or me	mbership or fundrais	sing solicitatio	ns			1b(6)		X
C					ployees					X
					dule. Column ( <b>b)</b> should a				ets,	
	or service	s given by the reporting fo	oundation. If the four	ndation receive	ed less than fair market valu	ue in any transactio	n or sharing arrangemer	nt, show in		
	column (	<b>1)</b> the value of the goods,	other assets, or serv	ices received.						
(a)∟	ine no.	(b) Amount involved	(c) Name of	f noncharitable	e exempt organization	(d) Description	on of transfers, transactions,	and sharing arra	ıngemen	ts
				N/A						
2a	Is the fou	ndation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organ	izations described				
	in section	501(c) (other than section	n 501(c)(3)) or in se	ction 527?				. Yes	X	No
b		omplete the following sch								
		(a) Name of org	ganization		(b) Type of organization		(c) Description of relat	ionship		
		N/A								
					ig accompanying schedules and in taxpayer) is based on all inforn			May the IRS of	iscuss th	nis
	gn	belief, it is true, correct, and cor	implete. Declaration of pr	eparer (other tha	in taxpayer) is based on all illion	lation of which prepare	i nas any knowledge.	return with the shown below?	prepare See ins	r tr.
He	ere					TRUSTEE		X Yes		No
	Sig	nature of officer or trustee	)		Date	Title				
		Print/Type preparer's na	ıme	Preparer's s	ignature	Date		ΓIN		
_							self- employed			
_	iid	DIANE L. CA						200578		
	eparer	Firm's name MURP	HY, MILLE	R, BAG	LIERI LLP		Firm's EIN 20-1	L68927	4	
Us	e Only									
		Firm's address 65	HARRISTOW	N ROAD						
		GLE	N ROCK, N	J 0745	2		Phone no. 201-	-612-0		
					· · · · · · · · · · · · · · · · · · ·		Form <b>990</b>	)-PF /	(2022)	

CONTINUATION FOR 990-PF, PART IV 84-3818432 PAGE 1 OF 2

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold P - Purchase D - Donation (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 1a CALL AAPL APR 03/30/2203/31/22 b CALL AAPL FEB 02/02/22|02/03/22 c CALL AMC JUN 06/21/2206/21/22 AMC 02/22/2202/22/22 CALLFEB 06/21/2206/21/22 e CALL AMC JUN CALL AMC MAY 05/23/2205/23/22 g CALL AAPL NOV 11/18/22|11/21/22 08/02/2208/03/22 h CALL AAPL AUG CALL AAPL OCT 10/20/22|10/21/22 CALL AMC JUL 07/18/22|07/18/22 CALL AAPL JAN 01/04/2201/05/22 06/21/2206/21/22 CALL AAPL JUN 09/12/2209/13/22 m CALL AAPL SEP n CALL AMC JUL 07/18/22|07/18/22 0 CALL AMC JAN 01/24/2201/24/22 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) -22,452.a 79,078. b 22,295. 33,695. d 43,615. е 52,256. f 18,249. g -115,951. h 190,945. 22,195. -289,67**4.** 428,333. 6,475. m 47,436. 54,695. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any -22,452. a 79,078. b 22,295. 33,695. d 43,615. 52,256. 18,249. -115,951. h 190,945. 22,195. -289,674. 428,333. 6,475. m 47,436. n 54,695. 2 Capital gain net income or (net capital loss) ...... { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 3

Part IV	Capital	Gains and	Losses for Tax on Investment Income				
		(a) List a 2-story	and describe the kind(s) of property sol y brick warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CALL	AMC	JAN				01/24/22	01/24/22
b CALL	AMC	JUL				07/18/22	07/18/22
c CALL	AMC	JAN				04/06/22	04/07/22
d							
е							
f							
_g							<u> </u>
<u>h</u>							ļ
_i							<del>                                     </del>
_k							
m n							
<u>n</u> o							
	ross sales	price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h)	) Gain or (loss) Dlus (f) minus (g)	
2			(6. 4.16.114515)	prince or pointed or outer	(*) F	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	86,694.
							148,739.
							78,234.
.1							,
,							
h							
<u>i</u>							
<u>j</u>							
k							
<u>n</u>			+				
0 Complet	e only for	accete cho	I wing gain in column (h) and owned by	the foundation on 12/31/69	(1) Los	ooo (from ool (h))	
	V. as of 1		(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	sses (from col. (h)) of col. (h) gain over oot less than "-0-")	col. (k),
a							86,694.
b							148,739.
С							78,234.
d							
е							
f							
g							
<u>h</u>							
<u>I</u>							
<u> </u>			+				
<u>k</u>			_				
m							
n							
0							
				in Double line 7			
			t capital loss) { If gain, also enter If (loss), enter If (loss), enter If (loss), enter If (loss) as defined in capitals (loss) as defined in capitals (loss).	, I	2		884,857.
If gain, als	so enter in		(loss) as defined in sections 1222(5) ar e 8, column (c). ne 8	iu (6).	3	N/A	

