Susan J. Myers, CPA 5602B Lakeview Drive Kirkland, WA 98033

June 8, 2021

Brt Charitable Foundation 122 W Imperial Avenue El Segundo, CA 90245

Brt Charitable Foundation:

Enclosed are the original and one copy of the 2020 Exempt Organization returns, as follows...

2020 Form 990-PF

2020 California Form 199

2020 California Form RRF-1

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Susan J. Myers

Filing Instructions

Prepared fo	r:
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BRT CHARITABLE FOUNDATION 122 W IMPERIAL AVENUE EL SEGUNDO, CA 90245 Prepared by:

SUSAN J. MYERS, CPA 5602B LAKEVIEW DRIVE KIRKLAND, WA 98033

2020 FORM 990-PF

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

No amount is due on Form 990-PF.

2020 CALIFORNIA FORM 199

No payment is required.

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

Filing Instructions

	structions			
Prepared for:	Prepared by:			
BRT CHARITABLE FOUNDATION 122 W IMPERIAL AVENUE EL SEGUNDO, CA 90245	SUSAN J. MYERS, CPA 5602B LAKEVIEW DRIVE KIRKLAND, WA 98033			
2020 CALIFORNIA FORM RRF-1				
No payment is required.				
The report should be signed and dat	ted by the authorized individual(s).			
Please mail on or before November 3	15, 2021.			
P.O. Box 903447	Mail to - Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470			

Form	8879-EC)
Form	00/3-EC	,

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service

For calendar year 2020, or fiscal year beginning , 2020, and ending

▶ Do not send to the IRS. Keep for your records.

2020

20

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax	Taxpayer identification number
BRT CHARITABLE FOUNDATION	**-**1048
Name and title of officer or person subject to tax	1040
FRANK VAN VEENENDAAL	
PRESIDENT	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879 EO and enter the applicable amount, it	f any, from the return. If you
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being fi	iled with this form was
blank, then leave line 1b , 2b , 3b , 4b , 5b , 6b , or 7b , whichever is applicable, blank (do not enter -0-). But, if y	vou 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 Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b a 5) 4b 0.
4a Form 990-PF check here b X b Tax based on investment income (Form 990-PF, Part VI, line	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) Part II Declaration and Signature Authorization of Officer or Person Subject	7b
Under penalties of perjury, I declare that X I am an officer of the above organization or I I am a per	
(name of organization), (EIN), of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowle	
I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to sen to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) th processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury a Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indica software for payment of the federal taxes owed on this return, and the financial institution to debit the entry a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business da (settlement) date. I also authorize the financial institutions involved in the processing of the electronic paym confidential information necessary to answer inquiries and resolve issues related to the payment. I have se identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electro PIN: check one box only	ne reason for any delay in and its designated Financial ated in the tax preparation y to this account. To revoke ays prior to the payment nent of taxes to receive elected a personal
X lauthorize SUSAN J. MYERS, CPA	to enter my PIN 82755
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated within this retu a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the PIN on the return's disclosure consent screen.	
As an officer or person subject to tax with respect to the organization, I will enter my PIN as my s	
electronically filed return. If I have indicated within this return that a copy of the return is being fill regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's discl	
Signature of officer or person subject to tax	Date 🕨
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 9442948 Do not enter a	
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) IRS <i>e-file</i> Providers for Business Returns.	
ERO's signature Date	06/08/21
ERO Must Retain This Form - See Instructions	

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** Department of the Treasury Internal Revenue Service

Extended to November 15, 2021 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.



FUI	calen	idar year 2020 or tax year beginning		, and e	nding		
Nar	ne of	foundation				A Employer identification	number
в	RТ	CHARITABLE FOUNDATION				**-***1048	
Nun	nber a	nd street (or P.O. box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
1	22	W IMPERIAL AVENUE					
-		own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	ending, check here
		SEGUNDO, CA 90245					
GIO	heck	all that apply:	Initial return of a fo	ormer public o	charity	D 1. Foreign organizations	, check here
		Final return	Amended return			2. Foreign organizations me check here and attach co	eting the 85% test,
	book	Address change type of organization: X Section 501(c)(3) ex	Name change			1	
	_	ction 4947(a)(1) nonexempt charitable trust \Box		ation		E If private foundation stat under section 507(b)(1)	
Fa			ng method: X Cash	Accr	ual	F If the foundation is in a 6	
			her (specify)			under section 507(b)(1)	
È			nn (d), must be on cash bas	iis.)			
Pa	art 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 expenses per books		ivestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received					(out) suble only
		Check X if the foundation is not required to attach Sch. B					
Revenue	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a					
	7	Capital gain net income (from Part IV, line 2)			0.		
ĉ	8	Net short-term capital gain					
	9 10a	Income modifications Gross sales less returns and allowances					
		Less: Cost of goods sold					
	c	Gross profit or (loss)					
		Other income					
	12	Total. Add lines 1 through 11	0.		0.	0.	
	13	Compensation of officers, directors, trustees, etc.	0.		0.	0.	0.
		Other employee salaries and wages					
es		Pension plans, employee benefits Legal fees					
ens		Accounting fees					
Expens	c	Other professional fees					
veE		Interest					
rati	18	Taxes					
nist	19	Depreciation and depletion					
and Administrative	20	Оссирапсу					
ЧAс	21	Travel, conferences, and meetings					
anc	22	Printing and publications					
ing	23	Other expenses					
Operating	24	Total operating and administrative	0.		0.	0.	^
ŏŏ	25	expenses. Add lines 13 through 23	0.		0.	0.	0.
-		Contributions, gifts, grants paid Total expenses and disbursements.	0.				0.
	26	Add lines 24 and 25	0.		0.	0.	0.
	27	Subtract line 26 from line 12:					
		Excess of revenue over expenses and disbursements	0.				

