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GOVERNMENT COPY

Form 8879-TE		IRS e-file Signatur for a Tax Exe	re Authorization	F	OMB No. 1545-0047
	Fax activity		, 2021, and ending SEP 30	" ງງ	
	For calendar year 202	 Do not send to the IRS. 		, ²⁰ <u>4 4</u>	2021
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form8879			
Name of filer				EIN or SSN	
WARSH-	MOTT LEGA	CY		68-00	49658
Name and title of officer or pe		BAILEY MALONE			
	,	EXECUTIVE DIRECT	OR		
Part I Type of	Return and Re	turn Information			
Form 5330 filers may enter or 10a below, and the am	er dollars and cents ount on that line fo lank (do not enter -	. For all other forms, enter whole o r the return being filed with this fo 0-). But, if you entered -0- on the n	nter the applicable amount, if any, fr dollars only. If you check the box or rm was blank, then leave line 1b, 2 eturn, then enter -0- on the applicab 990, Part VIII, column (A), line 12)	n line 1a, 2a, 3 2 b, 3b, 4b, 5b, ble line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a 6b, 7b, 8b, 9b, or 10b, Do not complete more
2a Form 990-EZ che			990-EZ, line 9)		
3a Form 1120-POL			line 22)		
4a Form 990-PF che			income (Form 990-PF, Part V, line \$		3b 4b <u>32,217.</u>
5a Form 8868 check			ine 3c)		5b
6a Form 990-T chec			III, line 4)		6b
7a Form 4720 check			III, line 1)		7b
8a Form 5227 check		b FMV of assets at end of ta			8b
9a Form 5330 check		b Tax due (Form 5330, Part I			9b
10a Form 8038-CP cl		-	t requested (Form 8038-CP, Part III		10b
Part II Declara	tion and Signa	ture Authorization of Offic	cer or Person Subject to Ta	ax	
complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv personal identification nur PIN: check one box only X I authorize MF as my signature with a state age on the return's of As an officer or return. If I have IRS Fed/State p	that the amount in der, transmitter, or ipt or reason for rej e, I authorize the U. ution account indice it the entry to this a sprior to the payme ve confidential infor mber (PIN) as my si C E-FILING e on the tax year 20 ency(ies) regulating disclosure consent person subject to t indicated within thi rogram, I will enter et to tax ►	n Part I above is the amount show electronic return originator (ERO) ection of the transmission, (b) th S. Treasury and its designated Fii cated in the tax preparation softwa account. To revoke a payment, I m ent (settlement) date. I also author mation necessary to answer inqu gnature for the electronic return a C SERVICES CO. ERO firm name 21 electronically filed return. If I h. charities as part of the IRS Fed/S screen. ax with respect to the entity, I will s return that a copy of the return i my PIN on the return's disclosure	ave indicated within this return that tate program, I also authorize the at l enter my PIN as my signature on tl is being filed with a state agency(ies	rin. I consent to preceive from i g the return or ic funds withdr owed on this r ncial Agent at d in the proces he payment. I h ctronic funds v to enter my PI a copy of the i forementioned he tax year 202	b allow my the IRS (a) an refund, and (c) the date awal (direct debit) return, and the 1-888-353-4537 no sing of the electronic have selected a withdrawal. N <u>48502</u> Enter five numbers, but do not enter all zeros return is being filed ERO to enter my PIN 21 electronically filed harities as part of the
Part III Certifica	ation and Author	entication			
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	÷	3823404850 Do not enter all zero		
			2021 electronically filed return indica dernized e-File (MeF) Information for		
ERO's signature 🕨			Date 🕨 05	/23/23	
		ERO Must Retain This Fo ubmit This Form to the IR	rm - See Instructions S Unless Requested To Do	o So	
LHA For Privacy act and	d Paperwork Redu	ction Act Notice, see instruction	ns.		Form 8879-TE (2021
102521 01-11-22					

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or				Taxpaye	identificati	on number (TIN)	
print	WARSH-MOTT LEGACY				68-0049658		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 245 KENTUCKY STREET, E	ee instruct	ions.				
return. See instructions.	City, town or post office, state, and ZIP code. For a for PETALUMA, CA 94952-2876	reign addı	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			0 4	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990) or Form 990-EZ	01	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990)-T (trust other than above)	06	Form 8870			12	
Form 990)-T (corporation)	07					
 If the of If this box 1 I re the 	none No. ▶ (707) 874-2942 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (Aroup Exe and atta AUGUS anization's , an	mption Number (GEN), 1 ch a list with the names and TINs of ST 15, 2023 , to file return for: d ending SEP 30, 2022	f this is fo all memb	r the whole ers the exte	group, check this	
3aIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.3a\$6					62,100.		
b lft	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
				3b	\$	62,100.	
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required, by				
usi	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns	3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct det	bit) with this Form 8868, see Form 84	153-TE an	d Form 887	9-TE for payment	
IHA F	or Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.		Form	8868 (Rev. 1-2022)	

123841 01-12-22

Form **990-PF**

Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 15, 2023 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 cal	endar year 2021 or tax year beginning OCT	1, 2021	, and ending	SEP 30, 2022		
Name	of foundation		A Employer identification	number		
	RSH-MOTT LEGACY		Boom/suite	68-0049658		
	r and street (or P.O. box number if mail is not delivered to street a		B Telephone number (707) 874–2942			
	5 KENTUCKY STREET	+	E			
	town, state or province, country, and ZIP or foreign p FALUMA , CA 94952–2876			C If exemption application is p	ending, check here	
	ck all that apply:	Initial return of a fo	ormer public charity	D 1. Foreign organizations		
u one	Final return	Amended return		D I. Foreign organizations		
	Address change	Name change		2. Foreign organizations me check here and attach co	eting the 85% test, mputation	
H Che	ck type of organization: X Section 501(c)(3) ex			E If private foundation sta		
		Other taxable private founda	tion	under section 507(b)(1)		
I Fair I	narket value of all assets at end of year J Accounti	ng method: 🛛 🗴 Cash	Accrual	F If the foundation is in a	60-month termination	
	n Part II, col. (c), line 16) 01	her (specify)		under section 507(b)(1)		
▶\$	40,295,647. (Part I, colum	nn (d), must be on cash basi	S.)		1	
Part	(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 investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
· ·	Contributions, gifts, grants, etc., received	3,170,000.		N/A		
		132.	132.		STATEMENT 1	
4	Dividends and interest from securities	834,261.	834,393.		STATEMENT 2	
1	a Gross rents					
	b Net rental income or (loss)	1 500 506				
<u>e</u> 6	a Net gain or (loss) from sale of assets not on line 10	1,583,586.				
Revenue	b Gross sales price for all 7,725,542.		1,583,586.			
Bev			1,000,000.			
	······································					
	Gross sales less returns					
``	b Less: Cost of goods sold					
	c Gross profit or (loss)					
1						
12		5,587,979.	2,418,111.			
13	Compensation of officers, directors, trustees, etc.	0.	0.		0.	
14						
18	Pension plans, employee benefits					
Se 16	b Accounting fees STMT 3	20.275	10.000		00.275	
Expense	b Accounting fees STMT 3	32,375.	12,000.		20,375.	
	c Other professional fees STMT 4	15,000.	15,000.		0.	
17 31 ative		56,167.	16,167.		0.	
etra		50,107.	10,107.		0.	
Administrative						
and J						
ie 23		441,208.	57,165.		414,908.	
24 atiu						
Operating 5	expenses. Add lines 13 through 23	544,750.	100,332.		435,283.	
Ō 28		1,420,000.			1,156,420.	
26	·					
	Add lines 24 and 25	1,964,750.	100,332.		1,591,703.	
27	Subtract line 26 from line 12:					
	a Excess of revenue over expenses and disbursements	3,623,229.	2 217 770			
	b Net investment income (if negative, enter -0-)		2,317,779.	N/A		
	c Adjusted net income (if negative, enter -0-)					

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2021)

08420523 790376 F009

2

2021.05080 WARSH-MOTT LEGACY

Form 9	90-PF (2021) WARSH-MOTT LEGACY		68-0049658 P		
Part	II Balance Sheets Attached schedules and amounts in the description advance should be for and of your amounts only	Beginning of year	End of year		
Fait	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash - non-interest-bearing	26,725.	133,755.	133,755. 2,494,246.	
2	Savings and temporary cash investments	648,248.	2,494,246.	2,494,246.	
3	Accounts receivable 17,975.				
	Less: allowance for doubtful accounts	11,866.	17,975.	17,975.	
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				
	Inventories for sale or use				
Å 10	a Investments - U.S. and state government obligations				
101	p Investments - corporate stock STMT 8	32,949,655.	23 278 292	23,278,292.	
	c Investments - corporate bonds STMT 9	3,747,452.	3,279,387.	3,279,387.	
11	Investments - land, buildings, and equipment: basis	511111110	572757507•	5,2,5,501.	
	Less: accumulated depreciation				
10					
	Investments - mortgage loans	7,541,796.	11,091,992.	11,091,992.	
13	Investments - other STMT 10	7,541,790.	11,091,992.	11,091,992.	
14	Land, buildings, and equipment: basis				
45	Less: accumulated depreciation				
15	Other assets (describe)				
16		44 025 742	10 205 617	10 205 617	
47	instructions. Also, see page 1, item I)	44,923,742.	40,295,647.	40,293,047.	
17	Accounts payable and accrued expenses	526,420.	790,000.		
18	Grants payable	520,420.	750,000.		
8 19 ⊒ 20	Deferred revenue				
Liabilities 5 0 0 1 6 1 8	Loans from officers, directors, trustees, and other disqualified persons				
	Mortgages and other notes payable Other liabilities (describe BROKER PAYABLE)	128,656.	0.		
22		120,030.	• •		
23	Total liabilities (add lines 17 through 22)	659,076.	790,000.		
	Foundations that follow FASB ASC 958, check here				
6	and complete lines 24, 25, 29, and 30.				
<u>9</u> 24	Net assets without donor restrictions				
	Net assets with donor restrictions				
ä	Foundations that do not follow FASB ASC 958, check here 🕨 🗴				
n	and complete lines 26 through 30.				
or Fund Balances	Capital stock, trust principal, or current funds	2,567,576.	2,567,576.		
\$ 27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
Net Assets 55 56 56 57 57 57 57 57 57 57 57 57 57 57 57 57	Retained earnings, accumulated income, endowment, or other funds	41,699,090.	36,938,071.		
¥ 29	Total net assets or fund balances	44,266,666.	39,505,647.		
S					
30					
Part	III Analysis of Changes in Net Assets or Fund Ba	lances			
1 Tota		29			
	st agree with end-of-year figure reported on prior year's return)		1	44,266,666.	
	er amount from Part I, line 27a			3,623,229.	
				0.	
	lines 1, 2, and 3			47,889,895.	

3	Uther Increases not included in line 2 (Itemize)	3	0.
4	Add lines 1, 2, and 3	4	47,889,895.
5	Decreases not included in line 2 (itemize)	5	8,384,248.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	39,505,647.

Form **990-PF** (2021)

123511 12-10-21

	SH-MOTT LEGACY and Losses for Tax on In	vestment Inco	me	0 00 7	TTACHI	68-004 ED STATEM	*
(a) List and describe					a and the all	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				0 001			
b							
C							
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or ot plus expense				(h) Gain or (loss ((e) plus (f) minus	/
<u>a</u>							
<u>b</u>							
<u> </u>							
<u>d</u>			44 05	_			1 500 506
e 7,725,542.			41,950	5.			1,583,586.
Complete only for assets shown	ng gain in column (h) and owned by ⁻				(I)	Gains (Col. (h) gair (k), but not less that	n minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess o over col. (j)			coi.	Losses (from col.	(h))
<u>a</u>							
_b							
<u> </u>							
d							
_e					-		1,583,586.
2 Capital gain net income or (net c	apital loss)			}			1,583,586.
	rss) as defined in sections 1222(5) ar , column (c). See instructions. If (los			}		N/A	
Part V Excise Tax Bas	sed on Investment Incom	ne (Section 494	0(a), 494		r 4948 - s	see instructio	ns)
	described in section 4940(d)(2), che	<u> </u>					,
Date of ruling or determination						1	32,217.
0	s enter 1.39% (0.0139) of line 27b. Ex			300 1130 0	cuona)	> - · · ·	5272170
	12, col. (b)						
	tic section 4947(a)(1) trusts and taxa				·····)	2	0.
Add lines devide				,		3	32,217.
	stic section 4947(a)(1) trusts and tax					4	0.
	me. Subtract line 4 from line 3. If ze					5	32,217.
6 Credits/Payments:							
	and 2020 overpayment credited to 20)21 6 a		6	2,100	.	
	tax withheld at source			-	0		
	xtension of time to file (Form 8868)		_		0		
	ly withheld				0		
7 Total credits and payments. Ac						7	62,100.
	yment of estimated tax. Check here						0.
	and 8 is more than 7, enter amount				•	9	
	e than the total of lines 5 and 8, enter					10	29,883.
	be: Credited to 2022 estimated tax				Refunded 🕨	11	0.
							Form 990-PF (2021)

orm 990-PF (2021)	WARSH-MOTT	LEGAC
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		049658		Page 4
	rt VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	<u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	<u>1b</u>		X
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			v
	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 fourthelium $b = 0$			
	(1) On the foundation. \blacktriangleright \$ 0. (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			
<u>م</u>	managers. \triangleright \$ 0.	2		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
10	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		х	- 23
	If "Yes," has it filed a tax return on Form 990-T for this year?		X	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			x
U	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:			
Ū	• 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	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV		Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. 🕨			
	CA			
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	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address WWW.CSFUND.ORG			
14	The books are in care of BAILEY MALONE Telephone no. (70)			
		▶ <u>94952</u>	-28	76
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	A No.	N
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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
		Form 99	0-PF	(2021)

123531 12-10-21

	49658		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)	Х	
(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	1b		X
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 dispose			
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
Schedule C, to determine if the foundation had excess business holdings in 2021.) N/A			
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
had not been removed from jeopardy before the first day of the tax year beginning in 2021?			X

Form 990-PF (2021) WARSH-MOTT LEGACY 68	8-0049658	I	Page 6
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued	d)		
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)		X
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	5b	Х	
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? SEE STATEMENT 12	5d	Х	
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		X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?			X
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?			Х
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
	-			
SEE STATEMENT 11	-	0.	0.	0.
	-			
	-			
	-			
	-			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, e	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	-			

			0
For	m	990-PF (2021)

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

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Part VII			
3 Five hig	phest-paid independent contractors for professional services. If none, e	nter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	NONE		
Total numb	er of others receiving over \$50,000 for professional services I-A Summary of Direct Charitable Activities		► 0
		tatistical information such as the	
	ndation's four largest direct charitable activities during the tax year. Include relevant s organizations and other beneficiaries served, conferences convened, research papers		Expenses
1	N/A		
2			
3			
0			
4			
Part VII	I-B Summary of Program-Related Investments		
	e two largest program-related investments made by the foundation during the tax yea	r on lines 1 and 2	Amount
1	N/A		, and and
2			
All other pr	ogram-related investments. See instructions.		
3			
T	lines d through 0		0.
I OTAI. Add	lines 1 through 3		Form 990-PF (2021)

For	m 990-PF (2021) WARSH-MOTT LEGACY	68-	0049658	Page 8
Ρ	art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foun	idations, se	ee 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	35,864	,474.
	Average of monthly cash balances	1b	2,616	
	Fair market value of all other assets (see instructions)	1c	7,289	
	Total (add lines 1a, b, and c)	1d	45,770	
	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)			
2	Acquisition indebtedness applicable to line 1 assets	2		Ο.
3	Subtract line 2 from line 1d	3	45,770	,563.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	686	,558.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	45,084	,005.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,254	,200.
Ρ	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain		
	foreign organizations, check here 🕨 🔄 and do not complete this part.)			
1	Minimum investment return from Part IX, line 6	1	2,254	,200.
2a	Tax on investment income for 2021 from Part V, line 5			
b				
C	Add lines 2a and 2b	2c	32	,217.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	32, 2,221,	,983.
4	Recoveries of amounts treated as qualifying distributions	4		0.
5	Add lines 3 and 4	5	2,221	,983.
6	Deduction from distributable amount (see instructions)	6		0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	2,221	,983.
Ρ	art XI Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
' a		1a	1.591	703.
	Program-related investments - total from Part VIII-B	1b	1,591,	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		
2	Amounts set aside for specific charitable projects that satisfy the:			
a		3a		
	Cash distribution test (attach the required schedule)	3b		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,591	.703.
-			Form 990-I	

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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,	•			
line 7				2,221,983.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017 545,764.				
c From 2018				
d From 2019 89,976.				
e From 2020				
f Total of lines 3a through e	635,740.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: ► \$ <u>1,591,703.</u>			•	
a Applied to 2020, but not more than line 2a …			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions) \dots		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			1 501 500
d Applied to 2021 distributable amount				1,591,703.
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 must be shown in column (a).)	630,280.			630,280.
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,460.			
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.			Ο.	
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.				
Subtract lines 7 and 8 from line 6a	5,460.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019 5,460.				
d Excess from 2020				
e Excess from 2021				000 55
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Part XIII Private Operating Fou	Indations (see ins	tructions 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 th	ne ruling	►		
b Check box to indicate whether the found <u>ati</u>	on is a private operating	g foundation described i	n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 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					
Part XIV Supplementary Inform	nation (Complet	e this part only i	f the foundation h	ad \$5.000 or mor	e in assets
at any time during the					
	-	•			

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).)

