Filing Instructions

Prepared for:	Prepared by:
122 W IMPERIAL AVENUE	SUSAN J. MYERS, CPA 10103 NE 66th LANE KIRKLAND, WA 98033

2021 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-TE 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.

2021 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

Filing Instructions					
Prepared for:	Prepared by:				
122 W IMPERIAL AVENUE	SUSAN J. MYERS, CPA 10103 NE 66th LANE KIRKLAND, WA 98033				
2021 CALIFORNIA FORM RRF-1					
You have a balance due of	\$ 25.00				
Enclose a check or money order for Justice.	\$25.00, payable to Department of				
The report should be signed and dat	ed by the authorized individual(s).				
Please mail on or before May 16, 20	22.				
Mail to - Registry of Charitak P.O. Box 903447 Sacramento, CA 94203					

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity	ŀ	OMB No. 1545-0047
, on the second s	For calendar year 2021, or fiscal year beginning, 2021, and ending	, 20	2024
Department of the Treasury	Do not send to the IRS. Keep for your records.		2021
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.		
Name of filer		EIN or SSN	
BRT CH	ARITABLE FOUNDATION	84-25	41048
Name and title of officer or per	rson subject to tax FRANK VAN VEENENDAAL PRESIDENT		
Part I Type of F	Return and Return Information		
Form 5330 filers may enter or 10a below, and the amo	n for which you are using this Form 8879-TE and enter the applicable amount, if any, fr dollars and cents. For all other forms, enter whole dollars only. If you check the box or unt on that line for the return being filed with this form was blank, then leave line 1b , 2 ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicab	n line 1a, 2a, 3 2b, 3b, 4b, 5b, 0	a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h			1b
2a Form 990-EZ che			2b
3a Form 1120-POL of	heck here 🕨 📃 🛛 b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF chee	ck here 🕨 💹 🛛 b Tax based on investment income (Form 990-PF, Part V, line &	5)	3b 4b0.
5a Form 8868 check	here b Balance due (Form 8868, line 3c)		5b
6a Form 990-T check	k here ▶ 📃 b Total tax (Form 990-T, Part III, line 4)		6b
7a Form 4720 check			
8a Form 5227 check			8b
9a Form 5330 check	here b Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP ch	eck here b Amount of credit payment requested (Form 8038-CP, Part III	l, line 22)	10b
Part II Declarat	ion and Signature Authorization of Officer or Person Subject to Ta	ix in the second	
of entity) 2021 electronic return and complete. I further declare intermediate service provic acknowledgement of receij of any refund. If applicable entry to the financial institu- financial institution to debil later than 2 business days payment of taxes to receiv- personal identification num PIN: check one box only X I authorize SU as my signature with a state ager on the return's d As an officer or p return. If I have in	accompanying schedules and statements, and, to the best of my knowledge and belie that the amount in Part I above is the amount shown on the copy of the electronic retur ler, transmitter, or electronic return originator (ERO) to send the return to the IRS and to of or reason for rejection of the transmission, (b) the reason for any delay in processing it authorize the U.S. Treasury and its designated Financial Agent to initiate an electron it in account indicated in the tax preparation software for payment of the federal taxes the entry to this account. To revoke a payment, I must contact the U.S. Treasury Finan prior to the payment (settlement) date. I also authorize the financial institutions involved e confidential information necessary to answer inquiries and resolve issues related to the ber (PIN) as my signature for the electronic return and, if applicable, the consent to ele SAN J. MYERS, CPA ERO firm name on the tax year 2021 electronically filed return. If I have indicated within this return that ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the af isclosure consent screen. berson subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(ies orgram, I will enter my PIN on the return's disclosure consent screen.	nd that I have e f, they are true, irrn. I consent to preceive from t g the return or r ic funds withdr owed on this r ncial Agent at 1 d in the process he payment. I h ctronic funds w to enter my PII a copy of the r forementioned he tax year 202 s) regulating ch	examined a copy of the correct, and a allow my he IRS (a) an refund, and (c) the date awal (direct debit) eturn, and the -888-353-4537 no sing of the electronic ave selected a vithdrawal. N <u>82755</u> Enter five numbers, but do not enter all zeros return is being filed ERO to enter my PIN
Part III Certifica	tion and Authentication		
number (EFIN) followed by	ur six-digit electronic filing identification your five-digit self-selected PIN. 9442948275 Do not enter all zero	S	
	neric entry is my PIN, which is my signature on the 2021 electronically filed return indica cordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for		
ERO's signature 🕨	Date 🕨 05	/11/22	
	ERO Must Retain This Form - See Instructions	0-	
	Do Not Submit This Form to the IRS Unless Requested To Do	50	0070 75
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.		Form 8879-TE (2021)

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

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information.



For calend	ar year 2021 or tax year beginning		, and ending			
Name of f	oundation				A Employer identification	number
BRT	CHARITABLE FOUNDATION				84-2541048	
	d street (or P.O. box number if mail is not delivered to street a	ddress)	Room/	'suite	B Telephone number	
122	W IMPERIAL AVENUE					
City or toy	wn, state or province, country, and ZIP or foreign po	ostal code			C If exemption application is pe	nding, check here
-	EGUNDO, CA 90245					·····
G Check a	Ill that apply: Initial return	Initial return of a fo	rmer public charity		D 1. Foreign organizations	, check here
	Final return	Amended return			0	
	Address change	Name change			Foreign organizations meet check here and attach cor	eting the 85% test, nputation
H Check t	ype of organization: X Section 501(c)(3) ex	empt private foundation			E If private foundation stat	us was terminated
Sect	tion 4947(a)(1) nonexempt charitable trust	Other taxable private foundat	tion		under section 507(b)(1)	
I Fair marl	ket value of all assets at end of year 🛛 J 🛛 Accounting	ng method: 🛛 🗴 Cash	Accrual		F If the foundation is in a 6	60-month termination
(from Pa		her (specify)			under section 507(b)(1)	
<u> </u>		nn (d), must be on cash basis	5.)			
Part 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	(b) Net investme income	ent	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 (Contributions, gifts, grants, etc., received					(ouch subio only)
	Check \mathbf{X} if the foundation is not required to attach Sch. B					
	nterest on savings and temporary cash investments					
	Dividends and interest from securities					
	Gross rents					
	Net rental income or (loss)					
	Net gain or (loss) from sale of assets not on line 10					
	Assets on line 6a			0.		
Be 8	Net short-term capital gain					
	ncome modifications					
	and allowances					
	Less: Cost of goods sold					
	Gross profit or (loss)					
	Dther income					
	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					
	Pension plans, employee benefits					
%) 16a L	egal fees					
ben be	Accounting fees					
Ň, c (Other professional fees					
	nterest					
	Faxes					
	Depreciation and depletion					
b 23 (Dther expenses					
	Fotal operating and administrative					
<u> </u>	expenses. Add lines 13 through 23	0.		0.	0.	0.
Ö _{25 (}	Contributions, gifts, grants paid	0.				0.
	Fotal expenses and disbursements.					
	Add lines 24 and 25	0.		0.	0.	0.
27 8	Subtract line 26 from line 12:					
	Excess of revenue over expenses and disbursements	0.				
	Net investment income (if negative, enter -0-)			0.	~	
C #	Adjusted net income (if negative, enter -0-)				0.	

rm 990-PF (2021) BRT CHARITABLE FOUNDA	Beginning of year	End o	2541048 Pag
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			
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 🕨			
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.	(
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 🕨)		
23 Total liabilities (add lines 17 through 22)		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 >			
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.	
 27 Faid-in of capital surplus, of faid, blog, and equipment fund 28 Retained earnings, accumulated income, endowment, or other fund 		0.	
	· · · ·	0.	
29 Total net assets or fund balances		0.	
20 Total liabilities and not search find belows	0.	0.	
30 Total liabilities and net assets/fund balances		0.	
art III Analysis of Changes in Net Assets or Fun			
Total net assets or fund balances at beginning of year - Part II, column (a			
(must agree with end-of-year figure reported on prior year's return)		1	
Enter amount from Part I, line 27a		2	(