023501 12-02-20 LHA For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-).

Form 990-PF (2020)

0.

0.

Attached schedules and amounts in the description	Beginning of year	End o	f year
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing			
2 Savings and temporary cash investments			
3 Accounts receivable			
Less: allowance for doubtful accounts 🕨			
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 🕨			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
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)	0.	0.	
17 Accounts payable and accrued expenses			
18 Grants payable			
19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable			
22 Other liabilities (describe)			
		0	
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow FASB ASC 958, check here			
and complete lines 24, 25, 29, and 30.			
24 Net assets without donor restrictions			
25 Net assets with donor restrictions			
Foundations that do not follow FASB ASC 958, check here 🕨 I 🗴			
and complete lines 26 through 30.			
26 Capital stock, trust principal, or current funds	0.	0.	
27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
28 Retained earnings, accumulated income, endowment, or other funds	0.	0.	
	0.	0.	
29 Total net assets or fund balances	U•	υ.	
		^	
30 Total liabilities and net assets/fund balances	0.	0.	
art III Analysis of Changes in Net Assets or Fund E	alances		
Total net assets or fund balances at beginning of year - Part II, column (a), line	29		
(must agree with end-of-year figure reported on prior year's return)		1	
Enter amount from Part I, line 27a			
Other increases not included in line 2 (itemize)			
Add lines 1 2 and 3		4	
Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ►			
	aluman (h) lig - 00	5	
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumin (b), line 29	6	

J		_
6	otal net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	

	CHARITABLE FOUN				**_***	1048 Page 3
•	and Losses for Tax on Ir		 (b) -	low acquired	(a) Data acquired	(d) Data cold
(a) List and describe 2-story brick w	the kind(s) of property sold (for exa arehouse; or common stock, 200 sh	s. MLC Co.)	р. D.	low acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b NC	NE					
 d						
e						
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale				(h) Gain or (loss ((e) plus (f) minus		
<u>a</u>						
<u>b</u>						
 d						
e						
Complete only for assets showi	ng gain in column (h) and owned by				(I) Gains (Col. (h) gain	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		C	còl. (k), buṫ not less thai Losses (from col. (h))
 b						
d						
e						
2 Capital gain net income or (net c	apital loss)			2		
	ss) as defined in sections 1222(5) ar , column (c). See instructions. If (los		}	3		
Part V Qualification L	Inder Section 4940(e) for					
	ON 4940(e) REPEALED C	ON DECEMBER 20, 2	019 -	DO NOT	COMPLETE.	
1 Reserved (a)	(b)		(C)			(d)
Reserved	Reserved		Reserv	ed	Re	served
Reserved						
Reserved						
Reserved						
Reserved Reserved						
110001700						
2 Reserved					2	
3 Reserved					3	
4 Reserved					4	
5 Reserved					5	
6 Reserved					6	
7 Reserved					7	
8 Reserved			<u></u>		8	orm 990-PF (2020)
					1	

Form 990-PF (2020) BRT CHARITABLE FOUNDATION				***104	-	Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see			e ins	tructions)	
1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🗔 a	nd enter "N/A" on lin	e 1.				
Date of ruling or determination letter: (attach copy of letter in the second se	f necessary-see ins	tructions)				
b Reserved			1			0.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations,	enter 4%					
of Part I, line 12, col. (b)						
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations on	y; others, enter -0-)		2			0.
3 Add lines 1 and 2						0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)						0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-						0.
6 Credits/Payments:						
a 2020 estimated tax payments and 2019 overpayment credited to 2020		0.				
b Exempt foreign organizations - tax withheld at source		0.				
c Tax paid with application for extension of time to file (Form 8868)		0.				
d Backup withholding erroneously withheld	6d	0.				
7 Total credits and payments. Add lines 6a through 6d			7			0.
8 Enter any penalty for underpayment of estimated tax. Check here 🛄 if Form 2220 is			8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	id		10			
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax		Refunded 🕨	11			
Part VII-A Statements Regarding Activities					- 12.6	
1a During the tax year, did the foundation attempt to influence any national, state, or local					Ye	es No
any political campaign?				18	_	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pl	irposes? See the ins	structions for the defin	ition	11		X
If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and cop	ies 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?				10	;	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during		•				
(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation mana						
e Enter the reimbursement (if any) paid by the foundation during the year for political exp	enditure tax impose	d on foundation				
managers. 🕨 \$ 0 .						
2 Has the foundation engaged in any activities that have not previously been reported to t	he IRS?			2		X
If "Yes," attach a detailed description of the activities.						
3 Has the foundation made any changes, not previously reported to the IRS, in its govern	ing instrument, artic	cles of incorporation, o	r			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					_	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?				۱ I	X
b If "Yes," has it filed a tax return on Form 990-T for this year?				/A 41	_	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the y	ear?			5		X
If "Yes," attach the statement required by General Instruction T.						
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfi	ed either:					
By language in the governing instrument, or						
By state legislation that effectively amends the governing instrument so that no manc	-					v
remain in the governing instrument?				6	_	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," c	omplete Part II, col.	(c), and Part XV		7		X
8a Enter the states to which the foundation reports or with which it is registered. See instructions. None						
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)				/7		
of each state as required by General Instruction G? If "No," attach explanation N/A				/A 81		
9 Is the foundation claiming status as a private operating foundation within the meaning of user 2000 as the instructions for Dark VII/ (#19/40.11						v
year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes,"					_	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a so	hedule listing their nam	nes and addresses		10	<u>'</u>	