MARYANNE MOTT

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 \blacktriangleright ______ 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:

BAILEY MALONE, 707-874-2942

245 KENTUCKY STREET, SUITE E, PETALUMA, CA 94952-2876

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

<u>SEE STATEMENT 13</u>

c Any submission deadlines:

SEE STATEMENT 13

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: **SEE STATEMENT 13**

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 Form 990-PF (2021)
 WARSH-MOTT
 LEGACY

 Part XIV
 Supplementary Information (continued)

3 Grants and Contributions Paid During the Y		Pavment		
Recipient	If recipient is an individual,			
·	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
AMERICAN CONSTITUTION SOCIETY FOR LAW	NONE	PC	GENERAL SUPPORT	
AND POLICY				
1899 L ST. NW, STE. 200				
WASHINGTON, DC 20036				45,000
TENIMED FOR FOR CAFEMY	NONE	PC	NANOACETON, ENGLIDING	
CENTER FOR FOOD SAFETY 560 PENNSYLVANIA AVE., S.E. STE. 402	NONE	PC	NANOACTION: ENSURING STRONG REGULATIONS ON	
WASHINGTON, DC 20003			EMERGING TECHNOLOGIES	60,000
CENTER FOR INTERNATIONAL	NONE	PC	ADVANCING A	
ENVIRONMENTAL LAW			PRECAUTIONARY APPROACH	
1101 15TH ST., NW, 11TH FLOOR			TO NANOMATERIALS IN	
WASHINGTON, DC 20005			THE EU AND GLOBAL	
			POLICY ARENAS	60,000.
CENTER FOR MEDIA JUSTICE	NONE	PC	SURVEILLANCE PROGRAM	
1300 CLAY STREET, SUITE 600				
OAKLAND, CA 94612				30,000.
CLIMATE JUSTICE ALLIANCE	NONE	PC	BUILDING RESISTANCE TO	
PO BOX 10202			GEOENGINEERING IN	
BERKELEY, CA 94709			NORTH AMERICA/TURTLE	35 000
	NTINUATION SHEE	ן	ISLAND > 3a	35,000. 1,156,420.
Total SEE CO b Approved for future payment		<u>1 </u>	Ja	1,130,420.
AMERICAN CONSTITUTION SOCIETY FOR LAW	NONE	PC	GENERAL SUPPORT	
AND POLICY				
1899 L ST. NW, STE. 200				
WASHINGTON, DC 20036				90,000.
CENTER FOR FOOD SAFETY	NONE	PC	NANOACTION: ENSURING	
660 PENNSYLVANIA AVE., S.E. STE. 402			STRONG REGULATIONS ON	
WASHINGTON, DC 20003			EMERGING TECHNOLOGIES	60,000.
	NONE	PC	ADVANCING A	
CENTER FOR INTERNATIONAL	NONE	PC	ADVANCING A PRECAUTIONARY APPROACH	
ENVIRONMENTAL LAW 1101 15TH ST., NW, 11TH FLOOR			TO NANOMATERIALS IN	
WASHINGTON, DC 20005			THE EU AND GLOBAL	
			POLICY ARENAS	60,000.
Total SEE CO	NTINUATION SHEE	T(S)	► 3b	790,000.
				m 990-PF (2021

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Part XV-A Analys

A Analysis of Income-Producing Activities

	Unrelate	d business income		ded by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
•					
C					
d					
e					
t					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	132.	
4 Dividends and interest from securities	211110	0.	14	834,261.	
5 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			18	1,583,586.	
9 Net income or (loss) from special events				1,303,3001	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e		0		0 410 000	0
12 Subtotal. Add columns (b), (d), and (e)		0.		2,417,979.	
13 Total . Add line 12, columns (b), (d), and (e)					2,417,979.
(See worksheet in line 13 instructions to verify calculations.)					
Part XV-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incom			contribu	uted importantly to the accomp	lishment of
Line No. Explain below how each activity for which incom the foundation's exempt purposes (other than be			contribu	ited importantly to the accomp	lishment of
			contribu	uted importantly to the accomp	olishment of
			contribu	ited importantly to the accomp	plishment of
			contribu	uted importantly to the accomp	olishment of
			contribu	uted importantly to the accomp	olishment of
			contribu	ited importantly to the accomp	olishment of
			contrib	ited importantly to the accomp	lishment of
			contrib	ited importantly to the accomp	lishment of
			contribu	uted importantly to the accomp	lishment of
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			contribu	uted importantly to the accomp	lishment of
			contribu	uted importantly to the accomp	lishment of
			contribu	uted importantly to the accomp	lishment of
			contribu	uted importantly to the accomp	lishment of
				Ited importantly to the accomp	Jlishment of
				uted importantly to the accomp	Jlishment of
				Ited importantly to the accomp	ulishment of
				Ited importantly to the accomp	ulishment of

Form 990-I	PF (2021) WARSH	TTOM-I	LEGACY	68-0049	9658	Pa	ge 13	
Part X			Transfers to and Transactions and	Relationships With Noncharit	able			
	Exempt Organ	izations						
1 Did tl	he organization directly or indi	irectly engag	e in any of the following with any other organization	described in section 501(c)		Yes	No	
(othe	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?							
a Trans	sfers from the reporting found	ation to a no	ncharitable exempt organization of:					
(1) (Cash				1a(1)		Х	
					1a(2)		Х	
	r transactions:							
(1) S	Sales of assets to a noncharita	ıble exempt o	organization		1b(1)		Х	
			exempt organization		1b(2)		Х	
			ets		1b(3)		Х	
					1b(4)		Х	
					1b(5)		Х	
(6) F	Performance of services or me	embership or	fundraising solicitations		1b(6)		Х	
					1c		Х	
			lete the following schedule. Column (b) should alwa		ther ass	ets,		
or se	rvices given by the reporting f	oundation. If	the foundation received less than fair market value	in any transaction or sharing arrangement, sh	ow in			
colur	nn (d) the value of the goods,	other assets	, or services received.					
(a) Line no.	(b) Amount involved	(C)	Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sl	haring arra	angemen	ts	
			N/A					
(4) F (5) L (6) F c Shari d If the or se colum	Reimbursement arrangements Loans or loan guarantees Performance of services or me ing of facilities, equipment, ma e answer to any of the above is rvices given by the reporting fr nn (d) the value of the goods,	embership or ailing lists, ot "Yes," comp oundation. If other assets	fundraising solicitations her assets, or paid employees lete the following schedule. Column (b) should alwa the foundation received less than fair market value , or services received. Name of noncharitable exempt organization	ys show the fair market value of the goods, o in any transaction or sharing arrangement, sh	1b(4) 1b(5) 1b(6) 1c ther ass ow in		X X X X	

2a	Is the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiz	ations described	
	in section 501(c) (other than section 501(c)(3)) or in section 527?				Yes	X No
b	lf "Yes	s," complete the following sche	edule.			
	(a) Name of organization			(b) Type of organization	(c) Description of relationship	
		N/A				

Sign Here	and be	penalties of perjury, I declare that I have examined thi lief, it is true, correct, and complete. Declaration of pr		payer) is ba	ased on all informa	tion of which preparer to EXECU	nas any knowledge. IIVE	May the IRS discuss this return with the preparer shown below? See instr. X Yes No
	Sigr	ature of officer or trustee		Date		Title		
		Print/Type preparer's name	Preparer's sign	ature		Date	Check if	PTIN
		JENNIFER C.					self- employed	
Paid		HEATWOLE	JENNIFE	R C.	HEATW	05/23/23		P01331602
Prepa	arer	Firm's name ► MFO E-FILINC	SERVICE	ES CO).		Firm's EIN ► 2	0-1597091
Use (Only							
		Firm's address ► 111 E COURT	' ST #3D					
		FLINT, MI 4	8502-164	49			Phone no. (8	10) 767-0136

Form **990-PF** (2021)

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Part IV Capital Gains and Lo		00 00	JUJU IAGE	
	sses for Tax on Investment Income	d	(b) How acquired (a) path	
	1 describe the kind(s) of property sol rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation (c) Date (mo., c)	acquired (d) Date sold day, yr.) (mo., day, yr.)
		1/2112/31/21		
	AP VALUE FUND JO AP VALUE FUND JO			$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{3}$ $\frac{1}{21}$ $\frac{1}{2}$ $\frac{1}{3}$ $\frac{1}{21}$ $\frac{1}{2}$ $\frac{1}{3}$ $\frac{1}{21}$ $\frac{1}{21$
		INT VENTORE		1/2112/31/21
	JOINT VENTURE JOINT VENTURE			1/2012/31/21
		UIDE		$\frac{1/2012/31/21}{1/2112/31/21}$
	FUND A JOINT VENT			
	FUND A JOINT VENT			1/2012/31/21
	KROCK TOTAL RETUR			2/2005/16/22
	KROCK TOTAL RETUR			4/1905/16/22
	KROCK LOW DURATIO			6/2207/21/22
	UARD SHORT TERM			9/1607/22/22
	RD SHORT TERM IN			2/0707/22/22 1/0907/22/22
676.645 VANGUA				
	ARD SHORT TERM IN			0/0807/22/22
	UARD SHORT TERM			8/0907/22/22
<u>09460.738 VANGU</u>	ARD SHORT TERM IN			2/1907/22/22
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (e) plus (f) m	
a 235,555.		229,846.		5,709.
b 662,225.		374,091.		288,134.
c 198,788.		180,344.		18,444.
d 852,112.		444,935.		407,177.
e 153,655.		171,160.		-17,505.
f 694,687.		316,964.		377,723.
g 306,542.		350,000.		-43,458.
h 577,132.		654,559.		-77,427.
i 874,059.		883,674.		-9,615.
<u>i</u> 314,650.		328,276.		-13,626.
k 6,656.		6,938.		-282.
6,875.		7,166.		-291.
m 12,700.		13,225.		-525.
n 144,182.		150,000.		-5,818.
<u> </u>		100,000.		-3,879.
	ng gain in column (h) and owned by t		(I) Losses (fron	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) but not less th	gain over col. (k),
a				5,709.
b				288,134.
5				18,444.
<u>d</u>				407,177.
				-17,505.
e f				377,723.
<u> </u>				-43,458.
<u>y</u>				-77,427.
<u>II</u> ;				-9,615.
<u> </u>				-13,626.
<u>]</u>				-13,626.
<u>K</u>				-282.
<u> </u>				-525.
m				
n				-5,818.
0	<u> </u>			-3,879.
2 Capital gain net income or (net ca	apital loss) {	in Part I, line 7)-" in Part I, line 7 }	2	
If gain, also enter in Part I, line 8,		d (6):		
If (loss), enter "-0-" in Part I, line	8	J	3	

WARDII MOTT DEGAC		00 00	FJ0J0 IAGE Z OF J
Part IV Capital Gains and Lo	esses for Tax on Investment Income		
	d describe the kind(s) of property sold rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation (c) Date acquired (d) Date sold (mo., day, yr.) (mo., day, yr.)
1a 340.129 VANGUA	RD SHORT TERM INV	/ GRADE FUND	P 10/31/0607/22/22
b 350.094 VANGUA	RD SHORT TERM INV	7 GRADE FUND	P 12/29/0607/22/22
c 1085.248 VANGU			P 05/30/0807/22/22
	RD SHORT TERM INV		P 09/30/0607/22/22
e 690.561 VANGUA			P 07/31/0707/22/22
f 701.227 VANGUA			P 08/31/07/07/22/22
			P 09/30/0907/22/22
240 104 1122			P 01/31/07/07/22/22
h 349.124 VANGUA			P 05/31/07/07/22/22
18993.352 VANGUA			P 03/01/18/07/22/22
<u>k 331.269 VANGUA</u>			
674.279 VANGUA			P 06/29/0707/22/22
m 1034.284 VANGU			P 06/30/0807/22/22
n 657.138 VANGUA			P 08/31/0907/22/22
0 364.049 VANGUA			P 07/31/0607/22/22
(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)
<u>a</u> 3,456.		3,592.	-136.
b 3,557.		3,697.	-140.
c 11,026.		11,460.	-434.
d 3,300.		3,426.	-126.
e 7,016.		7,285.	-269.
f 7,124.		7,398.	-274.
g 6,249.		6,489.	-240.
h 3,547.		3,680.	-133.
i 6,728.		6,980.	-252.
192,972.		200,000.	-7,028.
k 3,366.		3,485.	-119.
6,851.		7,093.	-242.
m 10,508.		10,870.	-362.
n 6,677.		6,887.	-210.
0 3,699.		3,812.	-113.
-	ng gain in column (h) and owned by t		(I) Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-136.
b			-140.
С			-434.
d			-126.
е			-269.
f			-274.
q			-240.
			-133.
i	1		-252.
<u>.</u> i	1		-7,028.
<u>,</u> k	1		-119.
<u> </u>	1		-242.
 m	1		-362.
	ł		-210.
<u>n</u>	++		-113.
0	<u>I</u>		-113.
2 Capital gain net income or (net c	apital loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7 }	2
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8 If (loss), enter "-0-" in Part I, line		d (6):	3

Pert W Capital Gains and Lessets for Tax on investment income (b) How Acquired 2 story thick wardenacy or common state, 200 in MLC Co. (b) How Acquired 0. Demains (c) Data acquired 0. Demains (d) Data acquired 0. Demains 1 0.03 0.05 07 VANOUARD SHORT TERM INV GRADE FUND 2 0.6730 0.05 07 / 22 / 22 1 0.041. 845 VANOUARD SHORT TERM INV GRADE FUND 2 0.6730 0.05 07 / 22 / 22 1 0.041. 845 VANOUARD SHORT TERM INV GRADE FUND 2 0.6730 0.05 07 / 22 / 22 1 0.041. 845 VANOUARD SHORT TERM INV GRADE FUND 2 0.06 / 0.0700 0.07 / 22 / 22 1 0.041. 845 VANOUARD SHORT TERM INV GRADE FUND 2 0.0731 / 0.05 07 / 22 / 22 2 0.000 / 20 / 22 / 22 2 0.000 / 20 / 22 / 22 2 0.000 / 20 / 20 / 22 / 22 2 0.000 / 20 / 20 / 20 / 20 / 20 / 2	WARSH-MOTT LEGAC	<u>1</u>	66-00	49050 PAGE 5 OF 5					
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	Part IV Capital Gains and Los	sses for Tax on Investment Income							
a 543.424 VANGUARD SHORT TERM INV GRADE FUND P 05/31/0607/22/22 c 633.567 VANGUARD SHORT TERM INV GRADE FUND P 06/30/0607/22/22 c 764.954 VANGUARD SHORT TERM INV GRADE FUND P 06/30/0607/22/22 c 764.954 VANGUARD SHORT TERM INV GRADE FUND P 06/30/0807/22/22 d 235.157 VANGUARD SHORT TERM INV GRADE FUND P 09/30/0807/22/22 d 24.65 VANGUARD SHORT TERM INV GRADE FUND P 09/30/0807/22/22 d 24.65 VANGUARD SHORT TERM INV GRADE FUND P 09/30/0807/22/22 d 24.65 VANGUARD SHORT TERM INV GRADE FUND P 02/31/0807/22/22 d 140.454 VANGUARD SHORT TERM INV GRADE FUND P 10/31/0807/22/22 d 11.0 45.5 10/27/2000 P 12/31/0807/22/22 d 11.0 11.0 11.0 11.0 11.0 11.0 d 11.1 10.0 11.0 11.0 10.0 10.0 10.0 10.0	(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. (d) Date sold (mo., day, yr.)								
cl 4.33.547 VANQUARD SHORT TERM INV GRADE FUND P 06/30/06/7/22/22 r1063.569 VANQUARD SHORT TERM INV GRADE FUND P 06/23/06/07/22/22 r293.424 VANGUARD SHORT TERM INV GRADE FUND P 06/30/06/07/22/22 r293.424 VANGUARD SHORT TERM INV GRADE FUND P 06/30/06/07/22/22 r2041.845 VANGUARD SHORT TERM INV GRADE FUND P 04/30/09/07/22/22 r221.22 VANGUARD SHORT TERM INV GRADE FUND P 04/30/09/07/22/22 r242.22 VANGUARD SHORT TERM INV GRADE FUND P 04/30/09/07/22/22 r255.52 VANGUARD SHORT TERM INV GRADE FUND P 04/30/09/07/22/22 r256.55 VANGUARD SHORT TERM INV GRADE FUND P 10/31/09/07/22/22 r250.983 VANGUARD SHORT TERM INV GRADE FUND P 10/31/09/07/22/22 r251.92 S5.521. S.673 - - r21140.454 VANGUARD SHORT TERM INV GRADE FUND P 11/30/09/07/22/22 r250.983 VANGUARD SHORT TERM INV GRADE FUND P 10/31/09/07/22/22 r21140.4551 GARADE FUND P <td>1a 1089.489 VANGU</td> <td>ARD SHORT TERM IN</td> <td>P 07/31/0807/22/22</td>	1a 1089.489 VANGU	ARD SHORT TERM IN	P 07/31/0807/22/22						
1 1063.969 VANGUARD SHORT TERM INV GRADE FUND P 06/29/08/07/22/22 1764.954 VANGUARD SHORT TERM INV GRADE FUND P 07/31/09/07/22/22 g 32.5151 FUND P 05/29/08/07/22/22 g 32.5152 I.041.845 VANGUARD SHORT TERM INV GRADE FUND P 05/29/09/07/22/22 g 32.5152 I.041.845 VANGUARD SHORT TERM INV GRADE FUND P 04/30/09/7/22/22 g 42.2 VANGUARD SHORT TERM INV GRADE FUND P 01/30/09/07/22/22 112/30/09/7/22/22 g 42.2 VANGUARD SHORT TERM INV GRADE FUND P 02/27/09/07/22/22 112/30/09/7/22/22 g 42.2 VANGUARD SHORT TERM INV GRADE FUND P 02/27/09/07/22/22 1112.583 g 350.93 VANGUARD SHORT TERM INV GRADE FUND P 12/31/08/07/22/22 g 111.2.583 VANGUARD SHORT TERM INV GRADE FUND P 12/31/08/07/22/22 g 111.2.583 VANGUARD SHORT TERM INV GRADE FUND P 12/31/08/07/22/22 g 111.2.583 VANGUARD SHORT TERM INV GRADE FUND P 12/31/08/07/22/22 g 111.2.583 VANGUARD SHORT TERM INV GRADE FUND P 12/31/08/07/22/22<									
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n 9,662. 9,196. 466. o 11,304. 10,681. 623. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 (i) Adjusted basis (k) Excess of col. (i) Gains (excess of col. (h) gain over col. (k), but not less than "-0-") a -									
o 11,304. 10,681. 623. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-") a									
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any Gains (excess of col. (h) gain over col. (k), but not less than "-0-") a -327. b -117. c -117. d -287. e -161. f -56. g 0. h 135. i 137. i 362. j 135. i 361. m 362. n 361. g 6 g 6 g 6 g 6 g 6 g 135. g 135. g 135. g 1361. g 361. g 361. g 361. g 623.	11 204			623.					
(i) F.M.V. as of 12/31/69 (i) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any Gains (excess of col. (h) gain over col. (k), but not less than "-0-") a -327. b -117. c -117. d -2877. e -1161. f -56. g 0. h 135. i 320. k 320. k 361. g -466.		ng gain in column (h) and owned by t		(I) Losses (from col. (h))					
b 152. c -117. d -287. e -161. f -56. g 0. h 135. i 135. i 362. k 362. n -361. g -466.	(i) F.M.V. as of 12/31/69		()	Gains (excess of col. (h) gain over col. (k),					
c -117. d -287. e -161. f -56. g 0. h 135. i 135. i 135. j 320. k 362. n 362. n 466. o 623. 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 }	a			-327.					
d -287. e -161. f 0. g 0. h 135. i 135. j 197. j 320. k 362. n 361. o 623. 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7	b			-152.					
e -161. f -56. g 0. h 135. i 137. j 320. k 320. i 362. 1 361. m 559. n 623. 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7	С								
f -56. g 0. h 135. i 197. j 320. k 362. 1 361. m 559. n 623. 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 }	<u>d</u>								
g 0. h 135. i 197. j 320. k 362. 1 361. m 559. n 466. o 623. 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),	е								
h 135. i 197. j 197. j 320. k 362. 1 361. m 559. n 466. o 623. 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 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).	f								
i 197. j 320. k 362. l 361. m 559. n 466. o 623. 2 Capital gain net income or (net capital loss) { If gain, also enter "-0-" in Part I, line 7 }	g								
j 320. k 362. 1 361. m 559. n 466. o 623. 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 }	h								
k 362. 1 361. m 559. n 466. o 623. 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 in Part I, line 7 }	<u>i</u>								
1 361. m 559. n 466. o 623. 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): 2 If gain, also enter in Part I, line 8, column (c). 3	j								
m 559. n 466. o 623. 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): 2 If gain, also enter in Part I, line 8, column (c). 3	<u>k</u>								
n 466. o 623. 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 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).	<u> </u>								
o 623. 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 f(loss), enter "-0-" in Part I, line 7 } 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): 3 If gain, also enter in Part I, line 8, column (c). 4									
 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 } 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). 									
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).			in Part I line 7	023.					
If gain, also enter in Part I, line 8, column (c).			2	2					
	If gain, also enter in Part I, line 8,	, column (c).	}	3					