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

Part IV Capital Gains and Losses for Tax on Investment Income (a) List and describe thinking) of property end state, 2-stary brick warehouse; or common stock, 200 stb. MLC Co.) (b) How sequired (mo., day, yr.) (c) Data scatter (mo., day, yr.) 1a - - - - - (mo., day, yr.) (mo., day, yr.) (mo., day, yr.) (mo., day, yr.) 1a -	Form 990-PF (2021) BRT	CHARITABLE FOUN	IDATION					8	4-254	1048	Page 3
10 2-stary brick warehouse; or common stock, 200 shs. MLC Co.,) 0 - Duristion 0 - Duristion (mo., day, yr.) (mo., day, yr.) 1a - Duristion - Duristion (mo., day, yr.) (mo., day, yr.) 1a - Duristion - Duristion (mo., day, yr.) (mo., day, yr.) 1a - Duristion - Duristion - Duristion a - Duristion (n) Gain or (loss) a - Duristion (n) Gain or (loss) a - Duristion (n) Adjusted basis (n) Casin (c) (ninus (g)) a - Duristion - Duristion (n) Casin (c) (ninus (g)) a - Duristion - Duristion - Duristion a - Duristion - Duristion - Du	Part IV Capital Gains	and Losses for Tax on Ir	nvestment l	ncome							
14 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					(P - Purc	hase				
a NONE a (a) a (b) Gan or (loss) (c) allowable) (c) Cost or other basis pus expense of sale (b) Gan or (loss) (c) plus (1) minus (g)) a (c) (c) allowable) (c) Cost or other basis pus expense of sale (c) plus (1) minus (g)) a (c) (c) allowable) (c) Cost or other basis pus expense of sale (c) plus (1) minus (g)) a (c) (c) (c) for an individual public (c) plus (1) minus (g)) (c) complete only for assets showing gain in column (h) and owned by the foundation on 12/3 l/69. (c) for an individual public (c) plus (1) minus col. (h) but not less finan -0-) or Losses (from col. (h)) a (c) (c) (c) for an individual public (c) but not less finan -0-) or Losses (from col. (h)) a (c) (c) (c) for an individual public (c) but not less finan -0-) or Losses (from col. (h)) a (c) (c) (c) (c) (c) a (c) (c) (c)<	1a					0 000	ation				
g g		DNE									
d (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis pus expense of sale (h) Gain or (loss) ((e) plus (f) mirus (g)) a											
e (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (h) Gain or (loss) a b (c) plus (f) minus (g)) a c (c) plus (f) minus (g) c (f) Adjusted basis as of 12/31/69 (f) Adjusted basis as of 12/31/69 (f) Cains (Col. (h) gain minus col. (k), but not less than -P) or boot (k), but not less than -P) or col. (k), but not less than -P											
(e) Gross sales price (f) Depresistion allowed (or allowable) (g) Cost or other basis plus expense of sale (h) Gain or (loss) ((e) plus (f) minus (g)) a b (e) (i) Gain or (loss) (ii) plus (f) minus (g)) a b (i) Gain or (loss) (ii) plus (f) minus (g)) a c (iii) Adjusted basis as of 12/3 1/69 (i) Adjusted basis (k) Excess of col. (i) core col. (i), if any (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) a c c col. (k), but not less than -0-) or Losses (from col. (h)) a col. (k), but not less than -0-) or Losses (from col. (h)) col. (k), but not less than -0-) or Losses (from col. (h)) a col. (k), but not less than -0-) or Losses (from col. (h)) col. (k), but not less than -0-) or Losses (from col. (h)) a col. (k), but not less than -0-) or Losses (from col. (h)) col. (k), but not less than -0-) or Losses (from col. (h)) a col. (k), but not less than -0-) or Losses (from col. (h)) col. (k), but not less than -0-) or Losses (from col. (h)) a col. (k), but not less than -0-) or Losses (from col. (h)) col. (k), but not less than -0-) or Losses (from col. (h)) a col. (k), but not less than -0- in Part L, line 8 col. (k), but not less than -0- in Part L, line 8 col. (k), bu											
b c c d c c Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) Gains (Col. (h) gain minus col. (h), but not less than -0-) or Losses (from col. (h)) i) FMV as of 12/31/69 (i) Adjusted basis (k) Excess of col. (i) over col. (j), if any coll coll coll coll coll coll coll col							L				
b c c d c c Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) Gains (Col. (h) gain minus c (i) FMV as of 12/31/69 (ii) Adjusted basis (k) Excess of col. (i) over col. (j), if any a c c c c c b c	a										
d											
d	C										
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (f) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) (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 column (h) and owned by the foundation on real (h) over col. (j), if any a											
(i) FMV as of 12/31/69 (i) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (i), if any col. (k), but not less fitten -0-) or Losses (from col. (h)) a	e										
(i) FMV as of 12/31/69 (i) PAUpass of as of 12/31/69 (i) PAUpass of the form over col. (ii), if any over col. (iii) a a a a b a a a c a a a d a a a e a a a c a a a g Capital gain net income or (net capital loss) { [I gain, also enter in Part I, line 7 [I (loss), enter -0- in Part I, line 7 [I (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 a Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions) 1 1 Date of ruling or determination letter: (attach copy of letter if necessary - see instructions) 1 1 Date of ruling or determination letter: (attach copy of letter if necessary - see instructions) 1 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 0. 3 Co. 3 O. 4 0. 6 O. <td></td> <td>ng gain in column (h) and owned by</td> <td>the foundation o</td> <td>n 12/31/69</td> <td>9.</td> <td></td> <td></td> <td>(I) Gains ((</td> <td>Col. (h) gain</td> <td>minus</td> <td></td>		ng gain in column (h) and owned by	the foundation o	n 12/31/69	9.			(I) Gains ((Col. (h) gain	minus	
b c c d c c d c c e c c 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 If (loss), enter -0- in Part I, line 7 z 3 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 z Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions) 1 Exempt operating foundations described in section 4940(d)(2), check here bin and enter *W/A* on line 1. Date of ruling or determination letter: (attach copy of letter if necessary - see instructions) 4 Image: Distribution of the domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0- 5 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0- 5 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0- 6 O . 7 O . 8 O . 9 O . 9 O . 1 To . 1 C .	(i) FMV as of 12/31/69						CC				
b c c d c c d c c e c c 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 If (loss), enter -0- in Part I, line 7 z 3 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 z Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions) 1 Exempt operating foundations described in section 4940(d)(2), check here bin and enter *W/A* on line 1. Date of ruling or determination letter: (attach copy of letter if necessary - see instructions) 4 Image: Distribution of the domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0- 5 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0- 5 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0- 6 O . 7 O . 8 O . 9 O . 9 O . 1 To . 1 C .	a										
c d d d d d e d d 2 Capital gain net income or (net capital loss)											
d											
e 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 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part V 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:											
2 Capital gain net income or (net capital loss) [If gain, also enter in Part I, line 7 [It (loss), enter -0- in Part I, line 7 [It (loss), enter -0- 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											
Part Ý 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:	3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8	oss) as defined in sections 1222(5) a	nd (6):		••••••	}					
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 2021 estimated tax payments and 2020 overpayment credited to 2021 6a 6b 0. 6c 0. 6d 0. 7 Total credits and payments. Add lines 6 a 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 9 Toxue. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		sed on Investment Incon	ne (Section	4940(a), 494		r 4948 ·	- see in	structio	ns)	
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 2021 estimated tax payments and 2020 overpayment credited to 2021 6a 6b 0. 6c 0. 6d 0. 7 Total credits and payments. Add lines 6 a 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 9 Toxue. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1a Exempt operating foundations	described in section 4940(d)(2), che	eck here	and er	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 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 0. 3 Add lines 1 and 2 3 0. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 0. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 0. 6 Credits/Payments: 2 0. 5 a 2021 estimated tax payments and 2020 overpayment credited to 2021 6a 0. 5 b Exempt foreign organizations - tax withheld at source 6b 0. 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0. 0. d Backup withholding erroneously withheld 6d 0. 7 0. 8 0. 9 0. 9 0. 10 0 10 10 10								1			0.
enter 4% (0.04) of Part I, line 12, col. (b) 2 2 3 3 4 3 4 5 5 0 5 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 7 7 0 8 0 9 0	b All other domestic foundations						,				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 0. 3 Add lines 1 and 2 3 0. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 0. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 0. 6 Credits/Payments: 2 0. a 2021 estimated tax payments and 2020 overpayment credited to 2021 6a 0. b Exempt foreign organizations - tax withheld at source 6b 0. c Tax paid with application for extension of time to file (Form 8868) 6d 0. d Backup withholding erroneously withheld 6d 0. 7 Total credits and payments. Add lines 6a through 6d 7 0. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 9 0. 10 0.		· · · · ·		-							
3 Add lines 1 and 2 3 0. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 0. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 0. 6 Credits/Payments: a 2021 estimated tax payments and 2020 overpayment credited to 2021 6a 0. b Exempt foreign organizations - tax withheld at source 6b 0. 6c 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0. 6d 0. d Backup withholding erroneously withheld 6d 0. 6d 0. 6d 0. 7 Total credits and payments. Add lines 6a through 6d 9 0. 8 0. 9 0. <t< td=""><td>2 Tax under section 511 (domes</td><td>stic section 4947(a)(1) trusts and tax</td><td>able foundations</td><td>only; othe</td><td>ers, enter</td><td>-0-)</td><td></td><td>2</td><td></td><td></td><td>0.</td></t<>	2 Tax under section 511 (domes	stic section 4947(a)(1) trusts and tax	able foundations	only; othe	ers, enter	-0-)		2			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 0. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 0. 6 Credits/Payments: a 0. 5 0. 6 Description organizations - tax withheld at source 6a 0. 6b 0. 6 Description organizations - tax withheld at source 6b 0. 6c 0. 6 Call organization for extension of time to file (Form 8868) 6c 0. 6d 0. 7 Total credits and payments. Add lines 6a through 6d 7 0. 8 0. 9 0. 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 9 0. 10 10						,					0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 0. 6 Credits/Payments: a 2021 estimated tax payments and 2020 overpayment credited to 2021 6a 0. b Exempt foreign organizations - tax withheld at source 6b 0. 6c 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0. 6d 0. d Backup withholding erroneously withheld 6d 0. 6d 0. 0. 7 Total credits and payments. Add lines 6a through 6d 7 0. 8 0. 0. 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 0. 10 10						r -0-)		4			0.
6 Credits/Payments: a 2021 estimated tax payments and 2020 overpayment credited to 2021 b Exempt foreign organizations - tax withheld at source 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 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 0. 10 0						,					0.
b Exempt foreign organizations - tax withheld at source 6b 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 6d 0. 7 Total credits and payments. Add lines 6a through 6d 7 0. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 0. 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 0. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10											
b Exempt foreign organizations - tax withheld at source 6b 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 6d 0. 7 Total credits and payments. Add lines 6a through 6d 7 0. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 0. 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 0. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10	a 2021 estimated tax payments	and 2020 overpayment credited to 2	021	6a			().			
c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 6d 0. 7 Total credits and payments. Add lines 6a through 6d 7 0. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 0. 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 0. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10				6b			().			
d Backup withholding erroneously withhold 6d 0 • 7 Total credits and payments. Add lines 6a through 6d 7 0 • 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 0 • 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 0 • 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10				6c			().			
 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 0. 9 0. 10 0verpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 				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 9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 9 10 	7 Total credits and payments. A	dd lines 6a through 6d						7			0.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed > 9 0. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10											
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10											0.
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax	10 Overpayment. If line 7 is more	e than the total of lines 5 and 8, ente	er the amount ove	erpaid				▶ 10			
	11 Enter the amount of line 10 to	be: Credited to 2022 estimated tax				F	Refunded	▶ 11			