Part XIV Supplementary Information				T
3 Grants and Contributions Paid During the		T	T	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	- Contribution	
HUMANE SOCIETY OF THE US		ANIMAL RIGHTS	UNRESTRICTED	
1255 23RD STREET NW, SUITE 450				
WASHINGTON, DC 20037				5,000
LIBERTY WILDLIFE CENTER		ANIMAL RIGHTS	UNRESTRICTED	
2600 E ELMWOOD STREET				
PHOENIX, AZ 85040				1,000
SPASTIC PARAPLEGIA FOUNDATION		HOSP/HEALTHCARE	UNRESTRICTED	
1605 GOULARTE PLACE FREMONT, CA 94539				5,000
				,
ST. JUDE'S CHILDRENS RESEARCH		HOSP/HEALTHCARE	UNRESTRICTED	
HOSPITAL 262 DANNY THOMAS PLACE				
MEMPHIS, TN 38105				3,000
,				,,,,,,,
ST. MARY'S FOOD BANK		FOOD ASSISTANCE	UNRESTRICTED	
2831 N. 31ST AVENUE				
PHOENIX, AZ 85009				4,000
TRI COUNTY SCHOLARSHIP FUND		EDUCATION	UNRESTRICTED	
14 WEST MAIN STREET				
MENDHAM, NJ 07945				2,000
WAYNE TOWNSHIP MEMORIAL FIRST AID		AID/RELIEF	UNRESTRICTED	
SQUAD				
P.O. BOX 2004 WAYNE, NJ 07474				250
				230
WORLD WILDLIFE FUND		ANIMAL RIGHTS	UNRESTRICTED	
1250 24TH ST NW				
WASHINGTON, DC 20037				3,750
SEATTLE FOUNDATION		COMMUNITY FUND	UNRESTRICTED	
1601 FIFTH AVENUE				
SEATTLE, WA 98101				5,000
POMPTON FALLS VOLUNTEER FIRE		FIRE DEPARTMENT	UNRESTRICTED	
DEPARTMENT				
130 JACKSON AVE				
WAYNE, NJ 07470  Total from continuation sheets				32,150

Part XIV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient HOSP/HEALTHCARE UNRESTRICTED RONALD MCDONALD HOUSE OF CENTRAL AND NORTHERN NEW JERSEY 131 BATH AVE LONG BRANCH, NJ 07740 500. MILLIMAN GIVING FUND GENERAL UNRESTRICTED 1601 FIFTH AVENUE WELLNESS 2,500. SEATTLE, WA 98101 Total from continuation sheets

### Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** SILVIO AND SALLY J. INGUI CHARITABLE

84-3818432 TRUST Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Schedule B (Form 990) (2022)

Name of organization
SILVIO AND SALLY J. INGUI CHARITABLE

84-3818432 TRUST Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 SILVIO AND SALLY INGUI Person **Payroll** 8400 E DIXILETA DRIVE, UNIT 192 2,561,926. Noncash (Complete Part II for SCOTTSDALE, AZ 85266 noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization
SILVIO AND SALLY J. INGUI CHARITABLE
TRUST

84-3818432

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	19,900 SHARES APPLE INC STOCK		
1			
		\$ 2,561,926.	12/30/22
(a) No.	(1-1)	(c)	(4)
from	(b)  Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See Instructions.)	
		\$	
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(-)			
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	<b>FMV (or estimate)</b> (See instructions.)	Date received
Faiti			
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		, , ,	
		\$	
		1 T	i e e e e e e e e e e e e e e e e e e e

**Employer identification number** Name of organization SILVIO AND SALLY J. INGUI CHARITABLE TRUST 84-3818432 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTE	REST ON	SAVING	S AND TEM	IPORARY	CASH	INV	ESTMENTS	ST	ATEMENT 1
SOURCE			( <i>A</i> REVE PER E	NUE	NET	INV	B) VESTMENT COME		(C) ADJUSTED ET INCOME
ADVANTAGE BANK DE	POSIT F	DIC		9. 9.		9.			
TOTAL TO PART I,	LINE 3			9.			9.		
FORM 990-PF	DIV	IDENDS	AND INTER	EST FR	OM SEC	CURI	TIES	ST	ATEMENT 2
SOURCE		OSS OUNT	CAPITAI GAINS DIVIDENI	R	(A) EVENUE R BOOK		(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME
APPLE, INC	1	0,010.		0.	10,01	LO.	10,01	.0.	
GILEAD SCIENCES, INC. VANGUARD FEDERAL		2,920.		0.	2,92	20.	2,92	0.	
MMKT VERIZON		2,487.		0.	2,48	37.	2,48	7.	
COMMUNICATIONS IN VIATRIS INC		6,462. 7,200.		0. 0.	6,46 7,20		6,46 7,20		
TO PART I, LINE 4	2	9,079.		0.	29,07	79.	29,07	9.	
FORM 990-PF			LEGAI	FEES				ST	ATEMENT 3
DESCRIPTION			(A) XPENSES ER BOOKS	NET I	B) NVEST- INCOME		(C) ADJUSTED NET INCOM		(D) CHARITABLE PURPOSES
LEGAL FEES			3,157.		C				3,157.
TO FM 990-PF, PG	1, LN 1	6A	3,157.		0				3,157.
						_ =			

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	2,850.	285.		2,565.		
TO FORM 990-PF, PG 1, LN 16B	2,850.	285.		2,565.		
FORM 990-PF	TAX	ES	S	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
FEDERAL TAXES PAID	14,941.	14,941.		0.		
TO FORM 990-PF, PG 1, LN 18 =	14,941.	14,941.		0.		
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
BANK FEES	75.	0.		75.		
TO FORM 990-PF, PG 1, LN 23	75.	0.		75.		
FORM 990-PF	CORPORAT	E STOCK		TATEMENT 7		

FORM 990-PF CORPORATE STOCK		STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PUBLICLY TRADED SECURITIES NET OF OPTIONS -188,883 (COST) AND -4,410 (FMV)	3,838,863.	4,601,727.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,838,863.	4,601,727.

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 8
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
VANGUARD FEDERAL MMKT		FMV	299,598.	299,598.
TOTAL TO FORM 990-PF, PART II,	LINE 1	- 13 =	299,598.	299,598.

FORM 990-PF	PART XIV - LINE 1A	STATEMENT 9
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

SILVIO INGUI SALLY INGUI