WARSH-MOII LEGAC.		00-00	490JO FAGE 4 OF J
	sses for Tax on Investment Income		(h) How opguized
	d describe the kind(s) of property sold rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.)
1a 950 TJX COS INC	C		P 09/04/1410/05/21
b 7500 AT&T INC			P 03/16/2110/21/21
	TELS & RESORTS IN	IC .	P 05/21/2002/24/22 P 05/21/2002/24/22
d 505 EXPEDIA INC			
e 898 BRISTOL-MY			P 02/07/1704/06/22
f 968 BRISTOL-MY			P 02/07/1704/06/22
g 1150 BRISTOL-M			P 10/11/1604/06/22
h 1848 BRISTOL-M			P 10/11/1604/06/22
WARNER BROS DI			P 12/01/2104/18/22
j 1600 STARBUCKS			P 01/26/2205/09/22
k 900 STARBUCKS			P 01/29/2005/09/22
	ICAN FINANCIAL CO		P 09/30/2105/09/22
	RICAN FINANCIAL C	ORPORATION	P 09/29/2105/09/22 P 01/05/2207/11/22
n 866 WARNER BRO	OS DISCOVERY INC		P 12/01/2107/11/22
0 IUIZ WARNER BRO		(a) Oast an athan basis	
(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 61,832.		29,079.	32,753.
b 192,625.		224,729.	-32,104.
c 70,306.		39,729.	30,577.
d 94,407.		39,448.	54,959.
e 67,438.		46,669.	20,769.
f 72,694.		50,307.	22,387.
g 86,362.		57,552.	28,810.
h 138,780. i 12.		92,484. 11.	46,296.
j 118,580.		11.	1.
$\frac{110,500}{k}$ 66,701.		77,521.	-37,466.
$\frac{k}{1}$ 21,406.		23,956.	-10,820. -2,550.
04 120		104,700.	-10,561.
<u>m 94,139.</u> n 11,710.		23,174.	-11,464.
$\frac{11}{0}$ 13,682.		23,318.	-9,636.
	ng gain in column (h) and owned by th		(I) Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			32,753.
<u> </u>			-32,104.
~C			30,577.
d			54,959.
e			20,769.
f			22,387.
g			28,810.
h			46,296.
i			1.
j			-37,466.
k			-10 820.
			-2,550.
m			-10,561.
n			-11,464.
0			-9,636.
2 Capital gain net income or (net ca	apital loss) { lf gain, also enter If (loss), enter "-0·	in Part I, line 7	2
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and		
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8		j	3

CONTINUATION FOR 990-PF, PART IV

WARSH-MOTT LEGACY	Y	6	<u>8-0049</u>	658 P	PAGE 5	OF 5
Part IV Capital Gains and Los	sses for Tax on Investment Income					
	l describe the kind(s) of property sold rick warehouse; or common stock, 20			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 11200.717 VANGU	UARD FTSE SOCIAL	INDEX FUND		P	10/12/18	10/25/21
	ARD SMALL CAP IND			P	01/24/19	
	ISHER JURVETSON G		P	P	12/31/11	
d 43 UNITY SOFTWA				P	06/13/18	
e 32 UNITY SOFTWA				 P	06/13/18	
f CAPITAL GAINS I						/
g						
 h						
i						
i						
k						
n						
0						
	(f) Depreciation allowed	(g) Cost or other bas	is	(h)) Gain or (loss)	I
(e) Gross sales price	(or allowable)	plus expense of sal			olus (f) minus (g)	
a 500,000.		283,	538.			216,462.
b 350,000.		228,				121,867.
c 73,838.			462.			63,376.
d 7,413.			519.			6,894.
e 6,026.			387.			5,639.
f 130,791.						130,791.
g						
h						
i						
k						
1						
m						
n						
0						
	ng gain in column (h) and owned by t	he foundation on 12/31/69		(I) Los	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i over col. (j), if any)	Gains (excess o	of col. (h) gain over lot less than "-0-")	r col. (k),
a						216,462.
b						121,867.
с						63,376.
d						6,894.
е						5,639.
f						130,791.
g						
h						
i						
j						
k						
1						
m						
n						
0						
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss) enter "-0	in Part I, line 7	2		1,	583,586.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) and					
If (loss), enter "-0-" in Part I, line 8			<u>ع</u> ام ا	3	N/A	

	OTT LEGACY		68-004	9658
Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear (Continuation) If recipient is an individual,			
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CONSTITUTIONAL ACCOUNTABILITY CENTER	NONE	PC	GENERAL SUPPORT	
1200 18TH STREET, NW SUITE 501				
WASHINGTON, DC 20036				45,000.
DEFENDING RIGHTS & DISSENT	NONE	PC	GENERAL SUPPORT	
1325 G ST., STE. 500				
WASHINGTON, DC 20005				70,000.
PDFF DDFCC	NONE	PC	CIIDVETTIANCE DOCCAM	
FREE PRESS PO BOX 60238		PC	SURVEILLANCE PROGRAM	
FLORENCE, MA 01062				30,000.
FRIENDS OF THE ACTION GROUP ON	NONE	PC	COLECTIVO POR LA	
EROSION, TECHNOLOGY AND CONCENTRATION			AUTONOMIA COA , THE	
441 AVON ST.			TERRITORIAL DEFENSE OF	
OAKLAND, CA 94618			MAIZE	41,820.
FRIENDS OF THE ACTION GROUP ON	NONE	PC	CENTRO DE ESTUDIOS	
EROSION, TECHNOLOGY AND CONCENTRATION			PARA EL CAMBIO EN EL	
441 AVON ST.			CAMPO MEXICANO CECCAM,	
OAKLAND, CA 94618			IN DEFENSE OF PEASANT	
			SEEDS AND TERRITORIES	30,600.
GLOBAL EXCHANGE	NONE	PC	GENERAL SUPPORT	
1446 MARKET STREET				
SAN FRANCISCO, CA 94102				70,000.
GLOBAL JUSTICE ECOLOGY PROJECT	NONE	PC	BIOFUELWATCH US:	
266 ELMWOOD AVE., STE. 307			GEOENGINEERING,	
BUFFALO, NY 14222			BIOSEQUESTRATION, &	
			SYNBIO CRITIQUES	40,000.
GOVERNMENT ACCOUNTABILITY PROJECT	NONE	PC	GENERAL SUPPORT	
1612 K ST., NW				
WASHINGTON, DC 20006				100,000.
	NONE	D.C.	ENEDGING BEGUNGLOGIES	
INDIGENOUS ENVIRONMENTAL NETWORK PO BOX 485	NONE	PC	EMERGING TECHNOLOGIES IN FOOD AND	
BEMIDJI, NM 55619			AGRICULTURE	60,000.
				,
INQUIRING SYSTEMS	NONE	PC	SAFFON - GROWING THE	
101 BROOKWOOD AVE., STE. 204			AFROECOLOGY INITIATIVE	
SANTA ROSA, CA 95404				42,800.
Total from continuation sheets	<u></u>			926,420.

123631 11-18-21

	OTT LEGACY		68-004	2020
Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Y		1		
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
NATIONAL LAWYERS GUILD FOUNDATION INC. PO BOX 1266 NEW YORK, NY 10009	NONE	PC	NATIONAL LAWYERS GUILD, MASS DEFENSE PROJECT	25,000.
NATIONAL LAWYERS GUILD FOUNDATION INC. PO BOX 1266 NEW YORK, NY 10009	NONE	PC	MASS DEFENSE PROJECT	10,000.
NATIONAL SECURITY ARCHIVE FUND, INC. 2130 H ST. NW, GELMAN LIBRARY, SUITE 701 WASHINGTON, DC 20037	NONE	PC	OPEN GOVERNMENT AND ACCOUNTABILITY PROJECT AKA FREEDOM OF INFORMATION PROJECT	45,000.
PROTEUS FUND, INC. 15 RESEARCH DR., STE. B AMHERST, MA 01002	NONE	PC	PIPER FUND, RIGHT TO PROTEST FUND	45,000.
PROTEUS FUND, INC. 15 RESEARCH DR., STE. B AMHERST, MA 01002	NONE	₽C	RISE TOGETHER FUND, GENERAL SUPPORT	30,000.
SIERRA CLUB 2101 WEBSTER ST. SUITE 1250 OAKLAND, CA 94612	NONE	PC	A LIVING ECONOMY PROGRAM	60,000.
SOUTH AFRICA DEVELOPMENT FUND PO BOX 300758 JAMAICA PLAIN, MA 02130	NONE	PC	SOUTHERN AFRICAN RURAL WOMEN'S ASSEMBLY RWA, WE ARE THE SEEDS	41,200.
THE XERCES SOCIETY 628 NE BROADWAY, STE. 200 PORTLAND, OR 97232	NONE	₽C	POLLINATOR CONSERVATION IN AGRICULTURE PROGRAM	50,000.
WHYHUNGER INC. 505 EIGHTH AVE. SUITE 2100 NEW YORK, NY 10018	NONE	₽C	ADVANCING FOOD SOVEREIGNTY AND AGROECOLOGY IN THE US	40,000.
WILLIAM J. BRENNAN, JR. CENTER FOR JUSTICE, INC. 120 BROADWAY, SUITE 1750 NEW YORK, NY 10271	NONE	₽C	LIBERTY & NATIONAL SECURITY PROGRAM	50,000.

123631 11-18-21

3 Grants and Contributions Approved for Fu	ure Payment (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	, into and
CENTER FOR MEDIA JUSTICE	NONE	PC	SURVEILLANCE PROGRAM	
1300 CLAY STREET, SUITE 600				
OAKLAND, CA 94612				60,00
CONSTITUTIONAL ACCOUNTABILITY CENTER	NONE	PC	GENERAL SUPPORT	
1200 18TH STREET, NW SUITE 501				
WASHINGTON, DC 20036				90,00
DEFENDING RIGHTS & DISSENT	NONE	PC	GENERAL SUPPORT	
1325 G ST., STE. 500				
WASHINGTON, DC 20005				70,00
FREE PRESS	NONE	PC	SURVEILLANCE PROGRAM	
PO BOX 60238				
FLORENCE, MA 01062				60,00
GLOBAL EXCHANGE	NONE	PC	GENERAL SUPPORT	
1446 MARKET STREET	NONE		SENERAL SUFFORT	
SAN FRANCISCO, CA 94102				140,00
SIERRA CLUB	NONE	PC	A LIVING ECONOMY	
2101 WEBSTER ST. SUITE 1250	NONE		PROGRAM	
OAKLAND, CA 94612				60,00
WILLIAM J. BRENNAN, JR. CENTER FOR	NONE	PC	LIBERTY & NATIONAL	
JUSTICE, INC.			SECURITY PROGRAM	
120 BROADWAY, SUITE 1750 NEW YORK, NY 10271				100,00
Total from continuation sheets				580,00

123635 11-18-21

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

68 - 0049658

WARSH-	MOTT	LEGA	CY

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	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

WARSH-MOTT LEGACY

Name of organization

Employer identification number

Page **2**

68-0049658

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	MARYANNE T. MOTT 245 KENTUCKY STREET, SUITE E PETALUMA, CA 94952	\$3,170,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-1		\$	Person Payroll Occupient Payroll Occupient Part II for noncash contributions.) Schedule B (Form 990) (2021)

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2021.05080 WARSH-MOTT LEGACY

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

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25 2021.05080 WARSH-MOTT LEGACY

Schedule B (Form 990) (2021)

F009___1

Employer identification number

68-0049658

Schedule B (Form 990) (2021)

WARSH-MOTT LEGACY

Name of organization

Name of or	ganization		Employer identification number
WARSH-	-MOTT LEGACY		68-0049658
Part III	Exclusively religious, charitable, etc., contributi	ions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZI P + 4	Relationship of transferor to transferee
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
F		(e) Transfer of gift	
Ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
123454 11-11-	21	26	Schedule B (Form 990) (202

2021.05080 WARSH-MOTT LEGACY

Form	2220	
Form	ZZZ U	

Department of the Treasury Internal Revenue Service

Name

Underpayment of Estimated Tax by Corporations

FORM 990-PF

Attach to the corporation's tax return.
 FORM
 Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification number

68 - 0049658

OMB No. 1545-0123

WARSH-MOTT LEGACY

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	32,217.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term			
contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	20		
d Total. Add lines 2a through 2c			
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form.	The corporation		
does not owe the penalty			32,217.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution:	If the tax is zero		
or the tax year was for less than 12 months, skip this line and enter the amount from line 3 o	on line 5		10,668.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is require	d to skip line 4,		
enter the amount from line 3			10,668.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are d	checked, the corporation must	file Form 2220	
even if it does not owe a penalty. See instructions.			

6 The corporation is using the adjusted seasonal installment method.

7 X The corporation is using the annualized income installment method.

8 X The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the					
	15th day of the 4th (Form 990-PF filers: Use 5th month),					
	6th, 9th, and 12th months of the corporation's tax year	9	02/15/22	03/15/22	06/15/22	09/15/22
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	2,667.	13,442.	8,054.	8,055.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11	22,100.	40,000.		
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		19,433.	45,991.	37,937.
13	Add lines 11 and 12	13		59,433.	45,991.	37,937.
14	Add amounts on lines 16 and 17 of the preceding column	14				
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	22,100.	59,433.	45,991.	37,937.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		0.	0.	
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17				
18	Overpayment. If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18	19,433.			
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if th	ere are no entries on lin	e 17 - no penalty is owe	d.	

LHA For Paperwork Reduction Act Notice, see separate instructions.