Form 990-PF (2021)

Form 990-PF (2021) BRT CHARITABLE FOUNDATION Part VI-A Statements Regarding Activities

84-2541048	Page 4

10			Vee	Na
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	
	any political campaign?	1a		X X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			v
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 the year:			
	(1) On the foundation. \triangleright \$ (2) On foundation managers. \triangleright \$ (0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
_	managers. ▶ \$0.			v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			37
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year? <u>N/A</u>	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	• By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6		<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7		X
8a	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 N/A	8b		
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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		<u>X</u>
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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		Х
	Website address N/A			
14	The books are in care of ► BRT CHARITABLE FOUNDATION Telephone no. ► 310 44		403	
	Located at ► 122 WEST IMPERIAL AVENUE, EL SEGUNDO, CA ZIP+4 ►9			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the year 🕨 15	N	<u>/A</u>	
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country 🕨			
	r.	vrm 99()-PF	(0001)

Form 990-PF (2021) BRT CHARITABLE FOUNDATION	84-2541	L048		Page 5
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.			Yes	No
1a During the year, did the foundation (either directly or indirectly):				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1a(1)		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
a disqualified person?		1a(2)		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)		X
(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"		1a(5)		X
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.)		1a(6)		X
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		
c Organizations relying on a current notice regarding disaster assistance, check here				
d 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 2021?		1d		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
defined in section 4942(j)(3) or 4942(j)(5)):				
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines				
6d and 6e) for tax year(s) beginning before 2021?		2a		X
If "Yes," list the years ►,,,,,				
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
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.				
•				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the year?		3a		X
b If "Yes," did it have excess business holdings in 2021 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 dis	spose			
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 2021.)	N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose				
had not been removed from jeopardy before the first day of the tax year beginning in 2021?		4b		X

Form **990-PF** (2021)

Form 990-PF (2021) BRT CHARITABLE FOUNDATION	84-2541	048	I	Page 6
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (COI	ntinued)			
5a During the year, did the foundation pay or incur any amount to:			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,				
any voter registration drive?		5a(2)		Х
(3) Provide a grant to an individual for travel, study, or other similar purposes?		5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organization described in section				
4945(d)(4)(A)? See instructions		5a(4)		Х
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for				
the prevention of cruelty to children or animals?		5a(5)		Х
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instructions	<u>N/A</u>	5b		
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?	N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on				
a personal benefit contract?		6a		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		Х
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?		7a		Х
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		
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?	<u></u>	8		Х
Part VII Information About Officers, Directors, Trustees, Foundation Managers, High	ily			

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	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
FRANK VANVEENDAAL	PRESIDENT			
122 WEST IMPERIAL AVENUE				
EL SEGUNDO, CA 90245	1.00	0.	0.	0.
	-			
	-			

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

2 Compensation of five highest-paid employees (other than those incl		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	(e) Expense account, other allowances			
NONE							
Total number of other employees paid over \$50,000							
				000 DE			

Form **990-PF** (2021)

Form 990-PF (2021) BRT CHARITABLE FOUNDATION		- 2541048 Page 7
Part VII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)	tion Managers, Highly	
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) Compensation
NONE	_	
	_	
	_	
	_	
Fotal number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities		• 0
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 prod	tical information such as the luced, etc.	Expenses
N/A		-
		_
3		_
		_
Part VIII-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.

