

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO ADVISORY LLC**

For calendar year **2024** or tax year beginning , and ending

Name of foundation: **BRT CHARITABLE FOUNDATION**  
 A Employer identification number: **84-2541048**  
 Number and street (or P.O. box number if mail is not delivered to street address): **575 MARKET STREET, 4TH FLOOR**  
 Room/suite:  
 B Telephone number: **650-743-7697**  
 City or town, state or province, country, and ZIP or foreign postal code: **SAN FRANCISCO, CA 94105**  
 C If exemption application is pending, check here ...   
 D 1. Foreign organizations, check here .....   
 2. Foreign organizations meeting the 85% test, check here and attach computation .....   
 E If private foundation status was terminated under section 507(b)(1)(A), check here ...   
 F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...   
 G Check all that apply:  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change  
 H Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation  
 I Fair market value of all assets at end of year (from Part II, col. (c), line 16): \$ **36,242,153.**  
 J Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_ (Part I, column (d), must be on cash basis.)

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received .....	5,000,000.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....				
	4 Dividends and interest from securities .....	1,033,433.	1,033,433.		STATEMENT 2
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	158,856.			STATEMENT 1
	b Gross sales price for all assets on line 6a .....	11,669,184.			
	7 Capital gain net income (from Part IV, line 2) .....		269,871.		
	8 Net short-term capital gain .....				
	9 Income modifications .....				
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) .....					
11 Other income .....	880,725.	342,034.		STATEMENT 3	
12 Total. Add lines 1 through 11 .....	7,073,014.	1,645,338.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc. ....	208,681.	85,370.		104,341.
	14 Other employee salaries and wages .....				
	15 Pension plans, employee benefits .....	14,745.	6,032.		7,373.
	16a Legal fees .....	STMT 4 2,080.	780.		780.
	b Accounting fees .....	STMT 5 93,644.	23,411.		46,822.
	c Other professional fees .....	STMT 6 1,641.	671.		821.
	17 Interest .....				
	18 Taxes .....				
	19 Depreciation and depletion .....				
	20 Occupancy .....	7,200.	2,945.		4,500.
	21 Travel, conferences, and meetings .....	10,506.	4,298.		5,253.
	22 Printing and publications .....				
	23 Other expenses .....	STMT 7 33,282.	695,160.		16,641.
	24 Total operating and administrative expenses. Add lines 13 through 23 .....	371,779.	818,667.		186,531.
	25 Contributions, gifts, grants paid .....	2,550,000.			2,550,000.
26 Total expenses and disbursements. Add lines 24 and 25 .....	2,921,779.	818,667.		2,736,531.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	4,151,235.				
b Net investment income (if negative, enter -0-) .....		826,671.			
c Adjusted net income (if negative, enter -0-) .....			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing		4,246,808.	172,333.	172,333.
	2	Savings and temporary cash investments		8,270,409.	20,111,828.	20,111,828.
	3	Accounts receivable	466,969.			
		Less: allowance for doubtful accounts		3,786,020.	466,969.	466,969.
	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	833,235.			
		Less: allowance for doubtful accounts	0.	833,235.	833,235.	833,235.
	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	STMT 8	15,038,014.	14,656,888.	14,656,888.	
14	Land, buildings, and equipment: basis					
	Less: accumulated depreciation					
15	Other assets (describe SECURITY DEPOSITS)		3,540.	900.	900.	
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		32,178,026.	36,242,153.	36,242,153.	
Liabilities	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 DEFERRED TAX LIABILITY)		2,017,437.	1,136,758.	
23	<b>Total liabilities</b> (add lines 17 through 22)		2,017,437.	1,136,758.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.					
	24	Net assets without donor restrictions		30,160,589.	35,105,395.	
	25	Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.					
	26	Capital stock, trust principal, or current funds				
	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
	28	Retained earnings, accumulated income, endowment, or other funds				
29	<b>Total net assets or fund balances</b>		30,160,589.	35,105,395.		
30	<b>Total liabilities and net assets/fund balances</b>		32,178,026.	36,242,153.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	30,160,589.
2	Enter amount from Part I, line 27a	2	4,151,235.
3	Other increases not included in line 2 (itemize) NET UNREALIZED GAIN ON INVESTMENTS	3	793,571.
4	Add lines 1, 2, and 3	4	35,105,395.
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	35,105,395.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	9TH & 10TH STREET LLC 1231 GAIN PER K-1			
b	9TH & 10TH STREET LLC OUTSIDE BASIS - STEP UP			
c	PUBLICLY TRADED SECURITIES	P		
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a	11,274,765.		11,274,765.	
b		11,163,750.	-11,163,750.	
c	394,419.	235,563.	158,856.	
d				
e				
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. (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		
a			11,274,765.	
b			-11,163,750.	
c			158,856.	
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 .....	2	269,871.	
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 .....	3	N/A	