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Form 2220 (2021)

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Part IV Figuring the Penalty

			(a)	(b)	(C)		(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.						
	(C corporations with tax years ending June 30						
	and S corporations: Use 3rd month instead of 4th month.						
	Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
0	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
1	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21					
2	Underpayment on line 17 x Number of days on line 21 x 3% (0.03) 365	22	\$	\$	\$		\$
3	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23					
4	Underpayment on line 17 x Number of days on line 23 x 3% (0.03) 365	24	\$	\$	\$		\$
5	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25					
:6	Underpayment on line 17 x Number of days on line 25 x 3% (0.03) 365	26	\$	\$	\$		\$
7	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27					
8	Underpayment on line 17 x Number of days on line 27 x 3% (0.03) 365	28	\$	\$	\$		\$
9	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29					
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
1	Number of days on line 20 after 6/30/2022 and before 10/1/2022 $\hfill \ldots$	31					
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
3	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33					
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
5	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35					
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$
8	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he	ere and on Form 1120, lin	e 34; or the comparable			
	line for other income tax returns					38	\$ 0

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

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Form 2220 (2021)

FORM 990-PF

Page 3

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

		(a)	(b)	(C)	(d)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
a Tax year beginning in 2018	1a				
b Tax year beginning in 2019	1b				
c Tax year beginning in 2020	1c				
2 Enter taxable income for each period for the tax year beginning in					
2021. See the instructions for the treatment of extraordinary items	2				
		First 4 months	First 6 months	First 9 months	Entire year
3 Enter taxable income for the following periods.					
a Tax year beginning in 2018	3a				
b Tax year beginning in 2019	3b				
• Toy year baginning in 2020	2.				
 c Tax year beginning in 2020 4 Divide the amount in each column on line 1a by the 	3c				
	4				
5 Divide the amount in each column on line 1b by the					
emerunt in esturen (d) en line Oh	5				
6 Divide the amount in each column on line 1c by the					
amount in column (d) on line 3c	6				
7 Add lines 4 through 6	7				
•					
8 Divide line 7 by 3.0	8				
9a Divide line 2 by line 8	9a				
b Extraordinary items (see instructions)	9b				
c Add lines 9a and 9b	9c				
10 Figure the tax on the amt on In 9c using the instr for Form					
1120, Sch J, line 2, or comparable line of corp's return \ldots	10				
11 a Divide the amount in columns (a) through (c) on line $3a$					
by the amount in column (d) on line 3a	11a				
b Divide the amount in columns (a) through (c) on line 3b					
by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c					
by the amount in column (d) on line 3c	110				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
14 Multiply the amount in columns (a) through (c) of line 10					
by columns (a) through (c) of line 13. In column (d), enter	44				
the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax (trusts only) for each	15				
payment period. See instructions	15				
16 Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
18 For each period, enter the same type of credits as allowed					
on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If					
zero or less, enter -0-	19				

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Form 2220 (2021)

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Part II Annualized Income Installment Method

		(a)	(b)	(C)	(d)
		First <u>2</u>	First <u>3</u>	First 6	First <u>9</u>
0 Annualization periods (see instructions)	20	months	months	months	months
1 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21	391,637.	2,103,626.	2,114,923.	2,214,419
2 Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	
· · · · · · · · · · · · · · · · · · ·					
$3a$ Annualized taxable income. Multiply line 21 by line 22 \dots	23a	2,349,822.	8,414,504.	4,229,846.	2,952,551
b Extraordinary items (see instructions)	23b	2 240 022	0 414 504	4 220 046	
c Add lines 23a and 23b	23c	2,349,822.	8,414,504.	4,229,846.	2,952,551
4 Figure the tax on the amount on line 23c using the					
instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	24	32,663.	116,962.	58,795.	41,040
or comparable line of corporation's return 5 Enter any alternative minimum tax (trusts only) for each		52,005.	110,502.	50,755.	41,040
payment period (see instructions)	25				
6 Enter any other taxes for each payment period. See instr.	26				
7 Total tax. Add lines 24 through 26	27	32,663.	116,962.	58,795.	41,040
8 For each period, enter the same type of credits as allowed					
on Form 2220, lines 1 and 2c. See instructions	28				
9 Total tax after credits. Subtract line 28 from line 27. If					
zero or less, enter -0-	29	32,663.	116,962.	58,795.	41,040
0 Applicable percentage	30	25%	50%	75%	100%
1 Multiply line 29 by line 30	31	8,166.	58,481.	44,096.	41,040
Part III Required Installments					
Note: Complete lines 32 through 38 of one column		1st	2nd	3rd	4th
before completing the next column.		installment	installment	installment	installment
2 If only Part I or Part II is completed, enter the amount in					
each column from line 19 or line 31. If both parts are					
completed, enter the smaller of the amounts in each		0.100	F0 401	44 000	41 040
column from line 19 or line 31	32	8,166.	58,481.	44,096.	41,040
3 Add the amounts in all preceding columns of line 38.	0.0		2,667.	16,109.	24,163
See instructions 4 Adjusted seasonal or annualized income installments.	33		2,007.	10,109.	24,105
Subtract line 33 from line 32. If zero or less, enter -0-	34	8,166.	55,814.	27,987.	16,877
5 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in		.,	,		
each column. Note: "Large corporations," see the					
instructions for line 10 for the amounts to enter	35	2,667.	13,442.	8,054.	8,055
6 Subtract line 38 of the preceding column from line 37 of					
the preceding column	36				
7 Add lines 35 and 36	37	2,667.	13,442.	8,054.	8,055
8 Required installments. Enter the smaller of line 34 or					
line 37 here and on page 1 of Form 2220, line 10.					
See instructions	38	2,667.	13,442.	8,054.	8,055

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

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FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
515000 - OTHER INTEREST	132.	132.	
TOTAL TO PART I, LINE 3	132.	132.	

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
505001 - TOBIAS WHITE & CO NOMINEE 505051 - TOBIAS	127,915.	0.	127,915.	127,915.	
WHITE & CO NOMINEE (REIT) 505101 - TOBIAS	63,809.	0.	63,809.	63,809.	
WHITE & CO NOMINEE 505120 - MFO STOCK	2,116.	0.	2,116.	2,116.	
MUTUAL FUNDS 505128 - MFO	84,799.	0.	84,799.	84,799.	
CORPORATE BOND MUTUAL FUNDS 505141 - MFO	78,881.	0.	78,881.	78,881.	
FOREIGN EQUITY FUND 505160 - MFO REAL	224,379.	0.	224,379.	224,379.	
ASSETS MUTUTAL FUNDS 505180 - MFO	5,956.	0.	5,956.	5,956.	
ALTERNATIVE ASSET MUTUAL FUNDS ARBORETUM VENTURES	144,847.	0.	144,847.	144,847.	
III, L.P. K-1 ARBORETUM VENTURES	-19,767.	-19,845.	78.	78.	
III, L.P. K-1 BLACKROCK BLACKROCK CAPITAL	-132. 15,835.	0. 0.	-132. 15,835.	0. 15,835.	
GAIN DISTRIBUTIONS BOE GLOBAL MARKETS CAPITAL GAIN	5,424.	5,424.	0.	0.	
DISTRIBUTIONS CROSSLINK VENTURES	22,963.	22,963.	0.	0.	
VI, L.P. K-1 DFJ GROWTH III K-1	2,299. 932.	579. 920.	1,720. 12.	-	
DFJ GROWTH IV, L.P. K-1	1,101.	0.	1,101.	1,101.	

STATEMENT(S) 1, 2 31 2021.05080 WARSH-MOTT LEGACY F009___1

WARSH-MOTT LEGACY					68-0049658
DRAPER FISHER					
JURVETSON GROWTH					
FUND 2006 L.P.					
K-1	521.	519.	2.	2.	
IMPACT VENTURES IV					
L.P. K-1	-328.	-334.	6.	6.	
INVENOMIC FUND					
CAPITAL GAIN					
DISTRIBUTIONS	81,908.	81,908.	0.	0.	
ISHARES CAPITAL	1 601	1 601	•	0	
GAIN DISTRIBUTIONS	1,601.	1,601.	0.	0.	
MFO D&D SMID CAP					
VALUE FUND JOINT VENTURE	31,753.	700.	31,053.	31,053.	
MFO TOWLE FUND	51,755.	700.	51,055.	51,055.	
JOINT VENTURE	15,993.	1,689.	14,304.	14,304.	
MFO WESTFIELD FUND	15,555.	1,005.	14,504.	14,504.	
A JOINT VENTURE	14,654.	0.	14,654.	14,654.	
TGAP VENTURE	11,0010		11,0010	11,0010	
CAPITAL FUND II					
K-1	2.	0.	2.	2.	
TRP CAPITAL					
PARTNERS, L.P. K-1	53,744.	30,820.	22,924.	22,924.	
VANGUARD CAPITAL					
GAIN DISTRIBUTIONS	3,847.	3,847.	0.	0.	
TO PART I, LINE 4	965,052.	130,791.	834,261.	834,393.	
=					

FORM 990-PF	ACCOUNTI	S	STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING MANAGEMENT FEE OUTSIDE AUDITOR	15,000. 17,375.	12,000.		3,000. 17,375.	
 TO FORM 990-PF, PG 1, LN 16B =	32,375.	12,000.		20,375.	

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4 (A) (B) (C) (D) EXPENSES NET INVEST-ADJUSTED CHARITABLE DESCRIPTION PER BOOKS MENT INCOME NET INCOME PURPOSES INVESTMENT MANAGEMENT FEE 15,000. 15,000. Ο. TO FORM 990-PF, PG 1, LN 16C 15,000. 15,000. 0.

FORM 990-PF	ТАХ	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAX FOREIGN TAXES WITHHELD FOREIGN TAXES - MFO TOWLE	40,000. 16,082.			0.0.	
FUND FOREIGN TAXES - MFO	21.	21.		0.	
WESTFIELD FUND A	64.	64.		0.	
TO FORM 990-PF, PG 1, LN 18	56,167.	16,167.		0.	

FORM 990-PF OTHER EXPENSES STATEMENT 6 (C) (A) (B) (D) EXPENSES CHARITABLE NET INVEST-ADJUSTED DESCRIPTION NET INCOME PURPOSES PER BOOKS MENT INCOME ARBORETUM VENTURES III, L.P. 0. K-1 1,469. 1,469. BANK FEES 377. 0. 377. CROSSLINK VENTURES V LIQUIDATING FUND, L.P. K-1 520. 520. 0. CROSSLINK VENTURES V, L.P. 376. 376. 0. K-1 CROSSLINK VENTURES VI, L.P. 368. 368. K-1 0. DFJ GROWTH III, L.P. K-1 4,088. 4,088. 0. DFJ GROWTH IV, L.P. K-1 6,820. 6,820. 0. DRAPER FISHER JURVETSON GROWTH 2006 L.P. K-1 283. 283. 0. 383,601. 414,466. GRANT ADMINISTRATION 0. IMPACT VENTURES IV L.P. K-1 6,629. 6,629. 0. MFO D&D SMID CAP VALUE FUND JOINT VENTURE 12,745. 12,745. 0. 0. MFO TOWLE FUND JOINT VENTURE 11,006. 11,006. MFO WESTFIELD FUND A JOINT 6,181. 6,181. 0. VENTURE 65. 0. 65. STATE FILING FEE TGAP VENTURE CAPITAL FUND II, L.P. K-1 3,853. 3,853. 0. TRP CAPITAL PARTNERS, L.P. K-1 2,827. 2,827. 0. 414,908. TO FORM 990-PF, PG 1, LN 23 441,208. 57,165.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND I	BALANCES STATEMENT 7
DESCRIPTION	AMOUNT
INCREASE (DECREASE) IN UNREALIZED GAIN (LOSS) ON INVE: ASSETS	STMENT 8,384,248.
TOTAL TO FORM 990-PF, PART III, LINE 5	8,384,248.

WARSH-MOTT LEGACY

68 - 0049658

FORM 99	90-PF
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CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
1860 SHS PAYPAL HOLDINGS INC	160,090.	160,090.
500 SHS CME GROUP INC	88 565	88 565
271490 SHS VANGUARD DEV MKT INDEX	3 171 007.	88,565. 3,171,007.
2692 SHS APPLE INC	372,034.	372,034.
3150 SHS PFIZER INC	137,844.	137,844.
1425 SHS NIKE INC	118 //6	118 116
1900 SHS COCA COLA COMPANY	106 120	106 120
228075 SHS MFO - TOWLE FUND	1 001 045	118,446. 106,438. 1,991,945. 2,018,055.
66296 SHS VANGUARD EMERGING MKTS STOCK INDEX	1, 331, 343	1,991,940
1113487 SHS MFO - D&D SMID CAP VALUE FUND	2,010,055.	2,018,055. 1,949,707.
	1,949,707• 151 205	1,949,707.
650 SHS MICROSOFT CORPORATION	151,385.	
888 SHS LOWE'S COMPANIES INC	166,775.	166,775.
1300 SHS VERIZON COMMUNICATIONS INC	49,361.	49,361. 127,500.
950 SHS ABBVIE INC	127,500.	127,500. 78,375. 124,355.
750 SHS JP MORGAN CHASE & CO	78,375.	78,375.
700 SHS VISA INC	124,355.	124,355.
700 SHS CVS HEALTH CORPORATION	66,759.	00,139.
1250 SHS DISNEY (WALT) THE	117,913.	117,913.
990 SHS META PLATFORMS INC	134,323.	134,323.
1300 SHS ALPHABET INC	124,995.	144,333.
700 SHS PEPSICO, INC	114,282.	114,282.
525 SHS AIR PRODUCTS & CHEM	122,183.	122,183.
IMPACTIVE CAPITAL FUND LTD	1,410,089.	1,410,089.
3650 SHS KKR & CO INC	156,950.	156,950.
700 SHS STRYKER CORP	141,778.	141,778.
2000 SHS CISCO SYSTEMS INC	80,000.	80,000.
1950 SHS QUALCOMM INCORPORATED	220,311.	80,000. 220,311.
650 SHS NORFOLK SOUTHERN CORP	136,273.	136,273.
21827 SHS VANGUARD SMALL CAP INDEX	1,787,380.	
850 SHS ABBOTT LABORATORIES	82 246	82 246.
12426 SHS MFO - WESTFIELD FUND A	1,767,663.	1,767,663.
527 SHS BLACKROCK INC	289,998.	289,998.
1700 SHS BLACKSTONE GROUP INC	142,290.	142,290.
850 SHS JOHNSON & JOHNSON	138,856.	138,856.
1350 SHS CBOE GLOBAL MARKETS INC	158,450.	158,450.
1400 SHS SPDR S&P BIOTECH	111,048.	111,048.
1050 SHS WASTE MANAGEMENT INC	168,221.	168,221.
770 SHS ESTEE LAUDER COMPANIES INC	166,243.	166,243.
5860 SHS CLEARWAY ENERGY INC	170,526.	170,526.
7765 SHS AT&T INC	119,115.	119,115.
156824 SHS VANGUARD FTSE SOCIAL INDEX FUND	3,746,518.	3,746,518.
26400 SHS PERSHING SQUARE HOLDINGS LTD	792,000.	792,000.
TOTAL TO FORM 990-PF, PART II, LINE 10B	23,278,292.	23,278,292.

WARSH-MOTT LEGACY

FORM 990-PF

68-0049658

STATEMENT 10

FORM 990-PF CORPORATE BONDS			STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
43140 SHS ISHARES ESG 1-5 YR COR 50220 SHS VANGUARD ULTRA SHORT-T 92618 SHS VANGUARD HIGH YIELD 83722 SHS BLACKROCK TOTAL RETURN	ERM	1,013,359. 986,824. 461,239. 817,965.	1,013,359. 986,824. 461,239. 817,965.
TOTAL TO FORM 990-PF, PART II, L	INE 10C	3,279,387.	3,279,387.

OTHER INVESTMENTS

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
105049 SHS OTTER CREEK LONG/SHORT	FMV		
OPPORTUNITY FUND		1,380,347.	1,380,347.
ARBORETUM VENTURES III	FMV	52,430.	52,430.
DFJ GROWTH III LP	FMV	244,767.	244,767.
IMPACT VENTURES IV LP	FMV	118,050.	118,050.
DRAPER FISHER JURVETSON GROWTH FUND	FMV		
LP		871,242.	871,242.
98812 SHS INVENOMIC FUND	FMV	2,242,042.	2,242,042.
TGAP VENTURE CAPITAL FUND II LP	FMV	106,596.	106,596.
47327 SHS ARCHIPELAGO HOLDINGS LTD	FMV	1,906,211.	1,906,211.
289 SHS UNITY SOFTWARE INC	FMV	9,208.	9,208.
CROSSLINK VI VENTURE FUND	FMV	52,652.	52,652.
TRP CAPITAL PARTNERS, LP	FMV	120,002.	120,002.
CROSSLINK VENTURES V LIQUIDATING	FMV		
FUND LP		60,286.	60,286.
DFJ GROWTH IV LP	FMV	179,359.	179,359.
9900 SHS STARWOOD PROPERTY TRUST	FMV		
INC		180,378.	180,378.
800 SHS CROWN CASTLE INC	FMV	115,640.	115,640.
17205 SHS VANGUARD REIT INDEX	FMV	1,954,880.	1,954,880.
20715 SHS NEXTERA ENERGY PARTNERS	FMV		
LP		1,497,902.	1,497,902.
TOTAL TO FORM 990-PF, PART II, LINE 1	3	11,091,992.	11,091,992.

	90-PF PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
SEE FED STATEMENT 14 FOR 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	EXPLANATION 0.00	0.	0.	0.
BAILEY MALONE 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	EXECUTIVE DIRE 20.00		0.	0.
CORINNE MEADOWS-EFRAM 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	VP/TRUSTEE 6.00	0.	0.	0.
KAU'I KELIIPIO 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	TREASURER/TRUS 4.00		0.	0.
MARISE MEYNET STEWART 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	PRESIDENT/TRUS 6.00		0.	0.
MARYANNE MOTT 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	TRUSTEE 4.00	0.	0.	0.
MICHAEL WARSH 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	SECRETARY/TRUS 4.00	TEE 0.	0.	0.
TERESA ROBINSON 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	SECRETARY/TRUS 4.00	TEE 0.	0.	0.
SANDRA SMITHEY 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	TRUSTEE 4.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6,	PART VII	0.	0.	0.

08420523 790376 F009

FORM 990-PF	EXPENDITURE	RESPO	NSIBILITY	STATEMENT	STATEMENT	12
	PART	VI-B,	LINE 5D			

GRANTEE'S NAME

CERES TRUST

GRANTEE'S ADDRESS

150 SOUTH WACKER DR, STE 2400 CHICAGO, IL 60606

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED	VERIFICATION DATE
20,000.	11/27/20	20,000.	02/03/22

PURPOSE OF GRANT

POLLINATOR PROTECTION NETWORK STRATEGIC PLANNING PROCESS

DATES OF REPORTS BY GRANTEE

01/31/2022

ANY DIVERSION BY GRANTEE

GRANTOR KNOWS OF NO FUNDS THAT HAVE BEEN DIVERTED TO ANY OTHER ACTIVITY.