For	m 990-PF (2021) BR7	CHARITABLE	FOUNDATION		8	4-2541048			
Ρ	Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)								
1	Fair market value of assets not	used (or held for use) dire	ctly in carrying out charitable, etc., pur	poses:					
a	Average monthly fair market va	lue of securities			1a				

Average monthly fair market value of securities			0.	
c Fair market value of all other assets (see instructions)		1c		
d Total (add lines 1a, b, and c)		1d	0.	
e 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.	
B Subtract line 2 from line 1d		3	0.	
Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see in	structions)	4		
5 Net value of noncharitable-use assets. Subtract line 4 from line 3		5	0.	
6 Minimum investment return. Enter 5% (0.05) of line 5		6	0.	
Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) priv	ate operating foundations and	d certain		
foreign organizations, check here 🕨 🔄 and do not complete this part.)				
1 Minimum investment return from Part IX, line 6		1	0.	
2a Tax on investment income for 2021 from Part V, line 5				
b Income tax for 2021. (This does not include the tax from Part V.) 2b				
c Add lines 2a and 2b		2c	0.	
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.	
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	0.	
Part XI Qualifying Distributions (see instructions)				
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:				
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	0.	
 Program-related investments - total from Part VIII-B 			0.	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purp		2		
3 Amounts set aside for specific charitable projects that satisfy the:				
		3a		
		3a 3b		

~

004)	поп	CHARITABLI	
021)	BRI		e

Form 990-PF (2021)

BRT CHARITABLE FOUNDATION

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X,	001903		2020	2021
line 7				0.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2021:		0.		
a From 2016	-			
b From 2017	-			
c From 2018	-			
d From 2019	-			
e From 2020	0.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: \blacktriangleright \$ 0.				
a Applied to 2020, but not more than line 2a			0.	
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.			
d Applied to 2021 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2021 (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 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 2020. Subtract line				
4a from line 2a. Taxable amount - see instr. $_{\cdots}$			0.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2022				0.
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 2016				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022.	0			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018 c Excess from 2019				
d Excess from 2020				
e Excess from 2021				
U LAUGOO II UIII 2021				5 000 DE (000 I)

	ITABLE FOUI				41048 Page 10
Part XIII Private Operating Fou	Indations (see ins	structions and Part VI-	A, question 9)	N/A	
1 a If the foundation has received a ruling or d	etermination letter that	it is a private operating			
foundation, and the ruling is effective for 2	021, enter the date of t	he ruling			
b Check box to indicate whether the found <u>ati</u>	on is a private operatin	g foundation described in	n section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total
investment return from Part IX for					
each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI,					
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 IX, 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	nation (Complet	o this part and i	 the foundation	 22d \$5 000 or mo	ro in acceto
at any time during the				iau \$5,000 or mo	10 111 022612
			N/A		

1 Information Regarding Foundation Managers:

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

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.

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

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

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

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

c Any submission deadlines:

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

Form 990-PF (2021) BRT CHARITABLE FOUNDATION

Part XIV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ear or Approved for Future F	Payment		
Recipient Name and address (home or business)	If recipient is an individual, 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				
None				
Total			► 3a	(
b Approved for future payment				
None				
Total			► 3b	(m 990-DF (00)

► 3b 0. Form **990-PF** (2021)

Part XV-A

Analysis of Income-Producing Activities

Enter grass amounts unloss attanuiss indicated	Unrelated I	business income	Excluded	by section 512, 513, or 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	
a					
D					
C					
d					
e					
g Fees and contracts from government agencies					
g Fees and contracts from government agencies2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities5 Net rental income or (loss) from real estate:					
a Debt-financed 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					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)	-				0.
(See worksheet in line 13 instructions to verify calculations.)					
		- Kalena and of Fra			
Part XV-B Relationship of Activities to	o the Accom	plishment of Ex	empt P	urposes	
Line No. Explain below how each activity for which inco	me is reported in c	column (e) of Part XV-A	contribute	d importantly to the accomp	lishment of
the foundation's exempt purposes (other than	by providing funds	for such purposes).			

		-2541048	Pa	ge 13
Pa	art XVI Information Regarding Transfers to and Transactions and Relationships With Nor Exempt Organizations	ncharitable		
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)		Yes	No
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		Х
	(2) Other assets	1a(2)		Х
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		Х
	(2) Purchases of assets from a noncharitable exempt organization			Х
	(3) Rental of facilities, equipment, or other assets			Х
	(4) Reimbursement arrangements			Х
	(5) Loans or loan guarantees	1b(5)		Х
	(6) Performance of services or membership or fundraising solicitations	1b(6)		Х
C				Х
d		e goods, other asse	ets,	

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization			(d) Description	(d) Description of transfers, transactions, and sharing arrangements			
			N/A						
					_				
	· · · · · · · · · ·								
	foundation directly or indirect	•					Yes X No		
	ction 501(c) (other than sections," complete the following sch								
	(a) Name of org			(b) Type of organization		(c) Description of re	elationship		
	N/A					()	i		
-	Jnder penalties of perjury, I declare t nd belief المنظر true, correct, and com						May the IRS discuss this return with the preparer		
Sign ^a Here	had law	. Jack		May 11 2022			shown below? See instr.		
	Signature of officer or trustee	noung		May 11, 2022	PRESII	JEN.I.	X Yes No		
	Print/Type preparer's na		Preparer's si		Date	Check X if	PTIN		
			i i oparor o oi	gilataro		self- employed			
Paid	Susan J. 1	Myers	Susan	J. Myers	05/11/22		P00191979		
Prepar	er Firm's name SUS					Firm's EIN 🕨			
Use Or	-								
	Firm's address ► 10	103 NE 66	th LANI	3					