**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 <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	11,491.
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-) .....	2	0.
3	Add lines 1 and 2 .....	3	11,491.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- .....	5	11,491.
6	Credits/Payments:		
a	2024 estimated tax payments and 2023 overpayment credited to 2024 .....	6a	2,098.
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	2,098.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached .....	8	0.
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .....	9	9,393.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .....	10	
11	Enter the amount of line 10 to be: <b>Credited to 2025 estimated tax</b> <span style="float:right">Refunded</span>	11	

Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered.
8b 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?
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 2024 or the tax year beginning in 2024?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of PAOLA BERNAZZANI Telephone no. 650-743-7697
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here
16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b.

**Part VI-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> 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?		X

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

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
FRANK VAN VEENENDAAL 575 MARKET STREET, 4TH FLOOR SAN FRANCISCO, CA 94105	BOARD CHAIR/SECRETARY 4.00	0.	0.	0.
PAOLA BERNAZZANI 575 MARKET STREET, 4TH FLOOR SAN FRANCISCO, CA 94105	EXECUTIVE DIRECTOR 40.00	0.	0.	0.
TONY RODONI 575 MARKET STREET, 4TH FLOOR SAN FRANCISCO, CA 94105	TREASURER 0.50	0.	0.	0.
SUZANNE DIBIANCA 575 MARKET STREET, 4TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(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 0

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... 0

**Part VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part 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
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.

**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) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	0.
b	Average of monthly cash balances .....	1b	17,132,818.
c	Fair market value of all other assets (see instructions) .....	1c	15,720,553.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	32,853,371.
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.
3	Subtract line 2 from line 1d .....	3	32,853,371.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	492,801.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	32,360,570.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	1,618,029.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	1,618,029.
2a	Tax on investment income for 2024 from Part V, line 5 .....	2a	11,491.
b	Income tax for 2024. (This does not include the tax from Part V.) .....	2b	21,474.
c	Add lines 2a and 2b .....	2c	32,965.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	1,585,064.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	1,585,064.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	1,585,064.

**Part XI Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	2,736,531.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	2,736,531.

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

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
<b>1</b> Distributable amount for 2024 from Part X, line 7 .....				1,585,064.
<b>2</b> Undistributed income, if any, as of the end of 2024:				
<b>a</b> Enter amount for 2023 only .....			15,090.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2024:				
<b>a</b> From 2019 .....				
<b>b</b> From 2020 .....				
<b>c</b> From 2021 .....				
<b>d</b> From 2022 .....				
<b>e</b> From 2023 .....				
<b>f</b> Total of lines 3a through e .....	0.			
<b>4</b> Qualifying distributions for 2024 from Part XI, line 4: \$ 2,736,531.				
<b>a</b> Applied to 2023, but not more than line 2a ...			15,090.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2024 distributable amount .....				1,585,064.
<b>e</b> Remaining amount distributed out of corpus	1,136,377.			
<b>5</b> Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	1,136,377.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025 .....				0.
<b>7</b> 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.			
<b>8</b> Excess distributions carryover from 2019 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a .....	1,136,377.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2020 ...				
<b>b</b> Excess from 2021 ...				
<b>c</b> Excess from 2022 ...				
<b>d</b> Excess from 2023 ...				
<b>e</b> Excess from 2024 ...	1,136,377.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2024, (b) 2023, (c) 2022, (d) 2021, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

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).)