RESULTS OF VERIFICATION

THE FOUNDATION VERIFIED THE FINAL REPORT ON FEBRUARY 3, 2022. NO ADDITIONAL VERIFICATION OF THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT THEIR ACCURACY OR RELIABILITY.

GENERAL EXPLANATION

STATEMENT 13

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

PART XIV, LINES 2A THROUGH 2D - GRANT APPLICATION SUBMISSION INFORMATION

EXPLANATION:

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED:

BAILEY MALONE 245 KENTUCKY STREET, SUITE E PETALUMA, CA 94952-2876 TELEPHONE NUMBER 707-874-2942

FORM AND CONTENT OF APPLICATIONS

REQUESTS FOR SUPPORT SHOULD BE MADE BY LETTER OF INQUIRY (LOI). LOIS SHOULD BE ADDRESSED TO INQUIRIES@CSFUND.ORG OR 245 KENTUCKY STREET, SUITE E, PETALUMA, CA 94952-2876. THEY WILL BE ACKNOWLEDGED AS SOON AS POSSIBLE. LOIS SHOULD BE NO MORE THAN THREE PAGES IN LENGTH AND CONTAIN THE FOLLOWING INFORMATION:

A CONTACT PERSON'S NAME, TITLE, MAILING ADDRESS, TELEPHONE, AND E-MAIL ADDRESS

BASIC INFORMATION ABOUT THE ORGANIZATION, INCLUDING A BRIEF MISSION STATEMENT AND AN OVERVIEW OF CURRENT ACTIVITIES

A DESCRIPTION OF THE ORGANIZATION'S APPROACH TO THE SPECIFIC PROBLEM BEING ADDRESSED AND PLANNED ACTIVITIES FOR THE FOLLOWING YEAR

A LINE ITEM BUDGET OF PROJECTED EXPENSES FOR THE ORGANIZATION AND PROJECT, IF APPLICABLE

A LIST OF SECURED AND POTENTIAL FUNDING SOURCES (GRANTS RECEIVED, PROPOSALS PENDING, PLANNED SUBMISSIONS, EARNED INCOME, ETC.)

PLEASE DO NOT INCLUDE BROCHURES, REPORTS, NEWS CLIPPINGS, CDS, DVDS, OR OTHER MATERIALS WITH LOIS. PLASTIC FOLDERS, BINDERS OR OTHER PRESENTATION MATERIALS ARE NOT NECESSARY. DUE TO THE HIGH NUMBER OF REQUESTS RECEIVED, WE ARE NOT ABLE TO TRANSLATE AND REVIEW LOIS SUBMITTED IN LANGUAGES OTHER THAN ENGLISH AND SPANISH.

KINDLY REFRAIN FROM SENDING A FULL PROPOSAL UNLESS INVITED TO DO SO. IF YOUR ORGANIZATION OR PROJECT IS FOUND TO FALL WITHIN THE FOUNDATIONS' FUNDING PRIORITIES, A FULL PROPOSAL WILL BE INVITED. THE FOUNDATION PROVIDES GENERAL SUPPORT AND PROJECT SPECIFIC GRANTS. APPLICANT ORGANIZATIONS MUST BE CLASSIFIED AS A 501(C)(3) BY THE US INTERNAL REVENUE SERVICE. FOREIGN APPLICANTS SHOULD NOTE THAT THE FOUNDATION MAKES A VERY LIMITED NUMBER OF DIRECT GRANTS ABROAD (I.E., WITHOUT FISCAL SPONSORSHIP BY A US-BASED ORGANIZATION). THE FOUNDATION DOES NOT PROVIDE SUPPORT TO INDIVIDUALS, ENDOWMENTS, BOOKS, FILMS, OR DIRECT LOBBYING ACTIVITIES.

ANY SUBMISSION DEADLINES

THERE ARE NO DEADLINES FOR LETTERS OF INQUIRY - THEY ARE ACCEPTED THROUGHOUT THE YEAR. PROPOSALS MUST BE RECEIVED BY THE FIRST MONDAY IN JANUARY FOR CONSIDERATION DURING THE SPRING GRANTMAKING CYCLE OR THE FIRST MONDAY IN AUGUST FOR CONSIDERATION DURING THE FALL GRANTMAKING CYCLE. FUNDING DECISIONS ARE MADE DURING BOARD MEETINGS GENERALLY HELD IN APRIL AND DECEMBER, RESPECTIVELY.

RESTRICTIONS AND LIMITATIONS ON AWARDS

WARSH-MOTT LEGACY IS CURRENTLY GRANTING IN THREE CATEGORIES, EACH ONE WITH A SPECIFIC EMPHASIS: FOOD SOVEREIGNTY RIGHTS AND GOVERNANCE EMERGING TECHNOLOGIES

BOARD INITIATED GRANTS: OCCASIONALLY THE FOUNDATION MAY INTITIATE SUPPORT FOR PROJECTS THAT FALL OUTSIDE OF THE ESTABLISHED GUIDELINES.

THE FOUNDATION IS CURRENTLY FUNDING IN THE FOLLOWING CATEGORIES:

FOOD SOVEREIGNTY

GRANTMAKING IN THIS AREA IS FOCUSED ON PRESERVING NATIVE AND HEIRLOOM SEEDS, BUILDING HEALTHY AND FERTILE SOILS, AND PROTECTING AND RESTORING THE POPULATIONS AND DIVERSITY OF NATIVE POLLINATORS. THIS PROGRAM MAKES MOST OF ITS GRANTS TO ORGANIZATIONS IN THE GLOBAL SOUTH PROMOTING TRADITIONAL AGRICULTURAL KNOWLEDGE AND AGROECOLOGICAL PRACTICES.

RIGHTS AND GOVERNANCE

GRANTMAKING IN THIS AREA IS FOCUSED ON PROTECTING THE RIGHT TO DISSENT; MAKING THE FEDERAL GOVERNMENT MORE OPEN, EFFECTIVE, AND ACCOUNTABLE; ENSURING THAT US NATIONAL SECURITY POLICIES RESPECT THE RULE OF LAW; BUILDING A PROGRESSIVE MOVEMENT TO COUNTER CONSERVATIVE AND CORPORATE INFLUENCE IN THE COURTS; AND MAKING THE RULES OF INTERNATIONAL TRADE MORE DEMOCRATIC, JUST, AND SUSTAINABLE.

EMERGING TECHNOLOGIES

GRANTMAKING IN THIS AREA IS FOCUSED ON PROMOTING PRECAUTIONARY ASSESSMENT, REGULATION AND OVERSIGHT OF NANOTECHNOLOGY, SYNTHETIC BIOLOGY, AND GEOENGINEERING.

STATEMENT 14

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990PF, PART I, COLUMN A - PAYMENT OF SHARED EXPENSES

EXPLANATION:

THIS FOUNDATION SHARES FACILITIES AND PERSONNEL WITH ANOTHER PRIVATE FOUNDATION (CS FUND). IT REIMBURSES THE PRIVATE FOUNDATION FOR ITS SHARE OF EXPENSES. REIMBURSEMENT FOR THE SHARED EXPENSES IS REPORTED AS "GRANT ADMINISTRATION" IN PART I, LINE 23, OTHER EXPENSES.

ALL COMPENSATION OF PERSONNEL IS REPORTED UNDER THE NAME AND FEDERAL IDENTIFICATION NUMBER OF CS FUND (FEI# 95-3607882). ACCORDINGLY, OFFICER/TRUSTEE COMPENSATION HAS BEEN REPORTED IN FULL ON PART VII OF THAT FOUNDATION'S FORM 990PF.

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity	OMB No. 1545-0047
	For calendar year 2021, or fiscal year beginning OCT 1 , 2021, and ending SE	P 30 22
	► Do not send to the IRS. Keep for your records.	<u>2021</u>
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest informa	
Name of filer	,	EIN or SSN
WARSH-	MOTT LEGACY	68-0049658
Name and title of officer or pe	rson subject to tax BAILEY MALONE	
	EXECUTIVE DIRECTOR	
Part I Type of I	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 amoun dollars and cents. For all other forms, enter whole dollars only. If you check t unt on that line for the return being filed with this form was blank, then leave ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on th	the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9 a line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere b Total revenue, if any (Form 990, Part VIII, column (A)), line 12) 1b
2a Form 990-EZ che		
3a Form 1120-POL of		
4a Form 990-PF che	ck here 🕨 📃 🛛 b Tax based on investment income (Form 990-PF, Pa	art V, line 5) 4b
5a Form 8868 check		
6a Form 990-T check		
7a Form 4720 check		
8a Form 5227 check		D) 8b
9a Form 5330 check		9b
10a Form 8038-CP ch		CP, Part III, line 22) 10b
	ion and Signature Authorization of Officer or Person Subje	
of entity)	I declare that X I am an officer of the above entity or I am a person , (EIN)	and that I have examined a copy of the
financial institution to debi later than 2 business days payment of taxes to receiv personal identification num PIN: check one box only	tion account indicated in the tax preparation software for payment of the fed the entry to this account. To revoke a payment, I must contact the U.S. Treat prior to the payment (settlement) date. I also authorize the financial institution e confidential information necessary to answer inquiries and resolve issues re aber (PIN) as my signature for the electronic return and, if applicable, the const	asury Financial Agent at 1-888-353-4537 no ns involved in the processing of the electronic elated to the payment. I have selected a sent to electronic funds withdrawal.
X I authorize MF	D E-FILING SERVICES CO.	to enter my PIN 48502
	ERO firm name	Enter five numbers, but do not enter all zeros
with a state age on the return's d As an officer or p	on the tax year 2021 electronically filed return. If I have indicated within this r ncy(ies) regulating charities as part of the IRS Fed/State program, I also author isclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my sign indicated within this return that a copy of the return is being filed with a state a	eturn that a copy of the return is being filed brize the aforementioned ERO to enter my PIN ature on the tax year 2021 electronically filed
	ogram, I will enter my PIN on the return's disclosure consent screen.	Date ►
	tion and Authentication	
-	ur six-digit electronic filing identification your five-digit self-selected PIN. 38234	048502
	Do not en neric entry is my PIN, which is my signature on the 2021 electronically filed re cordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inform	
ERO's signature	Date	▶ 05/23/23
	ERO Must Retain This Form - See Instruction	ns
	Do Not Submit This Form to the IRS Unless Requeste	d To Do So
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.	Form 8879-TE (2021)
102521 01-11-22	42	

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о					ridentification	n number (TIN)
print	WARSH-MOTT LEGACY		68-0049658			
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, s	see instruct	ions.			
return. See instructior		oreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	le a separa	te application for each return)			
Applica	ition	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	Form 990-T (trust other than above) 06 Form 8870			12		
Form 99	90-T (corporation) BAILEY MALONE	07				
 If the If thi box 1 1 the 2 If 2 If 2 If 2 If 1 1<th>request an automatic 6-month extension of time until he organization named above. The extension is for the org ↓ calendar year or ↓ X tax year beginning <u>OCT 1, 2021</u> the tax year entered in line 1 is for less than 12 months, c Change in accounting period</th><th>Group Exe and atta AUGU: anization's , an check rease</th><th>mption Number (GEN), indices and TINs of <u>ST 15, 2023</u>, to file return for:</th><th>If this is fo all memb</th><th>r the whole gr ers the extens npt organizatio</th><th>roup, check this sion is for.</th>	request an automatic 6-month extension of time until he organization named above. The extension is for the org ↓ calendar year or ↓ X tax year beginning <u>OCT 1, 2021</u> the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta AUGU: anization's , an check rease	mption Number (GEN), indices and TINs of <u>ST 15, 2023</u> , to file return for:	If this is fo all memb	r the whole gr ers the extens npt organizatio	roup, check this sion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	refundable credits and		Ť	
	stimated tax payments made. Include any prior year over			Зb	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.
Caution instruct	 If you are going to make an electronic funds withdrawa ions. 	l (direct del	bit) with this Form 8868, see Form 84	453-TE an	d Form 8879-	TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	. see instru	ictions.		Form 8 8	868 (Rev. 1-2022)

123841 01-12-22

		EXTENDED TO AUGUST 15, 2023		
Form 990-T	E	Exempt Organization Business Income Tax Retur	n L	OMB No. 1545-0047
		(and proxy tax under section 6033(e))		
	For ca	lendar year 2021 or other tax year beginning OCT 1, 2021 , and ending SEP 30, 20	22	2021
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	— L	
Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3	l).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmplo	oyer identification number
B Exempt under section	Print	WARSH-MOTT LEGACY	-	8-0049658
X 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number Instructions)
408(e) 220(e)	iypc	245 KENTUCKY STREET, E	_	
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
529(a) 529A		PETALUMA, CA 94952-2876	F	Check box if
		ok value of all assets at end of year • 40,295,647.		an amended return.
		X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
		ed Schedules A (Form 990-T)]	
• •		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
		d identifying number of the parent corporation.		
		BAILEY MALONE Telephone number	(707) 874-2942
		d Business Taxable Income		
1 Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		0
instructions)			1	0.
2 Reserved			2	
3 Add lines 1 and 2			3	
		see instructions for limitation rules)		0.
		taxable income before net operating losses. Subtract line 4 from line 3		
	•	ng loss. See instructions	6	
7 Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro				1 000
		rally \$1,000, but see instructions for exceptions)		1,000.
		duction. See instructions		1 000
10 Total deductions			10	1,000.
11 Unrelated busine	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		0
enter zero			11	0.
Part II Tax Com	•			0
		s corporations. Multiply Part I, line 11 by 21% (0.21)		0.
	_	ates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See ins			3	
4 Other tax amounts			_	
5 Alternative minimu				
		cility income. See instructions		
		h 6 to line 1 or 2, whichever applies	7	0.
LHA For Paperwork F	Reduct	ion Act Notice, see instructions.		Form 990-T (2021)

Form 9	<u> </u>						P	2 age
Part		Tax and Payments						
1a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	. 1 a					
b	Other	credits (see instructions)	. 1b					
с	Gene	ral business credit. Attach Form 3800 (see instructions)	. 1c					
d		t for prior year minimum tax (attach Form 8801 or 8827)						
е	Total	credits. Add lines 1a through 1d			1e			
2		act line 1e from Part II, line 7			2			0.
3	Other	amounts due. Check if from: 🔄 Form 4255 🛛 Form 8611 💭 Form		Form 8866				
		Other (attach statement)			3			
4	Total	tax. Add lines 2 and 3 (see instructions).						
		on 1294. Enter tax amount here	► Í		4			0.
5		nt net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),			5			0.
6a		ents: A 2020 overpayment credited to 2021						
b		estimated tax payments. Check if section 643(g) election applies	6b					
c		eposited with Form 8868						
d		gn organizations: Tax paid or withheld at source (see instructions)	·		-			
e		up withholding (see instructions)			-			
f		t for small employer health insurance premiums (attach Form 8941)			-			
•		redits, adjustments, and payments: Form 2439			-			
g		Form 4136 Total	- 6a					
7		payments. Add lines 6a through 6g			7			
8				► □	8			
9		lue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9			
		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over			- <u>9</u> - 10			
10 11		the amount of line 10 you want: Credited to 2022 estimated tax	paiu	Refunded				
Part		Statements Regarding Certain Activities and Other Informat	ion (se					
1		y time during the 2021 calendar year, did the organization have an interest in or			,		Vee	No
•		a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-	•			Yes	No
		EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th	•					
			e name o	i the loreigh country				х
0	here	-						<u></u>
2		g the tax year, did the organization receive a distribution from, or was it the gra						х
		n trust?						
•		s," see instructions for other forms the organization may have to file.						
3								
4		available pre-2018 NOL carryovers here S Do not		• •	•			
_		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by						
5		2017 NOL carryovers. Enter available Business Activity Code and post-2017 NC	-					
	the ar	mounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo						
		Business Activity Code		able post-2017 NOL				
			\$		2	17.		
			\$					
6a								X
b	lf 6a i	s "Yes," has the organization described the change on Form 990, 990-EZ, 990-	PF, or Fo	rm 1128? If "No,"				
_		in in Part V						
Part		Supplemental Information						
		xplanation required by Part IV, line 6b. Also, provide any other additional inform	nation. Se	e instructions.				
ST2	ATEN	MENT 15						
Sign		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare			ledge and bel	iet, it is true,		
Here		N			May the IRS c	discuss this r	eturn w	/ith
nere		EXECUT	CIVE 1		the preparer s			_
		Signature of officer Date Title			instructions)?	X Yes	;	No
			Date	Check	if PTIN			
Paid		JENNIFER C. JENNIFER C.		self- employe				
Prepa	arer)5/23			13316		
Use C		Firm's name ► MFO E-FILING SERVICES CO.		Firm's EIN	► 20	-1597	<u>/09</u>	1
	2	111 E COURT ST #3D						
		Firm's address FLINT, MI 48502-1649		Phone no.	(810)			
123711 0	1-31-22					Form 99	0-T ((2021)

45 2021.05080 WARSH-MOTT LEGACY

FORM 990-T	PART V -	SUPPLEMENTAL	INFORMATION	STATEMENT 15

SCH A, PART I, 18 - FOUNDATION ELECTS TO WAIVE THE NET OPERATING LOSS CARRYBACK PERIOD UNDER SECTION 172(B)(3) OF THE INTERNAL REVENUE CODE FOR ENTITY 1.