KIRKLAND, WA 98033

TAXABLE YEARCalifornia Exempt Organization2021Annual Information Return

Caledat Yes 201 of face year beginning (mm/dd/wyv) and edding (mm/dd/wyv) Caledat Yes 201 of face year beginning (mm/dd/wyv) 4303644 Median family for the consultant market FEN BRT CHARITABLE FOUNDATION 4303644 Median family for the consultant market FEN Baret access by the or noning Part access by the or noning 122 W IMPERIAL AVENUE Part access by the or noning Caledat Yes (X) to be set by the or noning Part access by the or noning 122 W IMPERIAL AVENUE Part access by the or noning Cale add Yes (X) to be set by the or noning of the organization have any changes to its guidelines Important to the FIP2 Set instructions B Armsteld relum Important to the FIP2 Set instructions Important to the set or partial to the organization indirect (W) in the W is (X) ho Important to the organization indirect (W) in the W is (X) ho I first relum I first relum Important to the organization indin to the organization indirect (W) in the organization	Calondar Voa	2021 or ficeal year beginning (mm/dd/yawy)	mm/dd/\\\\	AV)				
BERT CHARITABLE FOUNDATION 4303644 Additional information. See manufactures Pairs 122 W IMPERIAL AVENUE 94-2541048 City Date 2/2 code EL SSQUINDO CA 90245 France Pairs assets France Pairs assets Print Information Futuri Yes P. Cataboo Tehrn? Yes P. Statistic Tehrn Yes P. Cataboo Tehrn? Yes P. Cataboo Tehrn? Yes P. Cataboo Tehrn? Yes P. Cataboo Tehrn? Yes B. Cataboo Tehrn? Yes B. Cataboo Tehrn? Yes B. Ethra Cata				- /	oration	number		
Additional diversation. See instructions. FNI Baset addees take or roter) BA = 2541048 City State 20 outs City State 20 outs City State 20 outs EL State 20 outs A First return (No (No B Amended return (No (No City State 20 outs City (State 20 outs B Amended return (No (No City (State (No City (State (No (No City (State (No (No (No City (State (State (No (No (No City (State (State (State (State (No	oorporation/org		Cal		oradorri			
Additional diversation. See instructions. FNI Baset addees take or roter) BA = 2541048 City State 20 outs City State 20 outs City State 20 outs EL State 20 outs A First return (No (No B Amended return (No (No City State 20 outs City (State 20 outs B Amended return (No (No City (State (No City (State (No (No City (State (No (No (No City (State (State (No (No (No City (State (State (State (State (No	ססייים ביי			1303	611			
Binet address (units arrows) 84-2541048 Binet address (units arrows) Bate 22 W IMPERIAL AVENUE Bate City Bate City Bate 23 W IMPERIAL AVENUE Cat City Bate 24 W IMPERIAL AVENUE Cat City Bate 24 W IMPERIAL Cat 25 Bate Second 26 Instance Frequencestanticum 27 Bate Transformation return? 28 Instance Bate 29 Instantor return Yes (X) No 20 Instantor The exempt under RAIC Section 273/01/2 Yes (X) No 21 Instantor Bate					044			
Direct accel MMB ro. 122 W IMPERIAL AVENUE City CA 90245 ELSEGUNDO France province/interficien	Additional Inform				5 11	049		
Integral avenue State ZProvide Colspan="2">Constructions Constructions France country rease Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny Foreign province/data/cloarny <th co<="" td=""><td></td><td></td><td></td><td>r</td><td>541</td><td>.040</td><td></td></th>	<td></td> <td></td> <td></td> <td>r</td> <td>541</td> <td>.040</td> <td></td>				r	541	.040	
Only State Proce EL SEGUNDO CA 90.245 Friending country state Freeding country state Freeding country state Freeding country state A Frist return Yes No B Amended return Yes No CIRG Section Addra(3(1) funct Yes No J If every nucleon R1C Section 227014, has the organization Pine addressenty Service addressenty If every nucleon R1C Section 227014, has the organization D Fried addressenty Service addressenty Yes P Database Service addressenty Yes F Feddra latent Hill (27) (1) Service (2) Account (3) Owner F Feddra latent Hill (27) (1) Service (2) Service (3) Service (3) I If every nucleon addressenty West X ho No Hill Hill (27) (1) I If every nucleon addressenty West X ho No Hill Hill (27) (1) I If every nucleon addressenty West X ho No Hill Hill (27) (1) I If every nucleon addressenty West X ho No Hill Hill (27) (1) I If every nucleon addressenty West X ho No Hill Hill (27) (1) <td></td> <td></td> <td></td> <td>FIVE NO.</td> <td></td> <td></td> <td></td>				FIVE NO.				
EL SEGUNDO CA 9.0245 Preign control y name Foreign control with the comparization have any changes to its guidelines Its contractions <		IMPERIAL AVENUE	Stata	ZID oodo				
Toregn country name Toregn portical/duta/country Toregn portical code A First return Yes X No I Did the organization have any changes to its guidelines mole portical duty its is more than any changes to its guidelines mole apported to the FIR2 See instructions wes No D Final information return? wes wes No I decoded wes No Ves		IN DO						
A First return Pres X No A First return Pres X No C RR Social d47(3(1) trust Pres X No D Final information return? Pres X No C RR Social d47(3(1) trust Pres X No D Final information return? Pres X No C Decode Surrendwed (Wind aum) Marges/Hargameted K Is this a group dimp? See instructions Pres X No F Federal return filed? (1) Socret (2) Socret (3) Soch (30) No K Is this a group dimp? See instructions Pres X No I Statis agroup exemption Pres X No No No No Social data with response of the statistic data with response of the statis data with response of the statistic data wi			CA					
B Amended return	Foreign country	name Foreign province/state/county		Foreign p	ostal co	Jde		
B Amended return								
C IRC Section 4947(a)(1) trust IRC Section 4947(a)(1) trust IRC Section 23701d, has the organization engaged in publical activities? See instructions. IRC Section 23701g? Ves X No IRC Section 20601 IRC Section 20601 IRC S				-	•			
D Final Information return? ● graded in political activities? See instructions. ● Yes X No E Check accounting method: (1) C can (2) Accound (3) Orem K is the organization exempt under RATC Section 2370 (2) • Ves X No F federal return (Hear? (1) • sor(2) • (2) • socret (3) • Soch (eso) • Yes X No M Ubit the organization in a group semption • Yes X No K is the organization in a group semption • Yes X No M Ubit the organization in a group semption • Yes X No M If Yes, "what is the parent's name? • Yes X No Part I Complete Part I unless not required to file this form. See General Information B and C. I Gross sales or receipts from other sources. From Side 2, Part II, line 8 • 1 2 Gross dues and assessments from members and affiliates • 1 and • Total expenses and distursements. From Side 2, Part II, line 8 • 1 Cost or dpoods sold • 6 0 0 6 Cost or dpoods sold • 0 • 0 9 Total expenses and distursements. From Side 2, Part II, line 18 • 10 00 10 Cost or dpoods sold • 10 00 • 6 00 11 Total expenses and distursements. From Side 2, Part II, line 18 • 10 00 • 10 00							X No	
 Descrived Burnerdeend (Windsawn) MergedTheorganization exempt under R&TC Section 2370 fg? Yes X No Check accounting method: (1) Cash (2) Account (3) or energination a limited liability commember sources \$ Check accounting method: (1) energination in a group exemption in the section exempt with IRS and Idea in a group exemption in a group exemption in the section exempt with IRS in the organization under audit by the IRS or has the IRS audited in a prior year? Part I complete Part I unless not required to file this form. See General Information B and C. Part I complete Part I unless not required to file this form. See General Information B and C. Carces conthings, gring rama, and similar anounts received in a group exemption group example in the group exemption in the second exemption exempt in the second exemption in the second exemption exempt in the second exemption in the second exemption in the second exemption exempt in the second exemption in the second exempt in the second exemption in the second exempt in the second exempt in the second exempt in the second exempt in the second	C IRC Sect							
Enter-date: (mm/dd/yyy) •	D Final info							
E Check accounting method: (1) (1) (1) (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	•	· · ·	•			•	X No	
F Federal return filed? (1) • escr (2) • X secre (3) • esch H (sec) (4) Other 990 series M Did the organization file Form 100 or Form 100 to report taxable income? • Yes X No H Is this a group exemption Yes X No H Is this a group exemption Yes X No If "Yes," what is the parent's name? Yes X No Part I Complete Part I unless not required to file this form. See General Information B and C. I Gross sales or receipts from other sources. From Side 2, Part I, line 8 1 2 Gross contributions, gifts, grants, and similar amounts received 3 00 3 Gross contributions, gifts, grants, and similar amounts received 4 00 4 total gross income. Subtract line 7 from line 4 00 6 00 6 Cost or other basis, and sales expenses of assets sold 6 00 6 00 7 Total gross income. Subtract line 7 from line 4 8 00 00 00 10 Total gross and disbursements. From Side 2, Part I, line 18 9 000 00 00 6 100 00 6 00 6 00 00 00 7 100			•					
(4) Other 990 series • • • • • • • • • • • • • • •			-			• Yes	X No	
G Is this a group filing? See instructions If ves, "what is the agrent's name? If ves, "what is the parent's name? If a cost state and the parent's name parent's na								
H Is this organization in a group exemption Yes No IRS audited in a prior year? Is federal Form 1023/1024 pending? Is federal Form 1023/112 Is federal Form 1023/112		Other 990 series report taxable income?					X No	
If "Yes," what is the parent's name? 0 Is federal Form 1022/1024 pending? Date filed with IRS Part I Complete Part I unless not required to file this form. See General Information B and C. 1 00 I Gross scales or receipts from other sources. From Side 2, Part II, line 8 1 00 2 Gross could gross not provide the file this form. See General Information B 1 00 3 Gross could gross not provide the file this form. See General Information B 1 00 4 Total gross receipts for filing requirement test. Add line 1 through line 3. 1 00 5 Good 5 000 00 6 Cost or other basis, and sales expenses of assets soid • 5 00 7 Total gross income. Subtract line 7 from line 4 • 8 00 8 Total gross income. Subtract line 7 from line 4 • 8 00 9 Total gross income. Subtract line 7 from line 4 • 8 00 11 Total gross income. Subtract line 1 from line 4 • 8 00 12 Use tax. See General Information K • 11 00 13<			-					
Date filed with IRS Part I complete Part I unless not required to file this form. See General Information B and C. I Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 00 3 Gross output ons, gifts, grants, and similar amounts received 3 00 3 Gross scenipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$\$0,000, see General Information B 4 00 6 Cost of goods sold 6 00 6 00 7 Total gross income. Subtract line 7 from line 4 8 00 8 Total agross income. Subtract line 7 from line 4 8 00 9 Total expenses and disbursements. Subtract line 9 from line 8 10 00 11 Total agross income. Subtract line 7 from line 12 11 00 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 00 11 Total agross income. Subtract line 11, subtract line 12 from line 11 13 00 11 Total agross income. Subtract line 11, subtract line 11 from line 12 14 00 12 Use tax balance. If line 12 is more than line								
Part I Complete Part I unless not required to file this form. See General Information B and C. I Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 00 2 Gross dues and assessments from members and affiliates 2 00 3 Gross contributions, gifts, grants, and similar amounts received 3 00 4 Total gross receipts for filing requirement test. Add line 1 through line 3. 1 00 5 00 6 00 4 00 6 00 5 00 00 00 7 Total gross income. Subtract line 7 from line 4 6 00 00 8 Total gross income. Subtract line 7 from line 4 8 00 00 9 Total gross income. Subtract line 7 from line 4 8 00 10 Excess of receipts over expenses and disbursements. Subtract line 19 from line 8 10 00 11 Total paysments 11 00 00 12 00 12 Use tax. See General Information K 11 00 11 00 12 Use tax See General Information K 11 <td< td=""><td>lf "Yes," \</td><td>·</td><td></td><td></td><td></td><td>Yes</td><td>X No</td></td<>	lf "Yes," \	·				Yes	X No	
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 00 2 Gross dues and assessments from members and affiliates 0 2 00 3 Gross contributions, gifts, grants, and similar amounts received 3 00 4 Total gross receipts for filing requirement test. Add line 1 through line 3. 1 00 5 000 5 000 6 Cost or dprods sold 6 00 6 Cost or dprods sold 6 00 6 Cost or dprods sold 5 000 7 Total costs. Add line 5 and line 6 7 00 8 00 7 Total costs. Add line 5 and line 6 8 00 11 Total costs. Add line 5 and line 6 7 00 00 00 11 Total costs. Add line 5 and line 6 9 00 00 00 12 Use tax. See General Information K 11 00 00 00 12 Use tax. See General Information K 11 00 13 00 14 00 15 00		Date filed with IRS						