NONE

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

NONE

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

Check here [X] 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:

**Part XIV** **Supplementary Information** *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
GREAT PLAINS CONSERVATION FOUNDATION 1661 JEAGA DRIVE JUPITER, FL 33458	N/A	PC	GENERAL OPERATING SUPPORT	450,000.
DONOR ADVISED CHARITABLE GIVING INC 211 MAIN STREET CO S QUIESERT SAN FRANCISCO, CA 94105	N/A	PC	GENERAL OPERATING SUPPORT	300,000.
BIG LIFE FOUNDATION USA 1715 NORTH HERON DRIVE RIDGEFIELD, WA 98642	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
DIAN FOSSEY GORILLA FUND 800 CHEROKEE AVE SE ATLANTA, GA 30315	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
DAVID SHELDRIK WILDLIFE TRUST USA 25283 CABOT RD 101 LAGUNA HILLS, CA 92653	N/A	PC	GENERAL OPERATING SUPPORT	150,000.
<b>Total</b>	SEE CONTINUATION SHEET(S)			<b>3a</b> 2,550,000.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				
				<b>3b</b> 0.





**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

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 recipient	Purpose of grant or contribution	Amount
KAKO EARTH 1962 N IOWA STREET CHANDLER, AZ 85225	N/A	PC	GENERAL OPERATING SUPPORT	130,000.
REWILD PO BOX 129 AUSTIN, TX 78767	N/A	PC	GENERAL OPERATING SUPPORT	60,000.
SINKYONE SANCTUARY P.O. BOX 1068 GEYSERVILLE, CA 95441	N/A	PC	ANIMAL PROTECTION & WELFARE	50,000.
PLANET REIMAGINED 150 BROADWAY SUITE 1302 NEW YORK, NY 10038	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
TIDES FOUNDATION DAF PO BOX 889389 LOS ANGELES, CA 90088	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
AMAZON CONSERVATION TEAM 4211 NORTH FAIRFAX DRIVE ARLINGTON, VA 22203	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
CAPTAIN PAUL WATSON FOUNDATION 462 W 42ND ST NEW YORK, NY 10036	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
CENTER FOR BIOLOGICAL DIVERSITY, INC. PO BOX 710 TUCSON, AZ 85702	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
CENTER FOR RESPONSIBLE FORESTRY PO BOX 7504 TACOMA, WA 98417	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
CENTER FOR WHALE RESEARCH PO BOX 1577 FRIDAY HARBOR, WA 98250	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
<b>Total from continuation sheets</b>				<b>1,250,000.</b>

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

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 recipient	Purpose of grant or contribution	Amount
EARTH LAW CENTER 530 MAIN AVE UNIT F DURANGO, CA 81301	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
JANE GOODALL INSTITUTE 1120 20TH ST NW 520S WASHINGTON, DC 20036	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
LEMUR CONSERVATION FOUNDATION PO BOX 249 MYAKKA CITY, FL 34251	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
LHAQ' TEMISH FOUNDATION 2665 KWINA ROAD BELLINGHAM, WA 98226-9298	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
LONG LIVE THE KINGS 1326 FIFTH AVENUE 450 SEATTLE, WA 98101	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
OCEAN FUTURES SOCIETY 1025 CONNECTICUT AVENUE NW 200 WASHINGTON, DC 20036	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
PACHAMAMA ALLIANCE PRESIDIO BLDG 1009 SAN FRANCISCO, CA 94129	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
PACIFIC WILD ALLIANCE 1567 HIGHLANDS DR NE 110-373 ISSAQUAH, WA 98029	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
PREDATORS OF THE HEART DBA BECAUSE WE MATTER 6128 PARKSIDE DR ANACORTES, WA 98221	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