SCHE	DULE A
(Form	990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

Department of the Treasury Internal Revenue Service

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

1

Α	Name of the organization	
	WARSH-MOTT	LEGACY

Unrelated business activity code (see instructions)
211110 С

B Employer identification number 68 - 0049658

1

of

D Sequence:

Describe the unrelated trade or business ►FROM SCH K-1: ARBORETUM III LP

E [Describe the unrelated trade or business \mathbf{PROM} SCH K-1.	: AF	RECRETUM III	ГЪ	
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 16	5	-132.		-132.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	-132.		-132.

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses	6			
7	Depreciation (attach Form 4562). See instructions	7			
8				8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)	16	-132.		
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	-132.
LHA	For Paperwork Reduction Act Notice, see instructions,			Schedu	le A (Form 990-T) 2021

1 OMB No. 1545-0047

08420523 790376 F009

B Part I, line 6, colur Part I, line 6, colur Part I, line 6, colur	2 3 4 5 6 7 8 anization? I Property) ions. C mn (A) ►	Page 2
B Part I, line 6, colur	2 3 4 5 6 7 8 anization? I Property) ions. C mn (A) ►	D
B Part I, line 6, colur	2 3 4 5 6 7 8 anization? I Property) ions. C mn (A) ►	D
apply to the orga sed with Real use. See instruct	4 5 6 7 8 anization? I Property) ions.	D
apply to the orga sed with Real use. See instruct	4 5 6 7 8 anization? I Property) ions.	D
apply to the organized with Real use. See instruct	5 6 7 8 anization? IProperty) ions.	D
B Part I, line 6, colur	6 7 8 anization? I Property) ions. C C mn (A) ►	D
B	mn (A) ►	D
apply to the organization of the second seco	anization? I Property) ions. C C mn (A) ►	D
B	I Property) ions. C mn (A)	D
B Part I, line 6, colur	nn (A) ►	0.
B Part I, line 6, colur	C mn (A) ►	0.
Part I, line 6, colur	mn (A)	0.
Part I, line 6, colur	mn (A)	0.
Part I, line 6, colur	mn (A)	0.
Part I, line 6, colur	mn (A)	0.
Part I, line 6, colur	mn (A)	0.
dual-use. See ins	structions.	
I		
В	С	D
%	%	%
	>	0.
, column (A)		
, column (A)		
	(B) ►	0.
, column (A)	.	0.
-		% % 7, column (A)▶

											1
	ule A (Form 990-T) 2021 VI Interest, Annu		valtics and D	onto fron	n Control	lad Or	agnization	x (-		·)	Page 3
Part	VI Interest, Annu	illies, ru	Jyanies, and Re		Control		Exempt Control	,	ee instruct	,	
	1. Name of controlled		2. Employer	3. Net	unrelated		al of specified	1	art of colu		6. Deductions directly
	organization	-	identification		ne (loss)		nents made	that is	s included	in the	connected with
			number	(see ins	tructions)	-			olling orga s gross inc		income in column 5
(1)									0		
(2)											
(3)											
<u>(4)</u>											
	·				Controlled Or	<u> </u>					Deskartises alive atta
	. Taxable Income		Net unrelated Icome (loss)		otal of specif yments mad		10. Part of that is inc				Deductions directly connected with
			e instructions)		yments mau	C	controlling organization's				come in column 10
(1)			,				gross	incom	le		
(2)											
(3)											
(4)											
							Add colum				columns 6 and 11.
							Enter here line 8, c		,		er here and on Part I, ine 8, column (B)
									. ,		
Totals Part	VII Investment I		of a Saatian 50	1(_)(7) (0) or (17)		ination		0.		0.
Fait		cription of i	of a Section 50	(C)(7), (ructions)	:	5. Total deductions
	I. Dest		lincome		2. Amou incon		3. Deduction		4. Set- (attach st	asides tatemer	
						(attach statement)				(add cols 3 and 4)	
(1)											
(2)											
(3)											
(4)					A shall a sea a s						A del aveca unha in
					Add amou column 2						Add amounts in column 5. Enter
					here and o	n Part I,					here and on Part I,
Tatala					line 9, colu	umn (A)					line 9, column (B)
Totals Part		xemnt A	ctivity Income	Other T	i han ∆dve		n Income	soo in	l structions)		0.
1	Description of exploite			, outer i	nun Auro				Silucions		
2	Gross unrelated busin			ness. Enter	r here and o	n Part I.	line 10. colum	n (A)		2	
3	Expenses directly con										
	line 10, column (B)		•							3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expense										
	4. Enter here and on P	Part II, line	12							7	

Schedule A (Form 990-T) 2021

123731 01-28-22

08420523 790376 F009

	ule A (Form 990-T) 2021				Page 4
Part	j				
1	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals on	a consolidated basis	S.	
	A				
	в				
	c 🔄				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		►	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complet	e			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		total or zero here an	d on	
	Part II, line 13	, , , , , , , , , , , , , , , , , , , ,			0.
Part		rectors, and Trustees		ŕ	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
<u> </u>					
Total	Enter here and on Part II, line 1			▶	0.
Part		e instructions)			
	••	,			

123732 01-28-22

WARSH-MOTT LEGACY	68-0049658
FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 16
DESCRIPTION	NET INCOME OR (LOSS)
FROM SCH K-1: ARBORETUM III LP - ORDINARY BUSINESS INCOME (LOSS)	-132.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-132.
990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT 17

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/21	217.	0.	217.	217.
NOL CARRYO	VER AVAILABLE THIS	YEAR	217.	217.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

	TAXABLE	YEAF	California Exempt	Organizatio	on						1	28941 12-2 FORM	9-21
	202	1	Annual Informatio	on Return								199	
Cal	endar Year	202	1 or fiscal year beginning (mm/dd/yyyy)	10/01/202	1	, an	d ending (m	ım/dd/yy	yy)	09	/30/2022	2.	
Cor	ooration/Orga	anizati	on name					Ca	ifornia corp	oration r	number		
WZ	ARSH-1	MO	TT LEGACY						1268	138			
			See instructions.					FI	EIN				
									68-0	049	658		
	et address (s		·						PMB no.				
		NTU	JCKY STREET, NO. E					itate	ZIP code				
City		MIZ								າ_າ	876		
	eign country i			Foreign province/state/count	ty								
	о ,												
A	First retu	rn	Ĺ	Yes X No I D	Did the	organiz	zation have	any chan	ges to its	guideli	ines		
В			=									res 🛛	No
C										-			
D												res X res X	
						-	-				° <u> </u>		NO
Е							-	-				/es X	No
F													
				r	eport ta	axable	income?				• X)	/es 🗌	No
G				Yes X_No N Is	s the o	rganiza	ation under a	audit by t	he IRS or	has th	e		
Η		-	• • • • • • • • • • • • • • • • • • • •								 ,	(es X	
	If "Yes," w	/hat i	s the parent's name?								١	res X	No
				L	Jale me	a with	IKS						
Ρ	artl c	omp	ete Part I unless not required to file this form	n. See General Informat	tion B a	ind C.							
		1	Gross sales or receipts from other sources.	From Side 2, Part II, line	8				•	1	8,559	9,935	00
		2							•	2			00
		3					C	STMT	1•	3	3,170),000	00
F	leceipts	4		•		Infor	mation D		•		11 720	9 9 3 5	
	and	5			-					4	11,723	,,,,,,	100
R	evenues	6	•		•	6	6,1	41,9					
		7	Total costs. Add line 5 and line 6			·····			•	7	6,141		
		8	Total gross income. Subtract line 7 from line	9 4						8	5,587		
F	vnenses	9								9	1,964		
_	Ap child co	10									3,623	3,229	-
									-				00
		eturn Yes No I Did the organization have any changes to its guidelines ded return Yes No not reported to the FTB? See instructions • ded return? Yes No J It exempt under R&TC Section 23701d, has the organization ded return? Dissolved Surrendered (Withdrawn) MergedReorganized • intermining method: (1) Camp (2) Accrual (3) Other accounting method: (1) Camp (2) Surrendered (Withdrawn) • • accounting method: (1) Camp (2) Surrendered (Withdrawn) • • accounting method: (1) Camp (2) Surrendered (Withdrawn) • • accounting method: (1) Camp (2) Surrendered (Withdrawn) • • • accounting method: (1) Camp (2) N is the organization accounter surfer the gross receipts from nonemethor surfer (2) • It is the organization under audit by the IRS or has the IR			00								
Part IComp1234and5Revenues678Expenses910111213Filing Fee141516Signit isHeresigSignPreSignPreSignPre												00	
	g												00
		16	Balance due. Add line 12 and line 15. Then	subtract line 11 from the	e result					16	adaa and balief		00
Sia	n	it is t	rue, correct, and complete. Declaration of preparer (oth	er than taxpayer) is based on	all inforr	nation o	of which prepar	er has any	knowledge	y knowie	edge and bellel,		
		Sign	ature			m + * * 7	יתדת הי					2042	
		of of	icer 🕨	EX			E DIR.					-2942	
		Prep	arer's ► JENNIFER C. HEATV	NOLE		05/	23/23				P0133160)2	
Pai	d				I	1	,						
	parer's	(or y	^{Durs,} ▶ MFO E-FILING SERV								20-15970)91	
Use	only	emp	oyed) 111 E COURT ST #3										
			FLINT, MI 48502-1								(810) 76	57-01	36
		Мау	the FTB discuss this return with the preparer	shown above? See instru	uctions			<u></u>	●[X	Yes	No No		

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

				SEE PART	II SUBSTITU	TE A	ATTACHMENT		
	1 Gross sales or receipts from all	business activities. See instr	ructions		•	1		00	
	2 Interest				•	2		00	
	3 Dividends				•	3		00	
Receipts		Gross rents							
from	5 Gross royalties				•	5		00	
Other	6 Gross amount received from sa	ale of assets (See instructions	s)		•	6		00	
Sources	7 Other income				•	7		00	
	8 Total gross sales or receipts from	8		00					
	9 Contributions, gifts, grants, and	9		00					
	10 Disbursements to or for memb	10		00					
	11 Compensation of officers, direct	11	0	00 00					
	12 Other salaries and wages				•	12		00	
Expenses	13 Interest					13		00	
and	14 Taxes					14		00	
Disburse-	15 Rents				•	15		00	
ments	16 Depreciation and depletion (See	e instructions)			•	16		00	
	17 Other expenses and disbursem	ents			•	17		00	
	18 Total expenses and disburseme					18		00	
Schedu	IIE L Balance Sheet	Beginning o	of taxable		1	l of taxa	ble year		
Assets		(a)	-	(b)	(C)		(d)		
1 Cash			_				•		
	counts receivable		-				•		
	tes receivable		-				•		
	ories		-				•		
	al and state government obligations		-				•		
	ments in other bonds		-				•		
	ments in stock		-				•		
•	age loans		-				•		
	investments		-				•		
IU a Dep	reciable assets s accumulated depreciation	((_	
			,			/	•		
							•		
	assets						•		
	assets and net worth		_						
			_				•		
14 ACCOU	nts payable						•		
	and notes payable						•		
							•		
18 Other	ages payable						-		
	liabilities I stock or principal fund						•		
	or capital surplus. Attach reconciliation						•		
	ed earnings or income fund						•		
	liabilities and net worth						•		
Schedu		per books with income per l	return						
		edule if the amount on Sched		e 13, column (d), is les	ss than \$50,000.				
1 Net inc	come per books				d on books this year				
	Il income tax								
	s of capital losses over capital gains				is return not charged	ie			
	e not recorded on books this year.								
	schedule	•	•			•			
	ses recorded on books this year not								
	ted in this return. Attach schedule								
	Add line 1 through line 5								
		·							

022

3652214

3,170,000.

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT
MARYANNE T. MOTT	245 KENTUCKY STREET, SUITE E PETALUMA, CA 94952	12/31/21 3,170,000.

TOTAL INCLUDED ON LINE 3

TAXABLE 202			FORM 8453-EO
Exempt Organ	nization name		Identifying number
WARSH	-MOTT LEGACY		68-0049658
Part I	Electronic Return Information (whole dollars only)		
1 Total	gross receipts (Form 199, line 4)		1 <u>11,729,935</u>
2 Total	gross income (Form 199, line 8)		
3 Total	expenses and disbursements (Form 199, line 9)		3 1,964,750
Part II	Settle Your Account Electronically for Taxable Year 2021		
4	Electronic funds withdrawal 4a Amount 4b Withdrawal date (mi	m/dd/yy	(yy)
	Banking Information (Have you verified the exempt organization's banking information?)		
		necking	Savings
	Declaration of Officer the exempt organization's account to be settled as designated in Part II. If I check Part II. box 4. I authorize an electr	onic fun	ds withdrawal for the amount listed
on line 4a.			
transmitter, California el a balance du organizatior statements	Ities of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding line lectronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and comp ue return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt n will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization re be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay .	es of the lete. If th organiza eturn and	exempt organization's 2021 ne exempt organization is filing ation's fee liability, the exempt I accompanying schedules and
Sign	EXECUTIVE DIRECT	ror	
Here	Signature of officer Date Title		
I declare tha am only an accurately r provided the 1345, 2021 the exempt I declare tha	Declaration of Electronic Return Originator (ERO) and Paid Preparer. at I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return eflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before tran e organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all oth Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also at I have examined the above exempt organization's return and accompanying schedules and statements, and to the t, and complete. I make this declaration based on all information of which I have knowledge.	. I declar ismitting ier requir the retur the paid	re, however, that form FTB 8453-E0 this return to the FTB; I have rements described in FTB Pub. n or four years from the date preparer, under penalties of perjury,
	RO's Date Check if also paid	Check if self-	ERO'S PTIN
	preparer X	employe	
	irm's name (or yours self-employed)		Firm's FEIN 20-1597091
Sign "	I11 E COURT ST #3D FLINT, MI		ZIP code 48502-1649
	Ities of perjury, I declare that I have examined the above organization's return and accompanying schedules and sta hey are true, correct, and complete. I make this declaration based on all information of which I have knowledge.	tements,	
Paid	Paid Date Check if self-		Paid preparer's PTIN
Prepare Must	Firm's name (or yours	ed	
Sign	if self-employed) and address		Firm's FEIN
Cigii			ZIP code
			L
			FTB 8453-EO 2021

129021 12-29-21

California Exempt Organization Business Income Tax Return TAXABLE YEAR 2021

<u>147401</u>)21	Business Income Tax Return						FORM	
Calendar Y	ear 20	10/01/2021 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm	/dd/vvvv)		09/	30/2022		
Corporation	n/Orga	anization name DTT LEGACY			(Californi	a corporation nu	mber	
Additiona	l infor	rmation. See instructions.			F	EIN	004065		
0						68	-0049658	3	
		suite/room no.) FUCKY STREET, NO. E			PMB no.				
	corpo	ration has a foreign address, see instructions.)		State CA	ZIP code 94952	-28'	76		
Foreign co	ountry	y name Foreign province/state/con	unty		Foreign p	oostal o	code		
R&TC S C Is the o audited D Final rei Enter da E Amende F Accoun	an edu Sectior rganiz in a p turn? Disso ate (m ed retu ting m of trad 1 2 3 4	acation IRA within the meaning of desc n 23712? Yes X No is th Is th acation under audit by the IRS or has the IRS Yes X No acation under audit by the IRS or has the IRS Yes X No acation under audit by the IRS or has the IRS Yes X No acation under audit by the IRS or has the IRS Yes X No blowd Surrendered (Withdrawn) Merged/Reorganized J Is th blowd Surrendered (Withdrawn) Merged/Reorganized J Is th am/dd/yyyy) • Yes X No K Unrel urn? • Yes X No K Unrel L Is th be or business PARTNERSHIP INCOME If "Y Unrelated business taxable income from Side 2, Part II, line 30 Mult. In 1 by the avg. apport. pctg % from the Sch. R, Apport. Formul Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. F Unrelated business taxable income from Side 2, Part II, line 30 Inclusion Unrelated business taxable income from line 3 or line 4	es," attach federal S la Wksht, Part A, In 2 or R was not compitd, ente	n 4947(a) ming any y Military ax Area (T A) tax ber Jalified per scribed in ivity (UBA Schedule H Schedule H Part B, In S	((1)? former; Ent Base Recov TA), or Mar nefits? IRC Section () code <u>H (Form 990</u> 5. See instr. <u>om In 1</u>	erprise very Are nufactur t-sharin n 401(a) 1 2 3 4 5 6 7 8	• Ye	s X s X -132 -132 -132	00 00 00 00 00 00
	9	0.04				9	-	-132	00
		Tax credits from Schedule B. See instructions				11			00
		Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter				12			00
Total Tax		Alternative minimum tax. See General Information 0			•	13			00
	14	Total tax. Add line 12 and line 13				14		0	00
	15	Overpayment from a prior year allowed as a credit	• 15		00				
	16	2021 estimated tax payments. See instructions			00				
Payments	17	, , , , , , , , , , , , , , , , , , , ,			00	_			
	18	Amount paid with extension (form FTB 3539)			00				
	19	Total payments and credits. Add line 15 through line 18			•	19			00
	20	Use tax. See instructions				20			00
Use Tax/	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 1				21			00
Tax Due/	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20				22			00
Overpay- ment	23	•				23			00
ment	24	Overpayment. Subtract line 14 from line 21. See instructions				24			00
	25	Enter amount of line 24 to be applied to 2022 estimated tax			•	25			00