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 00 2 Gross dues and assessments from members and affiliates 0 2 00 3 Gross contributions, gifts, grants, and similar amounts received 3 00 4 Total gross receipts for filing requirement test. Add line 1 through line 3. 1 00 5 000 5 000 6 Cost or dprods sold 6 00 6 Cost or dprods sold 6 00 6 Cost or dprods sold 5 000 7 Total costs. Add line 5 and line 6 7 00 8 00 7 Total costs. Add line 5 and line 6 8 00 11 Total costs. Add line 5 and line 6 7 00 00 00 11 Total costs. Add line 5 and line 6 9 00 00 00 12 Use tax. See General Information K 11 00 00 00 12 Use tax. See General Information K 11 00 13 00 14 00 15 00	Deditor							
2 Gross dues and assessments from members and affiliates 2 00 3 Gross contributions, gifts, grants, and similar amounts received 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B 4 00 Cost of goods soil 6 00 6 00 7 7	Part I							
3 Gross contributions, gifts, grants, and similar amounts received • 3 00 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B • 4 00 5 000 5 000 6 000 5 000 7 000 6 00 8 Total costs. Add line 5 and line 6 7 7 00 8 Total costs. Add line 5 and line 6 7 00 00 8 Total costs. Add line 5 and line 6 7 00 00 8 Total costs. Add line 5 and line 6 7 00 00 8 Total costs. Add line 5 and line 6 7 00 00 9 Total expenses and disbursements. Subtract line 9 from line 8 10 000 11 Total payments 11 00 12 00 12 Use tax. See General Information K 12 00 13 Payments balance. If line 11; subtract line 11, subtract line 11 from line 12 14 00 15 00 15 00 <t< td=""><td></td><td></td><td></td><td>•</td><td></td><td></td><td></td></t<>				•				
A Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B 4 00 B Cost of goods sold • 5 00 6 Cost of goods sold • 5 00 7 Total costs. Add line 5 and line 6 • 7 00 8 00 00 00 00 9 Total costs. Add line 5 and line 6 7 00 9 Total costs. Add line 7 from line 4 • 8 00 9 Total costs. From Side 2, Part II, line 18 • 9 00 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 00 11 Total apyments • 11 00 12 Use tax. See General Information K • 12 00 13 Payments balance. If line 11 is more than line 12, subtract line 11 from line 12 • 14 00 14 Use tax. balance. If line 12 is more than line 11, subtract line 11 from the result • 16 00 16 Balance due. Add line 12 and line 15. Then				•			00	
Receipts and Revenues This line must be completed. If the result is less than \$50,000, see General Information B 4 00 5 Cost of goods sold 5 00 6 00 6 6 Cost or other basis, and sales expenses of assets sold 6 5 00 6 00 7 Total costs. Add line 5 and line 6 7 00 00 7 00 8 000 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 00 9 00 10 Expenses 10 10 00 11 00 01 11 Total expenses and disbursements. Subtract line 9 from line 8 10 00 00 12 Use tax. See General Information K 11 00 01 00 12 Use tax. See General Information K 11 13 00 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 15 00 14 Use tax balance. If line 12 and line 15. Then subtract line 11 from the result 116 00 15 00 15				•	3		00	
and Revenues This line must be completed. If the result is less than \$50,000, see General Information B 4 00 5 Cost of goods sold • 5 00 6 00 • 5 00 7 00 6 00 6 00 7 10 00 6 00 6 00 7 10 10 5 00 00 00 00 8 00 9 10 Expenses 9 10 00 00 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 00 00 11 10 tal ayments 11 00 00 00 12 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 13 Payments balance. If line 12 is more than line 11, subtract line 11 from the result 16 00 14 Use tax balance. If line 12 and line 15. Then subtract line 11 from the result 16 00 14 10 00 16 00 00	Receipts							
Revenues 5 00 6 Cost or other basis, and sales expenses of assets sold 6 00 7 Total costs. Add line 5 and line 6 7 00 8 00 6 00 9 Total costs. Add line 5 and line 6 7 00 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 00 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 00 11 Total payments 11 00 00 12 Use tax. See General Information K 12 00 13 Payments balance. If line 12 is more than line 12, subtract line 12 from line 11 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 17 It is two, correct, and complete. Declaration of prepare (nature) notweedge and better, it is two, correct, and complete. Declaration of prepare (nature) notweedge and better, it is use, correct, and complete. Declaratio							00	
6 Cost or other basis, and sales expenses of assets sold • 6 00 7 Total costs. Add line 5 and line 6 7 00 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 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 00 11 Total payments 11 00 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 14 Use tax balance. If line 12 and line 15. Then subtract line 11 from line 12 14 00 15 00 15 00 00 16 00 16 00 00 17 tis true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. • • 18 Balance due. Add line 12 and line 15. Then subtract line 11 from three result • 16 00 19 Indeabre thare than examined thareturn, including accompa					-			
8 Total gross income. Subtract line 7 from line 4 8 000 Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 000 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 000 11 Total payments 11 000 000 12 Use tax. See General Information K 11 000 12 Use tax. See General Information K 11 000 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 000 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 000 15 Penalties and interest. See General Information J 16 000 16 Dotate examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Title Pate Signature SUSAN J. MYERS Date O5/11/22 Check if self-employed X P00191979 Preparer's signature SUSAN J. MYERS, CPA Other managements		6 Cost or other basis, and sales expenses of assets sold 6		00				
Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 00 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 00 11 Total expenses and disbursements. Subtract line 9 from line 8 10 00 11 Total expenses and disbursements. Subtract line 9 from line 8 10 00 12 Use tax. See General Information K 11 00 12 Use tax. See General Information K 11 00 13 Payments balance. If line 11 is more than line 12, subtract line 11 from line 11 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 17 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 18 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 18 Balance due. Add line 12 and line 12 Preparet's signature Trelephone <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>00</td></td<>							00	
Expenses 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 00 11 Total payments 11 00 00 12 Use tax. See General Information K 11 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 17 Use tax balance. If line 12 and line 15. Then subtract line 11 from the result 16 00 17 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 18 Under penalties of perjury. Jectare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief. 11 00 18 Indue penalties of perjury. I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge. 16 00 19 Weight and active stata balance. If line 10 and schedule and statements, and		8 Total gross income. Subtract line 7 from line 4	<u></u>	•	8		00	
10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 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 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 00 17 It is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 17 05/11/22 Pate May 11, 2022 10 PTIN Preparer's signature of officer SUSAN J. MYERS, CPA 05/11/22 Ptim's name PTIN (or yours, if self- SUSAN J. MYERS, CPA 10103 NE 66TH LANE 05/0 533-3461 650 533-3461	Fynenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		•	9		00	
12 Use tax. See General Information K Image: Participant State St	Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		•	10		00	
13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result O O I Balance due. Add line 12 and line 15. Then subtract line 11 from the result O O O I Balance due. Add line 12 and line 15. Then subtract line 11 from the result O O O O O O O O O O O O O O O O O <td></td> <td></td> <td></td> <td>•</td> <td>11</td> <td></td> <td>00</td>				•	11		00	
Filing Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 15 Penalties and interest. See General Information J 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 17 Outer penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 00 Sign Here Signature of officer SUSAN J. MYERS Date May 11, 2022 • Telephone Preparer's signature of officer SUSAN J. MYERS 05/11/22 • PTIN Preparer's lise for employed SUSAN J. MYERS, CPA • Telephone • Firm's FEIN (or yours, if self- employed) SUSAN J. MYERS, CPA • Telephone • Telephone (or yours, if self- employed) SUSAN J. MYERS, CPA • Telephone • Telephone (or yours, if self- employed) SUSAN J. MYERS, CPA • Telephone • Telephone (or yours, if self- employed) 0 10				•	12			
15 Penalties and interest. See General Information J 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 16 00 00 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 00 Sign Signature of officer It is fue correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. • Telephone Preparer's signature of officer SUSAN J. MYERS Date • PTIN Preparer's signature of officer SUSAN J. MYERS 05/11/22 Po0191979 Paid Firm's name (or yours, if self-employed 10103 NE 66TH LANE and address • Telephone 650 533-3461 Use Only Ind address KIRKLAND, WA 98033 • Telephone 650 533-3461		13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		•	13		00	
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Image: The subtract line 12 and line 15. Then subtract line 11 from the result Image: The subtract line 12 and line 15. Then subtract line 11 from the result Image: The	Filing Fee			•	14		00	
Sign Here Signature of officer Title Date May 11, 2022 Telephone Preparer's signature SUSAN J. MYERS Date O5/11/22 Check if P00191979 Paid Firm's name (or yours, if self- employed) SUSAN J. MYERS, CPA 05/11/22 P00191979 Vise Only SUSAN J. MYERS, CPA 10103 NE 66TH LANE and address Image: Construction of the self- KIRKLAND, WA 98033 Image: Construction of the self- self-employed Image: Cons							00	
Sign Here Signature of officer Title Date May 11, 2022 Telephone Preparer's signature SUSAN J. MYERS Date O5/11/22 Check if P00191979 Paid Firm's name (or yours, if self- employed) SUSAN J. MYERS, CPA 05/11/22 P00191979 Vise Only SUSAN J. MYERS, CPA 10103 NE 66TH LANE and address Image: Construction of the self- KIRKLAND, WA 98033 Image: Construction of the self- self-employed Image: Cons		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result			16	ladae and balief	00	
Here Signature of officer MM Leenen das Title PRESIDENT Date May 11, 2022 • Telephone Preparer's signature SUSAN J. MYERS 05/11/22 Check if self-employed • PTIN Preparer's Use Only Firm's name (or yours, if self-employed) SUSAN J. MYERS, CPA • Firm's FEIN Ise Only SUSAN J. MYERS, CPA • Telephone (or yours, if self-employed) SUSAN J. MYERS, CPA • Telephone (or yours, if self-employed) SUSAN J. MYERS, CPA • Telephone (or yours, if self-employed) SUSAN J. MYERS, CPA • Telephone (or yours, if self-employed) SUSAN J. MYERS, CPA • Telephone (or yours, if self-employed) SUSAN J. MYERS, CPA • Telephone (or yours, if self-employed) SUSAN J. MYERS, CPA • Telephone (or yours, if self-employed) SUSAN J. MYERS • Telephone (or yours, if self-employed) SUSAN J. MYERS • Telephone (or yours, if self-employed) • Telephone • Telephone (or yours, if self-employed) • Telephone • Telephone (or yours, if self-employed) • Telephone • Telephone • Telephone • Telephone • Telephone • Telephone • Telephone • Telephone • Telephone <td>Sian</td> <td>it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep</td> <td>parer has any</td> <td>knowledge</td> <td>y KHOWI</td> <td>euge and bellel,</td> <td></td>	Sian	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	parer has any	knowledge	y KHOWI	euge and bellel,		
Signature Image: Mage: Mag	-					● Telephone		
Preparer's signature SUSAN J. MYERS 05/11/22 Check if self-employed X P00191979 Paid Preparer's Use Only Firm's name (or yours, if self-employed) X Y P00191979 Vse Only SUSAN J. MYERS, CPA I0103 NE 66TH LANE (SIRKLAND, WA 98033) • Telephone (SIRKLAND, WA 98033) • Telephone (SIRKLAND, WA 98033)			May	/ 11, 20)22			
Paid Preparer's Use Only Firm's name (or yours, if self- and address SUSAN J. MYERS, CPA Firm's FEIN Use Only 10103 NE 66TH LANE KIRKLAND, WA 98033 • Telephone 650 533-3461			Check	if		● PTIN		
Preparer's Use Only Firm's name (or yours, if self- employed) and address SUSAN J. MYERS, CPA Use Only SUSAN J. MYERS, CPA ● Telephone 650 533-3461 650 533-3461		signature ► SUSAN J. MYERS 05/11/2	2 self-er	nployed	X			
Use Only Iself- employed) and address SOSAN 0. MIERS, CFA Use Only 10103 NE 66TH LANE KIRKLAND, WA 98033 • Telephone 650 533-3461	Paid	Firm's name				 Firm's FEIN 		
Use Only employed and address 10103 NE 66TH LANE 650 533-3461	Preparer's	if self-						
KIRKLAND, WA 98033 [650 533-3461	Use Only	employed) 10103 NE 66TH LANE				Telephone		
May the FTB discuss this return with the preparer shown above? See instructions		AND AUGURESS KIRKLAND, WA 98033				650 533-3	461	
		May the FTB discuss this return with the preparer shown above? See instructions		• X	Yes	No		