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 recipient	Purpose of grant or contribution	Amount
RE SOURCES 2309 MERIDIAN ST BELLINGHAM, WA 98225	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
SAVE OUR WILD SALMON 811 FIRST AVENUE 305 SEATTLE, WA 98104	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
SAVE THE MANATEE CLUB 317 WEKIVA SPRINGS ROAD 100 LONGWOOD, FL 32779	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
SEALEGACY FOUNDATION INC 6671 W INDIANTOWN ROAD SUITE 50-170 JUPITER, FL 33458	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
THE GORILLA FOUNDATION PO BOX 620530 WOODSIDE, CA 94062	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
WHATCOM HUMANE SOCIETY 2172 DIVISION STREET BELLINGHAM, WA 98225	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
WILDLIFE CONSERVATION NETWORK 209 MISSISSIPPI STREET SAN FRANCISCO, CA 94107	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
WORLD WILDLIFE FUND, INC. 1250 24TH STREET NW WASHINGTON, DC 20037	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
XERCES SOCIETY INC. 1631 NE BROADWAY STREET 821 PORTLAND, OR 97232	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
OCEANA, INC. 575 MARKET STREET, 4TH FLOOR SAN FRANCISCO, CA 94105	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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 recipient	Purpose of grant or contribution	Amount
STAND.EARTH 1329 N STATE ST SUITE 302 BELLINGHAM, WA 98225	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
THE NATURE CONSERVANCY 4245 N FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
FOODBANK OF SANTA BARBARA COUNTY 490 WEST FOSTER ROAD SANTA MARIA, CA 93455	N/A	PC	FOOD FOR NEEDY	25,000.
NORTH BEACH CITIZENS 1034 KEARNY STREET SAN FRANCISCO, CA 94133	N/A	PC	TO SUPPORT HOMELESS ASSISTANCE PROGRAMS IN NORTH BEACH AREA OF SAN FRANCISCO	25,000.
DOCTORS WITHOUT WALLS 19 EAST MICHELTORENA STREET SANTA BARBARA, CA 93101	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
FLATBUSH CATS INC. 2319 NOSTRAND AVE #100015 BROOKLYN, NY 11210-9997	N/A	PC	VET CLINIC TREATING LOW-INCOME RESIDENTS	10,000.
SUPPORT FOR FAMILIES OF CHILDREN WITH DISABILITIES 1663 MISSION STREET 700 SAN FRANCISCO, CA 94103	N/A	PC	GENERAL OPERATING SUPPORT	7,500.
TIDES CENTER 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	N/A	PC	GENERAL OPERATING SUPPORT	7,500.
<b>Total from continuation sheets</b>				

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

BRT CHARITABLE FOUNDATION

Employer identification number

84-2541048

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization  BRT CHARITABLE FOUNDATION	Employer identification number  84-2541048
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRT TRUST  450 WHISKEY ROAD  WOODSIDE, CA 94062	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  BRT CHARITABLE FOUNDATION	Employer identification number  84-2541048
---	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  BRT CHARITABLE FOUNDATION	Employer identification number  84-2541048
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 1

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	DATE ACQUIRED	DATE SOLD	(F) GAIN OR LOSS
9TH & 10TH STREET LLC 1231 GAIN PER K-1	11,274,765.	11,274,765.	0.	PURCHASED			0.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	DATE ACQUIRED	DATE SOLD	(F) GAIN OR LOSS
9TH & 10TH STREET LLC OUTSIDE BASIS - STEP UP	0.	0.	0.	PURCHASED			0.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	DATE ACQUIRED	DATE SOLD	(F) GAIN OR LOSS
PUBLICLY TRADED SECURITIES	394,419.	235,563.	0.	PURCHASED			158,856.

CAPITAL GAINS DIVIDENDS FROM PART IV							0.
TOTAL TO FORM 990-PF, PART I, LINE 6A							158,856.

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES

STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB	1,033,433.	0.	1,033,433.	1,033,433.	
TO PART I, LINE 4	1,033,433.	0.	1,033,433.	1,033,433.	

## FORM 990-PF

## OTHER INCOME

## STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
RENTAL INCOME FROM K-1	0.	342,034.	
BANK REIMBURSEMENT	46.	0.	
PROVISION FOR TAXES	880,679.	0.	
<b>TOTAL TO FORM 990-PF, PART I, LINE 11</b>	<b>880,725.</b>	<b>342,034.</b>	

## FORM 990-PF

## LEGAL FEES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	2,080.	780.		780.
TO FM 990-PF, PG 1, LN 16A	2,080.	780.		780.