Refue or Amount 27 Parallels and interset. See Ganeral information to have the refund directly deposited. 28 Example 29 Example 20 Exam			26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24		٠	26		00
Netword D byte: Chacking ● Savings ● C Account Number ● 22 0 Dee 28 → Check it estimate parately computed using Exception B of C and staten form FIB 5806 27 00 29 To date it estimate parately computed using Exception B of C and staten form FIB 5806 27 00 20 To date it estimate parately computed using Exception B of C and staten form FIB 5806 2 00 21 To date it estimate parately computed using Exception B of C and staten form FIB 5806 2 00 2 000 Cost pools State file 2 from file TIS states it estimate and alternotes 6 6 00 2 000 States profile States profile States profile States profile Line Instructions. 4 4 00 4 000 States profile States profile States profile States profile Line Instructions. 4 4 000 1 1 000 States profile States profile States profile Line Instructions. 5 -1.322 00 6 1 000 States profile States profile Line Instructions. 5 -1.322 00 00 1 1 000 St	D.(a Fill in the account information to have the refund directly deposited. Routing number	• 26a				
Dure 27 Paraltis and interest. See General Information M 27 27 00 28 Check Hestimate Paraly computation (as) Exception B or C and attach form FTB 5806 28 29 00 29 Total annual fue, Add ine 22, line 23, line 25, and line 27, then subtract line 24 00 29 Cost of goods and/or operations (Schedule A, line 7) C Baserce 16 00 20 Cost of goods and/or operations (Schedule A, line 7) C Baserce 16 00 3 Cost of goods and/or operations (Schedule D, line 17) 42 00 4 Cost of goods and/or operations (Schedule D, line 17) 44 00 5 Income (or loss) from partnerships, lineled labelity companies, or S corporations. See Specific Line Instructions. 44 00 6 Fendal income (Schedule C) 7 00 6 00 7 00 8 00 7 00 8 000 11 000 00 00 9 000 10 00 00 10 000 00 00 00 11 000 00 00 00 00 11 000 00 00 00 11 000 00									
28 → □ Check It estimate paraty computed using scopelion B or C and attach form FIB 5806 29 Total attach in the Zale ZA, Bar Sack Sand Ime Z2, Then subtract line ZA (9) (9) (9) Unrelated Business Income Image: Check Sack Sack Sack Sack Sack Sack Sack Sa		unt	27			٠	27		00
28 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24 (a) (b) Part 1 Unrelated Business TaxAble Income a Creat exolutions (Schedule 1, line 7) a Creat exolution or one exists a Create exolution or one exists	Duc		28						
Part 1 Unrelated Trade or Business Income 0 <td></td> <td></td> <td>29</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>00</td>			29						00
1 Cost of goods sold and/or operations (Schedule A, line 7) 0 0 2 Cost of goods sold and/or operations (Schedule A, line 7) 0 0 3 Goos profile Subtral tine 2 from line 10 4 00 4 Copilal gain not incomes. See Specific Line Instructions - Trusts attach Schedule D (- 4 00 6 Date 10 and Schedule N + 1 (66, 588, or 100S) or similar schedule SEE_STATEMENT 2 5 -1.32 00 6 Rental income (Schedule C) 5 -1.32 00 0 7 00 8 Income (or income (Schedule C) 5 -1.32 00 7 00 0 7 00 9 Interest, Annues, Royabias and Rents from controllod organization (Schedule F) 8 00 0 <td>Un</td> <td>relate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Un	relate							
2 Cost of pools sold and/or operations (Schedule A, line 7) Gross profit. Subtract line 2 hom line 1c 4 Copital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541) 4 Copital gain net income. See Specific Line Instructions. 4 Copital gain net income. See Specific Line Instructions. 4 Copital gain net income. See Specific Line Instructions. 5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. 5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. 6 Rental income (Schedule D) 6 Instrument income at a RR0 to Schedule D) 7 Origonal Instruments (Schedule D) 8 Origonal Schedule C) 9 Origonal Schedule C) 9 Origonal Schedule C) 9 Origonal Schedule C) 10 Origonal Schedule C) 11 Origonal Schedule C) 12 Origonal Schedule C) 12 Origonal Schedule C) 13 Origonal Schedule C) 14 Origonal Schedule C) 14 Origonal Schedule C) 15 Origonal Schedule C) 16 Origonal Comparison Schedule C) 17 Origonal Comparison Schedule C) 18 Origonal Comparison Orifores, directors, and trustes from Schedule I) 18 Origonal Comparison Orifores, directors, and trustes from Schedule I) 18 Origonal Comparison Orifores, directors, and trustes from Schedule I) 19 Origonal Comparison Orifores, directors, and Associations - Schedule J) (Trusts - form Int B 3880F)	Par	tΙυ	Inrela	ted Trade or Business Income					
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29 Specific deduction 29 1,000 00 30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 30 -132 00 30 Our privacy notice can be found in annual tax booklets or online. Go to ftb. ca.gov/privacy to learn about our privacy policy statement, or go to ftb. ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, 1 declare that 1 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. Title Date • Telephone Paid Preparer's Signature Title Date • PTIN Paid Preparer's Signature >JENNIFER C. HEATWOLE Date • PTIN Vise Only Firm's name (or yours, if self-employed) • Firm's FEIN 20-1597091 Vise Only MFO E-FILING SERVICES CO. • Telephone and address 111 E COURT ST #3D • Telephone						٠	27		
30 -132 00 30 -132 00 Our privacy notice can be found in annual tax booklets or online. Go to ftb. ca. gov/privacy to learn about our privacy policy statement, or go to ftb. ca. gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Sign Under penalties of perjury, 1 declare that 1 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 Preparer's Signature → JENNIFER C. HEATWOLE Date Polate POlation of yours, if self-employed Firm's name (or yours, if self-employed) MFO E-FILING SERVICES CO. And address MFO E-FILING SERVICES CO. The polation of the court of the court of the tax and address 	28	Unrelat	ted bu	siness taxable income before specific deduction. Subtract line 27 from line 26		٠			
Sign Here Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Sign Here Under penatties of penatities of penatities of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature Date ● Telephone of officer ● EXECUTIVE DIRECTOR ● Tolephone Paid Preparer's Date ● PTIN signature ● JENNIFER C. HEATWOLE ● D1331602 Firm's name (or yours, if self-employed) ● MFO E-FILING SERVICES CO. ● Firm's FEIN and address 111 E COURT ST #3D ● Telephone		•				•			
Sign Here Dotate PIS FIG	30	Unrelat	ted bu	siness taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	nt or go to	fth ca	30	-132	00
Here Dida period by large of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Date • Telephone Signature of officer ▶ EXECUTIVE DIRECTOR Date • Telephone Paid Preparer's signature ▶JENNIFER C. HEATWOLE Date • PTIN Bignature >JENNIFER C. HEATWOLE 05/23/23 • PTIN Preparer's signature ▶JENNIFER C. HEATWOLE 05/23/23 • Firm's FEIN Use Only If self-employed) ▶ MFO E-FILING SERVICES CO. • Firm's FEIN and address 111 E COURT ST #3D • Telephone	Sian		locale	FTB TISTEN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and el	nier form co	de 94	8 when	instructed.	
of officer EXECUTIVE DIRECTOR 707-874-2942 Paid Preparer's Use Only Preparer's signature ▶JENNIFER C. HEATWOLE Date 05/23/23 Check if self- employed ▶ ● PTIN P01331602 Firm's name (or yours, if self-employed) and address MFO E-FILING SERVICES CO. ● Firm's FEIN 20-1597091 • Telephone	-		Under and c	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the omplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best of my	/ knov			
Paid Preparer's Use Only Preparer's signature ▶JENNIFER C. HEATWOLE Date 05/23/23 Check if self- employed ▶ ● PTIN P01331602 Firm's name (or yours, if self-employed) and address ▶ MFO E-FILING SERVICES CO. ● Firm's FEIN 20-1597091 • Telephone					e				
Paid Preparer's Use Only signature JENNIFER C. HEATWOLE 05/23/23 employed P01331602 If self-employed) and address MFO E-FILING SERVICES CO. • Firm's FEIN 20-1597091 • Telephone			of of	ficer EXECUTIVE DIRECTOR					
Preparer's signature JENNIFER C. HEATWOLE 05/23/23 Philoded P01331602 Use Only Firm's name (or yours, if self-employed) MFO E-FILING SERVICES CO. • Firm's FEIN 20-1597091 and address 111 E COURT ST #3D • Telephone	Paid					_			
if self-employed) and address MFO E-FILING SERVICES CO. 111 E COURT ST #3D • Telephone			signa	ture ▶JENNIFER C. HEATWOLE 05/23/23 em	pioyed	►∟			
and address 111 E COURT ST #3D • Telephone	Use	Only							
			and a						26
				FLINT, MI 48502-1649				810) 767-01	36
May the FTB discuss this return with the preparer shown above? See instructions			Мау	the FTB discuss this return with the preparer shown above? See instructions				Yes No	

022 3642214

Schedule A Cost of Goods Sold and/or Operations.

Me	thod of inventory valuation (specify)]	N/A						
1	Inventory at beginning of year							1		00
	Purchases							2		00
	Cost of labor						•	3		00
4	a Additional IRC Section 263A costs. Attach schedule							4a		00
							•	4b		00
5	Total. Add line 1 through line 4b							5		00
6	Inventory at end of year							6		00
7	Cost of goods sold and/or operations. Subtract line 6 fro	m line 5. Enter here and on	Side 2, Part	I, line 2				7		00
_	Do the rules of IRC Section 263A (with respect to proper	ty produced or acquired for	resale) apply	/ to this	organiz	ation?		L	Yes X	No
	chedule B Tax Credits.									
	Enter credit name	code •		1			00			
	Enter credit name	code •		_			00			
	Enter credit name	code •		3			00			
4	Total. Add line 1 through line 3. If claiming more than 3 of									
<u>-</u>	on line 4. Enter here and on Side 1, line 11							4		00
	hedule K Add-On Taxes or Recapture of Tax.									
	Interest computation under the look-back method for cor						•	1		00
2							•	2a		00
_		r non-dealer installment obl					•	2b		00
3		i the disposition of intangibl	es				•	3		00
4	Credit recapture. Credit name						•	4		00
	Total. Combine the amounts on line 1 through line 4	o oply for uprelated trade of						5		00
					oingle	aalaa faatar farr				
Par	t A. Standard Method - Single-Sales Factor Formula. Co	omplete this part only if the	corporation t	ases the (a)	single	b)	nuia		(C)
				within an Californ		Total wi			Percent California [(b)	
1	Total sales		•	Callion	lia	Califor	ma		California ((b)	· (a)] × 100
	Apportionment percentage. Divide total sales column (b		•							
2	and multiply the result by 100. Enter the result here and	, .								
Par	t B. Three Factor Formula . Complete this part only if the		factor formul	a						
				(a)		(b)			(c	
				within an e Californ		Total wi Califor			Percent California [(b)	
1	Property factor:		•			•			•	
2	Payroll factor: Wages and other compensation of employ		•			•			•	
3	Sales factor: Gross sales and/or receipts less returns an		•			•			•	
4	Total percentage: Add the percentages in column (c)					•				
5	Average apportionment percentage: Divide the factor o	n line 4 by 3 and enter the								
	result here and on Form 109, Side 1, line 2. See instruction									
Sc	hedule C Rental Income from Real Property and	Personal Property Leased	with Real Pro	operty						
For	rental income from debt-financed property, use Schedule D, R&TC Se	ction 23701g, Section 23701i, an	d Section 2370	1n organiz	ations.	See instructions for	exce	ptions.		
1 D	Description of property				2 Rer	nt received or accru	ed	3 Pe	ercentage of rent att	tributable to
								pe	ersonal property	
										%
										%
										%
4 ^C _{if}	Complete if any item in column 3 is more than 50%, or for any item the rent is determined on the basis of profit or income		5 Complete	if any item	n in colu	mn 3 is more than 1	10%, 1	out not	more than 50%	
(a) C	Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross inco column 2 :		,	(b) Deductions direct with personal pro		nected	(c) Net income ir column 5(a) le	ncludible, ess column 5(b)
									+	
									1	
Add	d columns 4(b) and column 5(c). Enter here and on Side 2	, Part I, line 6	•			•				

Schedule D Unrelated Debt-Financed Income

Officiated	Debt I manoe											
1 Description of debt-financed prope	erty				2 Gross income allocable to de		3 Deducti	ons directly o	onnected v	vith or allocable to o	able to debt-financed property	
					property	brimaneca		nt-line dep	reciation	(b) Ot	her de	ductions
Amount of average acquisition	Average adj	usted basis	c Debt bas	sis	7 Gross income		8 Allocal	ole deduct	ions, tota	I of 9 Ne	t incon	ne
⁴ indebtedness on or allocable	o of or allocab	le to	percenta	ige,	reportable,		• colum	ns 3(a) and		(or	IOSS) I	nciualbie,
to debt-financed property	debt-finance	ed property	column 4 column 5		column 2 x col	umn o	colum	16		COI	umn 7	less column 8
							_					
				%								
				%								
				%								
Total. Enter here and on Side 2,	Part I, line 7		•		•		•					
		R&TC Secti	on 23701a.	Section 2	23701i, or Section	on 23701	n Oroanizat	ion				
1 Description		2 Amount	on 2070 (g,		tions directly	Net inv	estment inco	me, r	Set-aside		6 ^E	alance of investment
Description		ZAmount		o conne	cted	4 columr	n 2 less colum	in 3 0 3	Set-aside	S		ncome, column 4 less olumn 5
											-	
Total. Enter here and on Side 2,	, Part I, line 8											
Enter gross income from memb												
Schedule F Interest, A	Annuities, Roya	alties and Re	nts from Co	ontrolled (Organizations							
					Exempt Contro	lled Orga	nizations					
1 Name of controlled organizations			2 Employer		3 Net unrelated	4	Total of spe	ecified	5 Part	of column (4)	6	Deductions directly
			identificatio	on	income (loss)		payments		that	is included in	1	connected with
			number							controlling inization's		income in column (5)
										s income		
1												
2												
3												
Nonexempt Controlled Organiz	zations											
7 Taxable income					8 Net unrelated	9	Total of spe	ecified	10 Pa	rt of column (9)	1	1 Deductions directly
					income (loss)		payments		tha	at is included in		connected with
										e controlling ganization's		income in column (10)
										oss income		
									+		-+	
<u> </u>											-+	
2									-			
3												
4 Add columns 5 and 10												
5 Add columns 6 and 11												
6 Subtract line 5 from line 4. I	Enter here and	on Side 2, Pa	art I, line 9									
	Exempt Activit			vertising	Income							
1 Description of exploited activity (at	ttach 2	aross unrelated	3 Expense	s directly	4 Net income fro		ss income	6 Exper		7 Excess exer		8 Net income
schedule if more than one unrelate is exploiting the same exempt activ		usiness income om trade or	connecte production		unrelated trade or business,		n activity that ot unrelated	attribu colum	utable to In 5	expense, co 6 less colum		includible, column 4 less column 7
		usiness	unrelated	d business	column 2 less		iness income			but not more		but not less than
			income		column 3					column 4		zero
			 									
Total. Enter here and on Side 2,	, line 10											

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Schedule H Advertising Income and Excess Advertising Costs

Pa	art I Income from Periodicals Report											,	
1 ⊾	Name of periodical	2 Gross adver incon	tising	3 Direct advertising costs		or ex cost grea com and grea ente Part Do r	rtising income ccess advertising s. If column 2 is ter than column 3, plete columns 5, 6, 7. If column 3 is ter than column 2, r the excess in III, column B(b). ot complete mns 5, 6, and 7.	5 Circ inco	ulation me	6 Rea cost	aersnip is	CI SI CI SI CI CI CI CI CI CI CI CI CI CI CI CI CI	column 5 is greater than olumn 6, enter the income iowm in column 4, in Part III, Jumn A(b). If column 6 is reater than column 5, subtract e sum of column 6 and Jumn 3 from the sum of Jumn 5 and column 2. ther amount in Part III, Jumn A(b). If the amount less than zero, enter -0
Tot	tals												
	art II Income from Periodicals Repor	ted on	a Separate	Basis				1					
Pa	art III Column A - Net Advertising In	come				Par	t III Colun	nn B - I	Excess Advert	ising C			
(a)	Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total am columns 4 or Part II, colum	ount from Part I 7, and amount I ns 4 or 7	l, isted in	(a) Er na	ter "consolidated mes of non-cons	d periodi olidated	cal" and/or periodicals		(b) Enter tota and amou	l amo nts lis	int from Part I, column 4, ted in Part II, column 4
	ter total here and on Side 2, Part I, line 11					Enter	total here and	on Sid	e 2, Part II, lii	1e 27			
	chedule I Compensation of Office	rs, Dir			0 700				4.0	1.6			
^م 1	Name of officer		2 SSN or IT	IN	3 Title	•			4 Percent of ti devoted to business	me 5	Compensation attributable to unrelated busin		6 Expense account allowances
										%			
										%			
										%			
										%			
										%			
	tal. Enter here and on Side 2, Part II, line 1								<u></u>				
_	chedule J Depreciation (Corporati		d Associatio	ns only. Trus	sts use	form F							
1 c	Group and guideline class or description of property		(mm/dd/yyyy)	3 Cost o	or other b	asis	4 Depreciation allowed or a in prior years	llowable	5 Method o computin depreciat	g	6 Life or rate		Depreciation for this year
1	Total additional first-year depreciation (do not i	nclude in iter	ms below)					····				
2	Other depreciation: Buildings												
	Furniture and fixtures												
	Transportation equipment												
	Machinery and other equipment												
	Other (specify)												
3	Other depreciation												
4	Total												
5	Amount of depreciation claimed elsewhe	ere on r	eturn										
6	Balance. Subtract line 5 from line 4. Ente												

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CA 109 INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS	STATEMENT 2
DESCRIPTION	AMOUNT
FROM SCH K-1: ARBORETUM III LP - ORDINARY BUSINESS INCOME (LOSS)	-132.
TOTAL TO FORM 109, PAGE 2, LINE 5	-132.