022

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.

128951 01-19-22

	1	Gross sales or receipts from all	busines	s activities. See i	nstructions				•	1		00
	2	Interest							•	2		00
	3	Dividends								3		00
Receipts	4	Gross rents							•	4		00
from	5	Gross royalties							•	5		00
Other	6	Gross amount received from sa			• • • • • •				•	6		00
Sources	7	Other income							•	7		00
	8	Total gross sales or receipts fro								8		00
	9	Contributions, gifts, grants, and	similar	amounts paid					•	9		00
	10	Disbursements to or for membe	ers						•	10		00
	11	Compensation of officers, direc	tors, and	I trustees			SEE STA	AТ	EMENT 1 •	11	0	00
	12	Other salaries and wages							•	12		00
Expenses	s 13	Interest							•	13		00
and	14	Taxes								14		00
Disburse	- 15	Rents							•	15		00
ments	16	Depreciation and depletion (See	instruct	tions)					•	16		00
	17	Other expenses and disburseme	ents						•	17		00
	18	Total expenses and disburseme		l line 9 through li	ine 17. Enter	r he	re and on Side 1, Pa		I, line 9	18		00
Sched	ule L	Balance Sheet		Beginni	ing of taxabl	le y	ear	_	End	of tax	able year	
Assets				(a)			(b)	_	(C)	_	(d)	
1 Cash											•	
		s receivable									•	
		ceivable									•	
								_			•	
		state government obligations									•	
		in other bonds									•	
		in stock									•	
8 Mortgage loans										•		
9 Othe										_	•	
10 a D	epreciab	le assets	(
		mulated depreciation	()			(/		
11 Land								-			•	
							0	+			•	0
							0	+		-		0
Liabilitie								+		-	•	
		yable						-			•	
		s, gifts, or grants payable						-			•	
		otes payable						-			•	
		payable								_	•	
		ies								_	•	
		c or principal fund								_	•	
		tal surplus. Attach reconciliation								_	•	
							0			_	•	0
Sched			nor hoo	ka with income			0	<u>'</u>				
Conce		Do not complete this sche				ne 1:	3. column (d), is les	ss t	han \$50,000.			
1 Noti	ncome	per books	T	•			Income recorded					
		me tax		•		1 '			return. Attach schedul	e	•	
		pital losses over capital gains		•		ء	B Deductions in thi			e		
		recorded on books this year.				1`	against book inco		-			
		-	ľ	•		Attach schedule					•	
	Attach schedule5 Expenses recorded on books this year not											
deducted in this return. Attach schedule		ľ	•		10 Net income per return.							
		ne 1 through line 5				1.,			n line 6			_
010							Castract mo o m				_1	

022

3652214

CA 199 0	Compensation	of Officers,	Directors a	and Trustees	Statement 1	
Name and Addre	ess			e and s Worked/Wk	Compensation	
FRANK VANVEENDAAL 122 WEST IMPERIAL AVENUE EL SEGUNDO, CA 90245			PRESIDENT 1.	00	0.	