 Form 990-PF (2020)
 BRT
 CHARITABLE
 FOUNDATION

 Part VII-A
 Statements
 Regarding
 Activities (continued)

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address N/A	<u> </u>	400	
14	The books are in care of BRT CHARITABLE FOUNDATION Telephone no. > 310 44	2-8	403	
	Located at ► 122 WEST IMPERIAL AVENUE, EL SEGUNDO, CA ZIP+4 ►90			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		► /A	· 🛄
40	and enter the amount of tax-exempt interest received or accrued during the year		/ A Yes	No
10	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank,	16	162	X
	securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		Λ
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	a During the year, did the foundation (either directly or indirectly):		100	110
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
I	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
(c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
_	before the first day of the tax year beginning in 2020?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
i	a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020?			
	, , , , , , , , , , , , , , , , , , , ,			
,	If "Yes," list the years <code></code>			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
-	during the year?			
I	b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2020.) N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
I	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		Х

Form 990-PF (2020) BRT CHARITABLE FOUNDATION

Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Ye	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e)) ?	Ye	es 🛛 No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	es 🛛 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	Ye	es 🛛 No			
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
4945(d)(4)(A)? See instructions		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un					
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check	here				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ned			
expenditure responsibility for the grant?	N	[/A 🗌 Y	es 🔄 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Yo			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🖾 No 📘		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	Itable to the transaction?		<u>N/A</u>	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$					
excess parachute payment(s) during the year?		Y	es X No		
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highl	y		
1 List all officers, directors, trustees, and foundation managers and t			-		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accour allow	xpense nt, other /ances
FRANK VANVEENDAAL	PRESIDENT	,			
122 WEST IMPERIAL AVENUE					
EL SEGUNDO, CA 90245	1.00	0.	0.		0.
	1				

2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	ontor "NONE "	

Z	Compensation of five highest-paid employees (other than those ind	cluded on line 1). If none,	enter "NONE."		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	
	NONE				
					1

Form **990-PF** (2020)

0

(e) Expense account, other allowances

Total number of other employees paid over \$50,000

Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE "	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensatio
NONE		(C) compensation
NONE	-	
	—	
	-	
	-	
otal number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers prov	tical information such as the	Expenses
NT / 7		
N/A		
l		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
N/A		
··		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3		0

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Ρ	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foun	dations, see inst	tructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	[1a	0.
	Average of monthly cash balances		1b	
	Fair market value of all other assets		1c	
	Total (add lines 1a, b, and c)		1d	0.
e	Reduction claimed for blockage or other factors reported on lines 1a and	··· F		
		0.		
2	Acquisition indebtedness applicable to line 1 assets		2	Ο.
3	Subtract line 2 from line 1d		3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	F	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	0.
6	Minimum investment return. Enter 5% of line 5		6	0.
Ρ	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations, check here and do not complete this part.)		l certain	
1	Minimum investment return from Part X, line 6		1	0.
2a	Tax on investment income for 2020 from Part VI, line 5			
b	Income tax for 2020. (This does not include the tax from Part VI.)			
	Add lines 2a and 2b		2c	Ο.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	0.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4	_	5	0.
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 XIII, line 1		7	0.
Ρ	Part XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			0
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	0.
	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	🛓	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4		4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			-
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundat 4940(e) reduction of tax in those years.	ion qu	ualifies for the sect	tion