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	93,644.	23,411.		46,822.
TO FORM 990-PF, PG 1, LN 16B	93,644.	23,411.		46,822.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL FEES	1,641.	671.		821.
TO FORM 990-PF, PG 1, LN 16C	1,641.	671.		821.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	6,270.	1,568.		3,135.
OFFICE EXPENSES	27,012.	11,050.		13,506.
PASSTHROUGH RENTAL EXPENSES	0.	682,542.		0.
TO FORM 990-PF, PG 1, LN 23	33,282.	695,160.		16,641.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVERNESS PARTNERS, LP	FMV	3,280,611.	3,280,611.
MOUNTAINVALE VILLAGE MHC	FMV	3,830,486.	3,830,486.
SHADY OAKS MHC	FMV	1,353,675.	1,353,675.
BLUE HAVEN MHC	FMV	792,546.	792,546.
BLUE HAVEN EXPANSION	FMV	24,441.	24,441.
ONYX ASSETS MANAGEMENT	FMV	68,775.	68,775.
BOAVIDA	FMV	500,000.	500,000.
STARLIGHT MHP	FMV	1,803,690.	1,803,690.
ARROWHEAD MHP	FMV	369,264.	369,264.
BAYSHORE VILLAS MHP	FMV	2,633,400.	2,633,400.
TOTAL TO FORM 990-PF, PART II, LINE 13		14,656,888.	14,656,888.

# **PUBLIC DISCLOSURE COPY**

**PLEASE FILE IN A SAFE PLACE**

**ARMANINO ADVISORY LLC**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2024

For calendar year 2024 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form sections A through F: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year, D Employer identification number, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of PAOLA BERNAZZANI Telephone number 650-743-7697

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount: 91,201.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount: 21,474.

Part III Tax and Payments

Table with 4 rows for Part III: Tax and Payments. Columns include line number, description, sub-sections (1a-1d, 3a-3e), and amount. Total amount: 21,474.

<b>Part III Tax and Payments</b> (continued)			
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>	0.
<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>	
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>	
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>	
<b>j</b>	Other (see instructions) .....	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	<b>8</b>	1,203.
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	22,677.
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> <b>Refunded</b> .....	<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
<b>1</b>	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	901101	\$ 50,832.	
		\$	
		\$	
		\$	
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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.			
	Signature of officer	Date	Title	BOARD CHAIR
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	KATY BROWN	KATY BROWN	09/30/25	PTIN P00650274
	Firm's name	ARMANINO ADVISORY LLC		Firm's EIN 94-6214841
	Firm's address	2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004		Phone no. 925-790-2600

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990-T

CONTRIBUTIONS

STATEMENT 9

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

50% CASH ONLY

N/A

2,550,000.

TOTAL TO FORM 990-T, PART I, LINE 4

2,550,000.

## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 10

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2019  
 FOR TAX YEAR 2020  
 FOR TAX YEAR 2021  
 FOR TAX YEAR 2022 160,000  
 FOR TAX YEAR 2023 625,000

TOTAL CARRYOVER 785,000  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 2,550,000

TOTAL CONTRIBUTIONS AVAILABLE 3,335,000  
 TAXABLE INCOME LIMITATION AS ADJUSTED 10,133

EXCESS CONTRIBUTIONS 3,324,867  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 3,324,867

ALLOWABLE CONTRIBUTIONS DEDUCTION 10,133

TOTAL CONTRIBUTION DEDUCTION 10,133

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Table with 4 columns: A Name of the organization (BRT CHARITABLE FOUNDATION), B Employer identification number (84-2541048), C Unrelated business activity code (901101), D Sequence (1 of 1)

E Describe the unrelated trade or business PASS-THROUGH UBI

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 5 Income (loss) from a partnership, 13 Total.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1 Compensation of officers, 2 Salaries and wages, 15 Total deductions, 18 Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4	
5	Gross income from activity that is not unrelated business income _____	5	
6	Expenses attributable to income entered on line 5 _____	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7	



FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 11

DESCRIPTION	NET INCOME OR (LOSS)
INVESTMENT ACTIVITY - ORDINARY BUSINESS INCOME (LOSS)	163,384.
INVESTMENT ACTIVITY - ORDINARY BUSINESS INCOME (LOSS)	-3,449.
INVESTMENT ACTIVITY - ORDINARY BUSINESS INCOME (LOSS)	92,220.
INVESTMENT ACTIVITY - ORDINARY BUSINESS INCOME (LOSS)	12.
INVESTMENT ACTIVITY - ORDINARY BUSINESS INCOME (LOSS)	-47,747.
INVESTMENT ACTIVITY - ORDINARY BUSINESS INCOME (LOSS)	-1,229.
<b>TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5</b>	<b>203,191.</b>

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 12

DESCRIPTION	AMOUNT
LEGAL FEES	520.
ACCOUNTING FEES	23,411.
PAYROLL FEES	149.
OCCUPANCY	655.
TRAVEL, CONFERENCES, MEETINGS	955.
INSURANCE	1,568.
OFFICE EXPENSES	2,456.
<b>TOTAL TO SCHEDULE A, PART II, LINE 14</b>	<b>29,714.</b>

FORM 990-T (A) POST 2017 NOL SCHEDULE STATEMENT 13

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
50,832.	50,832.	0.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 14

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/23	50,832.	0.	50,832.	50,832.
NOL CARRYOVER AVAILABLE THIS YEAR			50,832.	50,832.

SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 15

TAXABLE INCOME FROM ALL ENTITIES	153,166.
THIS ENTITIES PORTION OF TAXABLE INCOME	153,166.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	153,166.
80% INCOME LIMITATION	122,533.
POST-2017 AVAILABLE	50,832.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	50,832.

FORM 4626 AMT CONTRIBUTION LIMITATION STATEMENT 16

1) AFS INCOME BEFORE FSNOL, CHARITABLE CONTRIBUTIONS . . . . .	91,201
2) ADD: OTHER AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER THAN CHARITABLE CONTRIBUTIONS . . . . .	-1,125
3) PREADJUSTMENT AFSI BEFORE CHARITABLE DEDUCTIONS AND FSNOL	90,076
4) CONTRIBUTION LIMITATION TO CALCULATE 80 % AFSI LIMITATION FOR FSNOL . . . . .(LINE 10 PLUS SPECIAL DEDUCTIONS NOT PREVIOUSLY INCLUDED IN THE LINE 3 ABOVE, MULTIPLIED BY 10%). . . . .	9,008
5) TOTAL AVAILABLE CONTRIBUTIONS . . . . .	2,550,000
6) CONTRIBUTION DEDUCTION TO CALCULATE 80% AFSI LIMITATION FOR FSNOL (LESSER OF LINE 4 OR LINE 5) . . . . .	9,008
7) AFSI FOR PURPOSES OF 80 % FSNOL LIMITATION (LINE 3 LESS LINE 6) . . . . .	81,068
8) FSNOL LIMITATION ( 80 % OF LINE 7) . . . . .	64,854
9) TOTAL FSNOL AVAILABLE . . . . .	0
10) AMT FSNOL (LESSER OF LINE 8 OR LINE 9) . . . . .	0
11) AFSI FOR CHARITABLE DEDUCTION LIMITATION (LINE 6 PLUS SPECIAL DEDUCTIONS LESS AMT FSNOL ON LINE 10 ) . .	90,076
12) 10% OF LINE 11 . . . . .	9,008
13) AFSI CHARITABLE DEDUCTION (LESSER OF LINE 5 OR LINE 12) . .	9,008
14) REGULAR CONTRIBUTION DEDUCTION . . . . .	10,133
15) AFSI CONTRIBUTION ADJUSTMENT (LINE 14 LESS LINE 13) . . . .	1,125

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 17

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2019

FOR TAX YEAR 2020

FOR TAX YEAR 2021

FOR TAX YEAR 2022

FOR TAX YEAR 2023

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

2,550,000

TOTAL CONTRIBUTIONS

2,550,000

10% OF TAXABLE INCOME AS ADJUSTED

9,008

EXCESS CONTRIBUTIONS

2,540,992

ALLOWABLE CONTRIBUTIONS

9,008

FORM 4626

OTHER AMT ADJUSTMENTS

STATEMENT 18

DESCRIPTION

AMOUNT

CHARITABLE CONTRIBUTIONS

1,125.

TOTAL TO FORM 4626, LINE 2Z

1,125.