Total to Form 199, Part II, line 11

0.

=

TAXABLE Y 2021	EAR California e-file Return Authorization for Exempt Organizations		FORM 8453-EO
Exempt Organiza	ation name	Identifyin	ig number
BRT CH	ARITABLE FOUNDATION	84-2	2541048
Part I El	ectronic Return Information (whole dollars only)		
1 Total g	ross receipts (Form 199, line 4)	1_	
•	ross income (Form 199, line 8)		
3 Total e	xpenses and disbursements (Form 199, line 9)		
Part II Se	ettle Your Account Electronically for Taxable Year 2021		
4 🗌 EI	ectronic funds withdrawal 4a Amount 4b Withdrawal date (mn	n/dd/yyyy)	
Part III Ba	anking Information (Have you verified the exempt organization's banking information?)		
5 Routing	number		
6 Account	number 7 Type of account: Ch	ecking] Savings
Part IV D	eclaration of Officer		
l authorize the on line 4a.	e exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electro	nic funds withc	drawal for the amount listed
transmitter, o California elec a balance due organization v statements be	es of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines tronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and compl return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt vill remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization returns transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt thorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	of the exempt ete. If the exem organization's fo urn and accomp	organization's 2021 pt organization is filing ee liability, the exempt panying schedules and
Here	Signature of officer Date Title		
Part V D	eclaration of Electronic Return Originator (ERO) and Paid Preparer.		
am only an in accurately ref provided the of 1345, 2021 H the exempt or I declare that	I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete an termediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. ects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before trans organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other andbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of t ganization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the have examined the above exempt organization's return and accompanying schedules and statements, and to the and complete. I make this declaration based on all information of which I have knowledge.	I declare, howe mitting this return r requirements ne return or fou he paid prepare	ever, that form FTB 8453-E0 urn to the FTB; I have described in FTB Pub. ur years from the date er, under penalties of perjury,
ERC	Date Check if	Check	ERO'S PTIN
	ature also paid preparer X	if self- employed X	P00191979
	's name (or yours SUSAN J. MYERS, CPA	Firm's F	FEIN
	address 10103 NE 66TH LANE		
	KIRKLAND, WA	ZIP cod	e 98033
	es of perjury, I declare that I have examined the above organization's return and accompanying schedules and stat y are true, correct, and complete. I make this declaration based on all information of which I have knowledge.	ements, and to t	the best of my knowledge
Paid	Paid Date Check	Pa	aid preparer's PTIN
Preparer	preparer's if self- signature employe		
Must	Firm's name (or yours	Firm's F	FEIN
Sign	if self-employed) and address		
		ZIP cod	le

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) ANNUAL REGISTRATION RENE TO ATTORNEY GENERAL OF Sections 12586 and 12587, Californ 1300 I Street Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400 Sections 12586 and 12587, Californ 11 Cal. Code Regs. sections 301-30 Failure to submit this report annually no later than four month organization's accounting period may result in the loss of tax iminimum tax of \$800, plus interest, and/or fines or filing penal 23703; Government Code section 12586.1. IRS e	F CALIFO ia Governme 06, 309, 311, as and fifteen days a exemption and t ties. Revenue & Ta	RNIA ent Code and 312 s after the end of the he assessment of a axation Code section	DEPARTMENT (For Registry Use Only)		JSTICE GE 1 of 5
BRT CHARITABLE FOUNDATION Name of Organization List all DBAs and names the organization uses or has used		ange of address nended report			
122 W IMPERIAL AVENUE Address (Number and Street) EL SEGUNDO, CA 90245 City or Town, State, and ZIP Code	Corporat	arity Registration Nur tion or Organization N Employer ID No. <u>84</u>			
Telephone Number E-mail Address ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Ca					
Total Revenue Fee Total Revenue Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 milli Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 milli	Fee 1 \$100 on \$200	<u>Total Revenue</u> Between \$20,000,	,001 and \$100 million 0,001 and \$500 million) million		
PART A - ACTIVITIES					
For your most recent full accounting period (beginning01/01/2 Total Revenue (including noncash contributions) \$0 Noncash Contributions \$ Program Expenses \$0					0
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RI	EPORT			
Note: All questions must be answered. If you answer "yes" to any of the qu providing an explanation and details for each "yes" response. Please				Yes	No
 During this reporting period, were there any contracts, loans, leases or other and any officer, director or trustee thereof, either directly or with an entity in any financial interest? 	r financial trai	nsactions between th	e organization	162	X
2. During this reporting period, was there any theft, embezzlement, diversion o or funds?	r misuse of th	ne organization's char	ritable property		x
3. During this reporting period, were any organization funds used to pay any period.	enalty, fine or	judgment?			x
4. During this reporting period, were the services of a commercial fundraiser, fu commercial coventurer used?	undraising co	unsel for charitable p	urposes, or		x
5. During this reporting period, did the organization receive any governmental	funding?				x
6. During this reporting period, did the organization hold a raffle for charitable	ourposes?				x
7. Does the organization conduct a vehicle donation program?					x
8. Did the organization conduct an independent audit and prepare audited fina generally accepted accounting principles for this reporting period?	ncial stateme	ents in accordance wi	th		x
9. At the end of this reporting period, did the organization hold restricted net a	ssets, while r	eporting negative unr	estricted net assets?		x
I declare under penalty of perjury that I have examined this report, including and belief, the content is true, correct and complete, and I am authorized to		ng documents, and	to the best of my know	wledg	
Signature of Authorized Agent FRANK VAN VEENENDAAL		PRESIDENT	May 11, 202	22	

STATE OF CALIFORNIA CT-TR-1 DEPARTMENT OF JUSTICE PAGE 1 of 4 (Orig. 09/2017) (For Registry Use Only) **ANNUAL TREASURER'S REPORT** MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 **ATTORNEY GENERAL OF CALIFORNIA** Section 12586. California Government Code STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400 11 Cal. Code Regs., Section 301 (FORM CT-TR-1) WEBSITE ADDRESS: www.oag.ca.gov/charities BRT CHARITABLE FOUNDATION State Charity Registration Number CT4303644 Name of Organization 122 W IMPERIAL AVENUE Corporation or Organization No. 4303644 Address (Number and Street) EL SEGUNDO, City or Town, State and ZIP Code Federal Employer I.D. No. 84-2541048 90245 CA For annual accounting period (beginning 01/01/2021 ending 12/31/2021)

BALANCE SHEET

ASSETS	LIABILITIES
Cash	\$ Accounts Payable \$
Savings	\$ Salary Payable \$
Investment	\$ Other Liabilities \$
Land/Buildings	\$
Other Assets	\$ TOTAL LIABILITIES \$
TOTAL ASSETS	\$ FUND BALANCE
	Total Assets less Total Liabilities \$

REVENUE STATEMENT

REVENUE	EXPENSES
Cash Contributions \$	Compensation of Officers/Directors \$
Noncash Contributions \$	Compensation of Staff \$
Program Revenue \$	Fundraising Expenses \$
Investments \$	Rent \$
Special Events \$	Utilities \$
Other Revenue \$	Supplies/Postage \$
	Insurance \$
TOTAL REVENUE \$	Other Expenses \$
NET REVENUE	TOTAL EXPENSES \$
Total Revenue less Total Expenses \$	

I hereby declare under penalty of perjury that I have examined this report, including accompanying documents, and, to the best of my knowledge and belief, the content is true, correct and complete and I am authorized to sign.

 Image: Signature of Authorized Agent
 FRANK VAN VEENENDAAL
 PRESIDENT
 May 11, 2022