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2020 from Part XI, Ime 7 0 2 Undershould moore, if any, and the end 4200. 0 a Enter amount for 2019 only 0 0 b Total for prive years: 0 0 3 Excess distributions carry over, if any, to 2020: 0 a From 2015 0 0 e From 2016 0 0 e From 2017 0 0 d From 2018 0 0 e From 2017 0 0 part XI, Ime 3 0 0 a Applied to 2019, but not more than line 2a 0 0 b Applied to 2019, but not more than line 2a 0 0 b Applied to 2020 distributions out of corpus 0 0 c Totat of lines 3a through e 0 0 0 c Totat d as distributions out of corpus 0 0 0 c Totat d as distributions out of corpus 0 0 0 0 c Totat d as distributions out of corpus 0 0 0 0 0 c Totat d as distributions out of corpus 0 0 0 0<		(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
2 Undambased income, if any, as of the end of 2020: a Titler amount for 2019 only 0 5 Excess distributions carryover, if any, to 2020: a From 2015 0 b From 2016 0 e From 2017 0 d From 2018 0 e From 2019 0 a Applied To 2019, but not more than line 2a. 0 A Qualifying distributions for 2020 from Part X1, line 4; ▶ \$ 0 4 Qualifying distributions for 2020 from Part X1, line 4; ▶ \$ 0 a Applied To 2019, but not more than line 2a. 0 c Treated as distributions of corpus 0 (Election required - see instructions) 0 c Treated as distributions and the amount of mark and the submature of the amount and the amount of the		•			0.
a Enter amount for 2019 only 0 . b Total for prior years: 0 . a Excess distributions carryover, if any, to 2020: 0 . a From 2015					0.
b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2020: 0. a From 2015 0. b From 2016 0. c From 2017 0. d From 2018 0. e From 2019 0. a Applied to 2019, but not more than line 2a 0. b Applied to 2019, but not more than line 2a 0. a Applied to 2019, but not more than line 2a 0. b Applied to 2019, but not more than line 2a 0. b Applied to 2019, but not more than line 2a 0. d Cauditying distributions out of corpus 0. (Election required - see instructions) 0. c Treated as distributions out of corpus 0. (Election required - see instructions) 0. d Applied to 2200 distributed more of prior 0. g Encert the not total of each column as indicated below. 0. a Corput-Add time 3t, 4c, and 4e. Subtract line 5 0. b Prior years' undistributed income. Subtract line 5 0. b Prior years' undistributed income. Subtract line 5 0. b Prior years' undistributed income for years 0. u distributed income for years <td< td=""><td></td><td></td><td></td><td>0.</td><td></td></td<>				0.	
3 Excess distributions carryover, if any, to 2020; a From 2015				•	
3 Excess distributions carryover, if any, to 2020: a Form 2015			0		
a From 2015	3 Excess distributions carryover if any to 2020:				
b From 2016	I				
e From 2017					
d From 2018 0 f Total of lines 3a through e 0. A Qualifying distributions for 2020 from 0. Part XII, line 4: ▶\$ 0. Applied to 2019, but not more than line 2a 0. DApplied to undistributed income of prior 0. years (Election required - see instructions) 0. c Treated as distributions out of corpus 0. (Election required - see instructions) 0. d Applied to 2020 distributable amount 0. e Remaining amount distributed out of corpus 0. f Ercess difference 0. g and mount appears in column (b), the same amount must be either in schum (c), the same amount must be either in schum (c), the same amount on the inclum (c), the same amount must be either in schum (c), the same amount on the inclum (c), the same amount on the same amount on the inclum (c), the same amount on the samount on the same amount on the samount on the same amo					
e From 2019	15 0010				
f Total of lines 3a through e 0. 4 Qualifying distributions for 2020 from Part XII, line 4; ▶ \$0. 0. Applied to 2019, but not more than line 2a bApplied to undistributed income of prior years (Election required - see instructions) 0. c Treated as distributions out of corpus 0. g Election required - see instructions) 0. d Applied to 2020 distributable amount 0. e Remaining amount distributed out of corpus 0. 5 Excess distributions carvover applied to 2020 (ff an amount appear in column (a), the same amount must be shown in column (a), the same amount 0. 6 Enter the ent total of each column as indicated below; 0. a Corpus. Add lines 31, 4c, and 4e. Subtract line 5. 0. 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 6b. Taxable amount - see instructions 0. e Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2020. Subtract lines					
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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 2019. Subtract line 4a from line 2a. Taxable amount - see instr. 0. f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 0. 7 Amounts treated as distributions out of 0	indicated below:				
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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 2019. Subtract line 4a from line 2a. Taxable amount - see instr f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 0. 7 Amounts treated as distributions out of 0	-				
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d Subtract line 6c from line 6b. Taxable amount - see instructions 0. e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr 0. f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 0. 7 Amounts treated as distributions out of 0	undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
amount - see instructions0 .e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 20210 .7 Amounts treated as distributions out of0			0.		
e Undistributed income for 2019. Subtract line 0. 4a from line 2a. Taxable amount - see instr 0. f Undistributed income for 2020. Subtract 0. lines 4d and 5 from line 1. This amount must 0. be distributed in 2021 0. 7 Amounts treated as distributions out of 0.			0.		
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f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 7 Amounts treated as distributions out of				0.	
lines 4d and 5 from line 1. This amount must be distributed in 2021 C 7 Amounts treated as distributions out of C					
be distributed in 2021					
7 Amounts treated as distributions out of					0.
	r				
corpus to satisfy requirements imposed by	corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election					
may be required - see instructions) 0.		0.			
8 Excess distributions carryover from 2015	F				
not applied on line 5 or line 7	-	0.			
9 Excess distributions carryover to 2021.	r				
Subtract lines 7 and 8 from line 6a 0.		0.			
10 Analysis of line 9:					
a Excess from 2016	· · · · · · · · · · · · · · · · · · ·				
b Excess from 2017					
c Excess from 2018					
d Excess from 2019					
e Excess from 2020					

orm 990-PF (2020) BRT CHAR	TABLE FOU	NDATION		**_**	*1048 Page 1
Part XIV Private Operating Fou	ndations (see in:	structions and Part VI	I-A, question 9)	N/A	
${\bf 1}~{\bf a}$ If the foundation has received a ruling or de	termination letter that	it is a private operating			
foundation, and the ruling is effective for 20	20, enter the date of t	he ruling			
b Check box to indicate whether the foundation	on is a private operatir	ng foundation described	in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inform				had \$5,000 or me	ore in assets
at any time during the	year-see instr	ructions.)	N/A		
1 Information Regarding Foundation N	Aanagers:				
a List any managers of the foundation who have	ave contributed more	than 2% of the total cont	tributions received by the	foundation before the close	se of any tax

year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

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

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

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

c Any submission deadlines:

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

Part XV Supplementary Information	(continued)									
3 Grants and Contributions Paid During the Year or Approved for Future Payment										
RecipientIf recipient is an individual, show any relationship to any foundation manager or substantial contributorFoundation status of recipientPurpose of grant or contributionAmount										
Name and address (home or business)	or substantial contributor	recipient	contribution							
a Paid during the year										
None										
T-1-1										
Total b Approved for future payment		1	► 3a	0						
None										
Total			Þ 3b	0 000 DE (2020						

Part XVI-A Analysis of Income-Producing Activities

	Inclator	d business income	Evalu	ided by continue 510, 510, or 514	(· ·
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	ded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	AIIIOUIII	
a	+				
b					
c					
d					
e					
Ease and contracts from government agencies	├ ───┼				
g Fees and contracts from government agencies2 Membership dues and assessments	├ ───┼				
3 Interest on savings and temporary cash					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
 bost manced property 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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
с					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)				_	
Part XVI-B Relationship of Activities to	the Acco	molishment of Fr	emn	t Purnoses	
			emp	r ruposes	
Line No. Explain below how each activity for which incon			contril	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than b	by providing fun	nds for such purposes).			

Form	990-PF	(2020)
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Part 2	XVII			sfers to a	Ind Transactions a	nd Relations	hips With Nor	ncharitab	le	
1 Did	the or	Exempt Organ		of the followin	ng with any other organization	an described in sect	ion 501(c)		Ves	No
					g to political organizations?		1011 50 1(C)		165	NU
•			,							
		from the reporting found		-				1a(0	x
	(1) Cash(2) Other assets									
(2) Other assetsb Other transactions:										X
			ble everent organized	tion				1b(0	x
(1) Sales of assets to a noncharitable exempt organization(2) Purchases of assets from a noncharitable exempt organization										X
										X
 (3) Rental of facilities, equipment, or other assets (4) Reimburgement arrangements 										X
(4) Reimbursement arrangements(5) Loans or loan guarantees										
(3)	Dorfo	monoo of oonvices	mbarahin ar fundrai	ning policitatio					<u> </u>	X X
(0) • Shi	Period of	findlice of services of the	indership of futfulation	to or poid om				1b(i	·	X
					iployees edule. Column (b) should al ⁱ					А
ors	services umn (d	s given by the reporting fo) the value of the goods,	oundation. If the four other assets, or serv	ndation receive	ed less than fair market valu	-		-		
(a) Line n	o.	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	n of transfers, transactio	ons, and sharing	arrangeme	ents
				N/A						
	_									
	_									
						_				
	_									
	_									
2a lst	he four	dation directly or indirect	tly affiliated with, or r	related to, one	or more tax-exempt organi	zations described				
			· •					Ye	s X	No
		mplete the following sch								
	,	(a) Name of org			(b) Type of organization		(c) Description of re	elationship		
		N/A								
					ng accompanying schedules and In taxpayer) is based on all inforn			May the IR return with	S discuss	this
Sign Here		, , ,			1		, ,	shown belo	ow? See in	str.
пеге						PRESI	DENT	_ X Ye	es 🗌	_ No
	Sign	ature of officer or trustee		Dranarar'a a	Date	Title	Chock SZ if			
		Print/Type preparer's na	1116	Preparer's s	iynalui e	Date	Check X if self- employed	PTIN		
Paid		Gugan T	Muara	Guass	T Marona	06/08/21	son ompioyeu	P0019	1070	
Prepa	arer	Susan J. Firm's name ► SUS		Susan	J. Myers	00/00/21	Firm's EIN 🕨	1 - 0019	272	
Use (IN U. MIL	, CF						
	,	Firm's address 5 6	02B LAKEV	IEW DR	IVE					
	Firm's address ► 5602B LAKEVIEW DRIVE KIRKLAND, WA 98033						Phone no. 65	0 533-	3461	

Phone no. 650 533-3461 Form **990-PF** (2020)

TAXABLE YEARCalifornia Exempt Organization2020Annual Information Return

202	O Annual Information Return						199
Calendar Yea	r 2020 or fiscal year beginning (mm/dd/yyyy)	, and ending	(mm/dd/yy	уу)			
Corporation/Org	ganization name		Cal	ifornia corp	oration nu	umber	
	IARITABLE FOUNDATION mation. See instructions.		FE	4303		048	
Street address				PMB no.			
	IMPERIAL AVENUE		01-1-	710			
City EL SEG			State CA	ZIP code	5		
Foreign country		ounty	CA	Foreign p		le	
, j		,					
C IRC Sect D Final info • Enter date E Check ac F Federal r (4) G Is this a H Is this or	d return $\$ Yes X No ion 4947(a)(1) trust Yes X No prmation return? Dissolved Surrendered (Withdrawn) Merged/Reorganized K : (mm/dd/yyyy) • ccounting method: (1) X Cash (2) Accrual (3) Other eturn filed? (1) • 990T(2) • X 990PF (3) • Sch H (990) Other 990 series group filing? See instructions Yes X No ganization in a group exemption Yes X No	not reported to the FTB ² If exempt under R&TC S engaged in political activ Is the organization exem If "Yes," enter the gross Is the organization a lim Did the organization file report taxable income?	P See instru- Section 237 vities? See opt under R receipts fro ited liability Form 100 of r audit by t ar? 24 pending	instructions instructio &TC Sect or nonmer company or Form 1 he IRS or ?	the orga ns. ion 237 mber so ? 09 to has the		es X No es X No es X No es X No
Part I	Complete Part I unless not required to file this form. See General Infor Gross sales or receipts from other sources. From Side 2, Part II, I			•	1		00
	2 Gross dues and assessments from members and affiliates				2		00
					3		00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through						
and	This line must be completed. If the result is less than \$50,000, s				4		00
Revenues	 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 			00			
				00	7		
	 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 				8		00
	9 Total expenses and disbursements. From Side 2, Part II, line 18			-	9		00
Expenses	10 Excess of receipts over expenses and disbursements. Subtract lin				10		00
	11 Total payments				11		00
	12 Use tax. See General Information K				12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12	from line 11		•	13		00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from	om line 12		•	14		00
					15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from Under penalties of perjury, I declare that I have examined this return, including accord	the result	ments and to			wiedge and belief	00
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is base	ed on all information of which p	reparer has a	ny knowled	ge.	meage and benef,	
Here			Date			Telephone PTIN	
	Preparer's SUSAN J. MYERS	06/08/2	Check 1 self-er	if nployed b	. x	P0019197	9
Paid	Firm's name		<u> </u>			• Firm's FEIN	-
Preparer's	(or yours, if self-						
Use Only	employed) 5602B LAKEVIEW DRIVE					 Telephone 	
	and address KIRKLAND, WA 98033					<u>650 533-</u>	3461
	May the FTB discuss this return with the preparer shown above? See in	structions		• X	Yes	No	

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BRT CHARITABLE FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

		1 Gross s	ales or receipts from all	busines	s activities. See in	structions			•	1		00
		2 Interest							•	2		00
										3		00
Rec	eints								4		00	
fron	ceipts 4 Gross rents m 5 Gross royalties									5		00
Oth			mount received from sal							6		00
	irces	7 Other in							_	7		00
000	11003		oss sales or receipts fro						• Side 1 Dart I line 1	8		
		•				•				9		00
			utions, gifts, grants, and							9 10		00
		10 Disburs	ements to or for membe	15			פדד פי	יער		11		00
			nsation of officers, direct									
F			alaries and wages							12		00
	enses									13		00
and										14		00
	burse-									15		00
mei	nts		ation and depletion (See							16		00
			penses and disburseme						•	17		00
0.0	la a du	le L Bala	penses and disburseme	ents. Add				, Pa		18	able year	00
					(a)	ig of taxabl	(b)	-	(C)		(d)	
Ass	0				(a)	_	(0)	_	(6)		(u)	
								\neg			•	
			ble					\neg			•	
								\neg			•	
			ernment obligations								•	
		-	bonds					\neg			•	
7	Investr	ments in stock									•	
											•	
	-	•									•	
		reciable assets										
	b Less	s accumulated	depreciation	()			()		
11											•	
12	Other a	assets									•	
13	Total a	assets						0				0
Lial	bilities	and net worth										
											•	
			r grants payable								•	
			able								•	
											•	
			ipal fund								•	
			Attach reconciliation					-			•	
			income fund					0			•	0
-			net worth		ke with income n			4				0
30	neau		econciliation of income o not complete this sche				e 13 column (d) is	les	s than \$50 000			
1	Not inc											
						in unturum		•				
			es over capital gains	····· L	•				s return not charged		-	
			on books this year		•				me this year		•	
			n books this year not	·····	-				and the end			
0	-	ed in this retur	-	ŀ	•		9 Total. Add line 7 and line 8					
6			ıgh line 5	····· -			Subtract line 9					

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CA 199	Compensation	of Officers	, Directors and Trustees	Statement 1		
Name and A	Address		Title and Average Hrs Worked/Wk	Compensation		
	VEENDAAL IMPERIAL AVENUE D, CA 90245		PRESIDENT 1.00	0.		
Total to 1	Form 199, Part II	, line 11		0.		

TAXABLE YE 2020	Exempt Organizations								FORM 8453-EO		
Exempt Organiza	ation name									Identifying	g number
BRT CH	ARITABLE 1	FOUNDA	ATION							**_*	***1048
Part I Ele	ectronic Return Ir	nformatior	n (whole dollars	s only)							
1 Total gr	ross receipts (Form	199, line									
-	ross income (Form										
3 Total ex	penses and disbu	rsements	(Form 199, line	9)						3_	
Part II Se	ttle Your Accoun	t Electron	ically for Taxa	ble Year 2020							
4 🗌 Ele	ectronic funds with	drawal	4a Amount			4b Wi	thdrawal	date (mi	m/dd/yy	/уу)	
	-	n (Have yo	u verified the e	exempt organization's	banking ir	nformat	ion?)				
5 Routing											
6 Account	claration of Offic	<u></u>			7 ly	pe of a	ccount:	Ch	ecking		Savings
-	-		o be settled as d	esignated in Part II. If I c	heck Part I	, Box 4,	l authorize	an electi	ronic fun	ds witho	drawal for the amount listed
transmitter, or California elec: a balance due organization w statements be delayed, I aut	r intermédiate service tronic return. To the l return, I understand vill remain liable for th transmitted to the FT	provider an best of my k that if the Fr ne fee liabilit B by the EF	nd the amounts in nowledge and b ranchise Tax Boa y and all applicat RO, transmitter, c	bove exempt organizatio n Part I above agree with elief, the exempt organiza rrd (FTB) does not receiv ble interest and penalties. or intermediate service pr ediate service provider t	the amoun ation's retu e full and ti I authorize ovider. If th he reason	ts on the rn is true mely pay the exe the exe (s) for th	e correspon e, correct, a yment of th mpt organ ssing of th e delay.	nding line Ind comp e exempt zation re	es of the blete. If the t organiz turn and	exempt ne exem ation's f accomp	organization's 2020 pt organization is filing ee liability, the exempt panying schedules and
Sign 🗾	Signature of officer			Date	Title	SIDE	INT				
Here	Signature of officer			Dale	nue						
Part V De	claration of Elect	ronic Ret	urn Originator	r (ERO) and Paid Prep	aror						
I declare that I am only an int accurately refl provided the o 1345, 2020 Ha the exempt org I declare that I	have reviewed the al ermediate service pro ects the data on the r organization officer wi andbook for Authoriz ganization return is fil have examined the a	bove exemp bovider, I unc eturn.) I hav ith a copy of ed e-file Pro led, whichev bove exemp	t organization's lerstand that I ar ve obtained the c f all forms and in widers. I will kee ver is later, and I ot organization's	return and that the entrie: n not responsible for revi organization officer's sign formation that I will file w p form FTB 8453-EO on f will make a copy availabl	s on form F ewing the e ature on fo rith the FTB ile for four e to the FT g schedule	exempt of rm FTB , and I h years fr B upon r s and sta	organization 8453-EO be ave followe om the due request. If I	n's return efore tran ed all oth e date of t am also	n. I decla nsmitting er requir the retur the paid	re, howe this ret ements n or fou prepare	described in FTB Pub.
ERO	'e_				Date		Check if		Check		ERO'S PTIN
	ature						also paid preparer	X	if self- employe	d X	P00191979
	's name (or yours	SUSAI	N J. MYE	ERS, CPA						Firm's F	
	If-employed) - address			IEW DRIVE							
			LAND, WA								98033
				oove organization's return laration based on all info					itements	, and to	the best of my knowledge
Paid Preparer	Paid preparer's signature					Date		Check if self- employe	ed 🗌	Pai	id preparer's PTIN
Must	Firm's name (or yours							1		Firm's F	EIN
Sign	if self-employed) and address										
										ZIP code	9

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017) MAIL TO:	ANNU	JAL REGISTRAT	ION RENEW	AL FEE	REPORT	DEPARTME (For Registry Use Only)		IUSTICE SE 1 of 5		
Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS:	T	O ATTORNEY GE Sections 12586 and 12 11 Cal. Code Regs. sec	587, California G	overnment C	ode					
1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	s and fifteen days after the end of the exemption and the assessment of a ies. Revenue & Taxation Code section tensions will be honored.									
				Check if:						
BRT CHARITABLE FOUNDATION Name of Organization					Change of address					
List all DBAs and names the organization	uses or has used									
122 W IMPERIAL AVENUE Address (Number and Street)					State Charity Registration Number CT 4303644					
EL SEGUNDO, CA	90245		Corporatio	on or Organization N	o. 4303644					
Telephone Number	 E-mail Address		Federal Employer ID No. 84-2541048							
ANNUAL RE	GISTRATION R	ENEWAL FEE SCHE Make Check Paya				, 311, and 312)				
Gross Annual Revenue Less than \$25,000 Between \$25,000 and \$100,0	Gross Annual Reve Between \$100,001 Between \$250,001	001 and \$250,000 \$50 Between \$1,000			,001 and \$10 million 0,001 and \$50 million		<u>Fee</u> \$150 \$225 \$300			
PART A - ACTIVITIES			1/01/202	20	10/01/0	0.20				
For your most recent fu	Ill accounting p	period (beginning	11/01/202	20 endi	ng <u>12/31/2</u>	<u>020</u>) list:				
Gross Annual Revenue\$ Program Expen	¢	0 Noncash Contribut		Total Expe	0 Total Asse	ts \$0		0		
PART B - STATEMENTS REG	·			-						
providing an explana	Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.									
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? 							Yes	No		
	od, were there a	for each "yes" response	onse. Please re eases or other fir	view RRF -	1 instructions for in sactions between the	formation required.	Yes	No X		
and any officer, director of any financial interest?2. During this reporting period	od, were there a r trustee thereo	for each "yes" response ny contracts, loans, le f, either directly or wit	onse. Please re eases or other fir h an entity in wh	eview RRF- nancial tran nich any su	1 instructions for ir sactions between th ch officer, director o	nformation required. ne organization r trustee had	Yes	x		
and any officer, director of any financial interest?	od, were there a r trustee thereo od, was there ar	for each "yes" response ny contracts, loans, le f, either directly or wit ny theft, embezzlemen	onse. Please re eases or other fir h an entity in wh nt, diversion or m	eview RRF- nancial tran nich any su nisuse of th	1 instructions for in sactions between th ch officer, director o e organization's cha	nformation required. ne organization r trustee had	Yes			
and any officer, director of any financial interest?2. During this reporting period or funds?	od, were there a or trustee thereo od, was there ar od, were any org od, were the ser	a for each "yes" response ny contracts, loans, le f, either directly or wit ny theft, embezzlemen ganization funds used	onse. Please re eases or other fir h an entity in wh it, diversion or m to pay any pena	nancial tran nich any su nisuse of th alty, fine or	1 instructions for ir sactions between th ch officer, director o e organization's cha judgment?	nformation required. The organization r trustee had ritable property	Yes	x x		
 and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period 4. During this reporting period 	od, were there a or trustee thereo od, was there ar od, were any org od, were the ser sed?	for each "yes" response ny contracts, loans, le f, either directly or wit ny theft, embezzlemen ganization funds used vices of a commercial	eases or other fir h an entity in wh it, diversion or m to pay any pena fundraiser, fund	eview RRF- nancial tran nich any su nisuse of th alty, fine or draising cou	1 instructions for ir sactions between th ch officer, director o e organization's cha judgment?	nformation required. The organization In trustee had ritable property	Yes	x x x		
 and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period 4. During this reporting period commercial coventurer us 	od, were there a or trustee thereo od, was there ar od, were any org od, were the ser sed? od, did the organ	for each "yes" response ny contracts, loans, le f, either directly or wit ny theft, embezzlemen ganization funds used vices of a commercial nization receive any ge	onse. Please re eases or other fir h an entity in wh it, diversion or m to pay any pena fundraiser, fund overnmental fun	eview RRF- nancial tran nich any su nisuse of th alty, fine or draising cou	1 instructions for ir sactions between th ch officer, director o e organization's cha judgment?	nformation required. The organization In trustee had ritable property	Yes	x x x x		
 and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period 4. During this reporting period commercial coventurer us 5. During this reporting period 	od, were there a or trustee thereo od, was there an od, were any org od, were the ser sed? od, did the organ	for each "yes" response ny contracts, loans, le f, either directly or wit any theft, embezzlemen ganization funds used vices of a commercial nization receive any gen	onse. Please re eases or other fir h an entity in wh it, diversion or m to pay any pena fundraiser, fund overnmental fun	eview RRF- nancial tran nich any su nisuse of th alty, fine or draising cou	1 instructions for ir sactions between th ch officer, director o e organization's cha judgment?	nformation required. The organization In trustee had ritable property	Yes	x x x x x		
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 and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period 4. During this reporting period 5. During this reporting period 5. During this reporting period 6. During this reporting period 7. Does the organization cond 8. Did the organization cond 	od, were there a or trustee thereo od, was there an od, were any org od, were the ser sed? od, did the organ od, did the organ od, did the organ nduct a vehicle o luct an independ inting principles	for each "yes" response in y contracts, loans, le f, either directly or with any theft, embezzlemen ganization funds used vices of a commercial nization receive any gen nization hold a raffle for donation program? dent audit and prepare for this reporting peri	e audited finance od?	eview RRF- nancial tran nich any su nisuse of th alty, fine or draising cou draising cou nding?	1 instructions for ir isactions between th ch officer, director o e organization's cha judgment? unsel for charitable p	nformation required. le organization r trustee had ritable property urposes, or rith	Yes	x x x x x x x x x		
 and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period 4. During this reporting period 5. During this reporting period 5. During this reporting period 6. During this reporting period 7. Does the organization cond generally accepted account 	od, were there a or trustee thereo od, was there ar od, was there ar od, were any org od, were the ser sed? od, did the organ od, did the organ	tor each "yes" response in y contracts, loans, le f, either directly or wit in y theft, embezzlemen ganization funds used vices of a commercial nization receive any go nization hold a raffle for donation program? dent audit and prepar- for this reporting peri- e organization hold response e examined this reporting peri-	onse. Please re eases or other fir h an entity in wh it, diversion or m to pay any pena fundraiser, fund overnmental fun or charitable pur e audited finance od? stricted net asse rt, including ac	eview RRF- nancial tran nich any su nisuse of th alty, fine or draising cou draising cou draising cou cial stateme ets, while re companyin	1 instructions for ir sactions between th ch officer, director o e organization's cha judgment? Insel for charitable p ints in accordance w eporting negative uni	nformation required. le organization r trustee had ritable property urposes, or ith restricted net assets?		x x x x x x x x x x x x x		
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