TAXABLE YEAR Net Operating Loss (NOL) Computation and **NOL and Disaster Loss Limitations - Corporations** 2021

CALIFORNIA FORM

3805Q

Attach to Form	100, FUITH	10000, FUIII	1005,		109.
Attach to Form	100 Earm	100W Form	1000	or Form	100

Corporation na	me	, , , , , , , , , , , , , , , , , , ,					California corpora	ation number
		~ ~ ~ ~ ~					100010	•
	MOTT LE						126813	8
			ed the NOL, the corporation		corporation cting to be taxed as a cor	noration)		49658
	-				corporation name and Ca	· ,		1000
lf the corpor	ation is included	in a combined r	report of a unitary group,	, see instructions, Gene	ral Information C, Combi	ned Reporting.		
			does not have a current y					
		-	00W, line 18; Form 100S,					120
Enter as	a positive numbe	er						132 00
								<u>00</u> 132 00
					4a			152 00
					4b			
								00
								132 00
								132 00
Part II NOL	_ carryover and d	lisaster loss car	ryover limitations. See in	nstructions.				
1 Notinoo	ma Entar tha an	nount from Form	a 100 lina 10: Form 1001	V line 10 Form 1000 lir	na 15 lago lina 10.	(g) Available ba	lance	
			n 100, line 18; Form 100V ·). If the corporation taxa				0	
Prior Year N							U	
(a)	(b) Code - See	(C)	(d)	(e)	(f)			(h)
Year of	Codè - See instructions	Type of NOL -	Initial loss -	Carryover	Amount used			over to 2022
loss	matuctions	See below *	See instructions	from 2020	in 2021		col. (e)) minus col. (f)
~~~~~				~ ~ ~ ~ ~			•	
<u>2</u> • 2020	)	GEN	217	• 217	0		0 🔍	217
۲				ullet				
•								
۲							۲	
۲				۲			۲	
Current Yea	r NOLs							
								d) minus col. (f) instructions.
3 2021		DIS						
		<b>CENT</b>	1.2.0					1 2 0
4 2021		GEN	132					132
2021								
2021								
2021								
2021								
* Type of NC	DL: General (GEN)	), New Business	(NB), Eligible Small Busi	ness (ESB), or Disaster (	DIS).			
	1 NOL deduction							
	e amounts in Part					• 1 _		00
			presents disaster loss car			-		
			9. Form 109 filers enter -		10: Earm 1000	2 _		00
	or Form 109, line		It here and on Form 100,	, , ,	, .	<b>•</b> 3		00
mio 17,	5, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 11, 10, 10	·						

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STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	S 1 Failure to su organizatio minimum tax	UAL REGISTRATION RENEW TO ATTORNEY GENERAL OF ections 12586 and 12587, California 1 Cal. Code Regs. sections 301-306 ubmit this report annually no later than four months a n's accounting period may result in the loss of tax e of \$800, plus interest, and/or fines or filing penaltie: 23703; Government Code section 12586.1. IRS external	<b>CALIFO</b> Governme , 309, 311, and fifteen days xemption and the s. Revenue & Ta	RNIA nt Code and 312 after the end of the he assessment of a axation Code section	DEPARTMENT (For Registry Use Only)		ISTICE GE 1 of 5
WARSH-MOTT LEGA Name of Organization				ange of address nended report			
245 KENTUCKY ST Address (Number and Street)	REET, NO	D. E	State Ch	arity Registration Nur	nber <b>ст<u>58422</u></b>		
PETALUMA, CA         9           City or Town, State, and ZIP Code	4952-287	76	Corporat	ion or Organization N	o. <u>1268138</u>		
(707) 874-2942		RIES@CSFUND.ORG	Federal E	Employer ID No. <u>68</u>	-0049658		
Telephone Number ANNUAL RE	E-mail Addres	RENEWAL FEE SCHEDULE (11 Cal.	Code Reg	s. sections 301-307,	311, and 312)		
Total Revenue	Fee	Make Check Payable to Departr Total Revenue	nent of Jus Fee	stice Total Revenue		Fe	e
Less than \$50,000 Between \$50,000 and \$100,0 Between \$100,001 and \$250,	\$25 00 \$50	Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 millio	\$100 \$200	Between \$20,000,	001 and \$100 million ),001 and \$500 million • million	\$8( \$1,	
PART A - ACTIVITIES		period (beginning 10/01/20	0.1		000		
_	_	979 Noncash Contributions \$		_		5,6	<u>47</u>
PART B - STATEMENTS REC	ARDING ORG	GANIZATION DURING THE PERIOD	of this re	EPORT			
		you answer "yes" to any of the ques Is for each "yes" response. Please re		· •		Yes	No
5 1 51	,	any contracts, loans, leases or other fi of, either directly or with an entity in w			U		x
2. During this reporting period or funds?	od, was there a	any theft, embezzlement, diversion or r	nisuse of th	ne organization's char	itable property		x
	od, were any o	rganization funds used to pay any pen	alty, fine or	judgment?			x
4. During this reporting period	,	ervices of a commercial fundraiser, fun	draising co	unsel for charitable p	urposes, or		x
5. During this reporting period	od, did the org	anization receive any governmental fu	nding?				x
6. During this reporting period	od, did the org	anization hold a raffle for charitable pu	rposes?				x
7. Does the organization co	nduct a vehicle	e donation program?					x
5	•	ndent audit and prepare audited finances for this reporting period?	cial stateme	ents in accordance wi	th	x	
9. At the end of this reportir	ng period, did t	he organization hold restricted net ass	ets, while r	eporting negative unr	estricted net assets?		x
		ve examined this report, including ac complete, and I am authorized to si		ng documents, and t	to the best of my know	vledg	
Signature of Authorized Accest		ILEY MALONE		EXECUTIVE D			
Signature of Authorized Agent	Pri	nted Name	I 1	Title	Date		

(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

## File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)					
print	WARSH-MOTT LEGACY		68-0	049658			
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.				
return. Se instruction	U	oreign addi	ress, see instructions.				
Enter th	ne Return Code for the return that this application is for (file	e a separa	e application for each return)			0 4	
Applica	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4		09					
Form 990-PF 04 Form 5227							
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation) BAILEY MALONE	07					
● If thi box ▶ 1 I ti	request an automatic 6-month extension of time until ne organization named above. The extension is for the org. ▶ calendar year or	Group Exe and atta AUGU anization's	mption Number (GEN), I ch a list with the names and TINs of ST 15, 2023 , to file return for: d ending SEP 30, 2022	f this is fo all membe	r the whol ers the ex npt organi: 	e group, check this	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	), enter the	tentative tax, less	3a	\$	62,100.	
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
<u>e</u>	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	62,100.	
сB	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	n this form, if required, by			~	
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Cautio instruct	<ul> <li>If you are going to make an electronic funds withdrawal ions.</li> </ul>	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 88	79-TE for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Forr	n 8868 (Rev. 1-2022)	

123841 01-12-22

(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

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## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	or         Name of exempt organization or other filer, see instructions.         Tax				Taxpayer identification number (TIN)			
print	t WARSH-MOTT LEGACY				68-0049658			
File by the due date for filing your 245 KENTICKY STREET E								
return. Se instructio								
Enter t	ne Return Code for the return that this application is for (fi	le a separa	te application for each return)					
Application Return Application				Retur				
ls For		Code	Is For	Code				
Form 9	90 or Form 990-EZ	01	Form 1041-A	08				
Form 4	720 (individual)	03	Form 4720 (other than individual)	Form 4720 (other than individual)				
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation) BAILEY MALONE	07						
<ul> <li>If th</li> <li>If th</li> <li>box </li> <li>1</li> <li>1</li> <li>t</li> <li>t</li> <li>2</li> <li>H</li> </ul>	request an automatic 6-month extension of time until	Group Exe and atta AUGU: ganization's , an check rease	Imption Number (GEN) I Inch a list with the names and TINs of ST 15, 2023 , to file return for: Ind ending SEP 30, 2022 Initial return	f this is fo all membe	r the whole <u>(</u> ers the exter npt organizat 	group, check this		
	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter the	tentative tax, less	3a	\$	0.		
-								
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by								
L	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.		
Cautio instruc	n: If you are going to make an electronic funds withdrawa tions.	l (direct del	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	-TE for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form 8	3868 (Rev. 1-2022)		

123841 01-12-22

Form **990-PF** 

Department of the Treasury Internal Revenue Service

# EXTENDED TO AUGUST 15, 2023 Return of Private Foundation

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

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

OMB No. 1545-0047

For ca	alen	dar year 2021 or tax year beginning OCT	1, 2021	, and ending	<u>SEP 30, 2022</u>			
Name of foundation					A Employer identification	number		
WARSH-MOTT LEGACY					68-0049658			
Number and street (or P.O. box number if mail is not delivered to street address)     Room/suite       245     KENTUCKY     STREET					B Telephone number (707) 874-2942			
		Down, state or province, country, and ZIP or foreign p	astal anda	E	C If exemption application is p			
		ALUMA, CA $94952-2876$			If exemption application is p			
		all that apply:	Initial return of a fo	ormer public charity	D 1. Foreign organization	s check here		
<b>u</b> 01	1001	Final return	Amended return					
		Address change	Name change		2. Foreign organizations me check here and attach co	eeting the 85% test, pomputation		
H Ch	neck	type of organization: X Section 501(c)(3) ex			E If private foundation sta			
	] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1			
I Fai	r ma	rket value of all assets at end of year J Accounti	ng method: 🛛 🗴 Cash	Accrual	<b>F</b> If the foundation is in a	60-month termination		
•			her (specify)	cify) under section 507(b)(1)(B), check h				
		40,295,647. (Part I, colun	nn (d), must be on cash basi	s.)				
Pa	rt I	<ul> <li>(The total of amounts in columns (b), (c), and (d) may not</li> </ul>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes		
<del></del>	4	necessarily equal the amounts in column (a).)	3,170,000.		N/A	(cash basis only)		
	1 2	Contributions, gifts, grants, etc., received Check ► ☐ if the foundation is not required to attach Sch. B	5,110,000.		IN/A			
	2	Interest on savings and temporary	132.	132		STATEMENT 1		
	4	cash investments Dividends and interest from securities	834,261.	834,393		STATEMENT 2		
	-	Gross rents						
		Net rental income or (loss)						
	6a	Net gain or (loss) from sale of assets not on line 10	1,583,586.					
nue	b	Gross sales price for all 7,725,542.						
Revenue	7	Capital gain net income (from Part IV, line 2)		1,583,586	•			
۳	8	Net short-term capital gain			_			
	9	Income modifications Gross sales less returns						
		and allowances						
		Less: Cost of goods sold						
	с 11	Gross profit or (loss)						
	12	Other income	5,587,979.	2,418,111				
	13	Compensation of officers, directors, trustees, etc.	0.	0		0.		
	14	Other employee salaries and wages						
	15	Pension plans, employee benefits						
ŝ		Legal fees						
ens	b	Accounting fees STMT 3	32,375.	12,000		20,375.		
Exp	C	Other professional fees STMT 4	15,000.	15,000	•	0.		
ive	17	Interest STMT 5		16 160				
			56,167.	16,167	•	0.		
inis	19 00	Depreciation and depletion						
<u>m</u>		Occupancy						
5	22 23	Printing and publications Other expenses STMT 6	441,208.	57,165	•	414,908.		
드		Total operating and administrative	,,	.,200		,,,,,,,		
Dera		expenses. Add lines 13 through 23	544,750.	100,332	•	435,283.		
ŏ	25	Contributions, gifts, grants paid	1,420,000.			1,156,420.		
	26	Total expenses and disbursements.						
$\square$		Add lines 24 and 25	1,964,750.	100,332	•	1,591,703.		
	27	Subtract line 26 from line 12:						
		Excess of revenue over expenses and disbursements	3,623,229.	0 010 000				
b Net investment income (if negative, enter -0-)				2,317,779				
	C	Adjusted net income (if negative, enter -0-)			N/A			

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2021)

Form 9	90-PF (2021) WARSH-MOTT LEGACY		-0049658 Page 2		
Part II Balance Sheets Attached schedules and amounts in the description		Beginning of year	End of	year	
Part II Datatice Sheets column should be for end-of-year amounts only.		(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash - non-interest-bearing	26,725.	133,755.	133,755. 2,494,246.	
2	Savings and temporary cash investments	648,248.	2,494,246.	2,494,246.	
3	Accounts receivable 17,975.		· ·	· · · ·	
	Less: allowance for doubtful accounts	11,866.	17,975.	17,975.	
4	Pledges receivable		·	•	
	Less: allowance for doubtful accounts				
5					
6					
Ŭ	disqualified persons				
7	Other notes and loans receivable				
'	Less: allowance for doubtful accounts				
	Inventories for sale or use				
9 9					
SE 10	a Investments - U.S. and state government obligations				
	b Investments - corporate stock STMT 8	32,949,655.	23,278,292.	23,278,292	
	c Investments - corporate bonds STMT 9	3,747,452.	3,279,387.	3,279,387	
44	Investments - land, buildings, and equipment: basis	5,11,1540	5,2,5,507.	5,215,501	
	Less: accumulated depreciation				
12					
		7,541,796.	11,091,992.	11,091,992	
13	Investments - other STMT 10	7,541,750.	11,051,552.	11,051,552	
14					
45	Less: accumulated depreciation				
15	· · · · · · · · · · · · · · · · · · ·				
16		44,925,742.	40,295,647.	10 295 617	
17	instructions. Also, see page 1, item I)	4,000.	40,295,047.	40,295,047	
17	······································	526,420.	790,000.		
18	Grants payable	520,420.	790,000.		
19 9	Deferred revenue				
	Loans from officers, directors, trustees, and other disqualified persons				
20 Fiabilities	Mortgages and other notes payable Other liabilities (describe <b>BROKER PAYABLE</b> )	128,656.	0.		
_ 22		120,030.	0.		
0.0	Tetal lightlitics (add lines 17 through 99)	659,076.	790,000.		
23		055,070.	750,000.		
	Foundations that follow FASB ASC 958, check here ► and complete lines 24, 25, 29, and 30.				
24					
	Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here  X				
pur	and complete lines 26 through 30.				
エ と 26	Capital stock, trust principal, or current funds	2,567,576.	2,567,576.		
20 22 27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
Net Assets or Fund Balances 6 8 2 5 9 5 5 6 8 2 9	Retained earnings, accumulated income, endowment, or other funds	41,699,090.	36,938,071.		
29	Total net assets or fund balances	44,266,666.	39,505,647.		
z z		,	,,,,-		
30	Total liabilities and net assets/fund balances	44,925,742.	40,295,647.		
Part	III Analysis of Changes in Net Assets or Fund Ba	lances			
Tota	al net assets or fund balances at beginning of year - Part II, column (a), line 2	29			
	ist agree with end-of-year figure reported on prior year's return)		1	44,266,666	
	er amount from Part I, line 27a			3,623,229	
	er increases not included in line 2 (itemize)		3	0.	

~		~	3/013/11/
3 Other increases not included in line 2 (itemize)			0.
4	Add lines 1, 2, and 3	4	47,889,895.
5	Decreases not included in line 2 (itemize)  SEE STATEMENT 7	5	8,384,248.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	39,505,647.
			Form <b>990-PF</b> (2021)

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	IARSH-MOTT LEGACY	westment Inco	me c	יהה את	ГТАСНЕ	68-004 D STATEM	<u> </u>	
				(b) How ac P - Purch D - Dona	quired ( nase (	<b>c)</b> Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a				D Dona				
b								
C								
d								
е								
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or oth plus expense			(h) Gain or (loss) ((e) plus (f) minus (g))			
<u>a</u>								
b								
<u> </u>								
	2	C 1	41 050				1 502 506	
e 7,725,54	•		<u>41,956</u>	•			1,583,586.	
Complete only for assets si	howing gain in column (h) and owned by			_	(I) col (	Gains (Col. (h) gain	minus n -0-) <b>or</b>	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col. (j),			còl. (k), but not less than -0-) <b>or</b> Losses (from col. (h))			
a								
b								
C								
d								
е							1,583,586.	
2 Capital gain net income or (		er in Part I, line 7 0- in Part I, line 7		} 2			1,583,586.	
3 Net short-term canital gain (	or (loss) as defined in sections 1222(5) a							
If gain, also enter in Part I, I Part I, line 8	ine 8, column (c). See instructions. If (los	ss), enter -O- in		}		N/A		
Part V Excise Tax	<b>Based on Investment Incon</b>	ne (Section 494	0(a), 494	0(b), or	4948 - s	ee instructio	ns)	
1a Exempt operating foundat	ions described in section 4940(d)(2), cho	eck here 🕨 🗌 ar	nd enter "N/A	A" on line 1.	)			
Date of ruling or determin						1	32,217.	
0	tions enter 1.39% (0.0139) of line 27b. E				, Y		·	
	. ,							
<ul> <li>enter 4% (0.04) of Part I, line 12, col. (b)</li> <li>2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)</li> </ul>					····· )	2	0.	
• Add Base 4 and 0				,		3	32,217.	
<ul> <li>Add lines 1 and 2</li> <li>Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)</li> </ul>						4	0.	
<b>5</b> Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-						5	32,217.	
6 Credits/Payments:								
a 2021 estimated tax payme	ents and 2020 overpayment credited to 2	021 <b>6a</b>		62	2,100.			
b Exempt foreign organizations - tax withheld at source					0.			
c Tax paid with application for extension of time to file (Form 8868)					0.			
d Backup withholding erroneously withheld					0.			
7 Total credits and payments. Add lines 6a through 6d						7	62,100.	
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			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				►	10	29,883.		
11 Enter the amount of line 1	0 to be: Credited to 2022 estimated tax	•	29,8	883. R	efunded 🕨	11	0.	
						I	Form <b>990-PF</b> (2021)	

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Form 990-PF (20	21) WARSH-MOTT LEGACY
Part VI-A	Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes N		No		
	any political campaign?			X		
b	<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?	1c		X		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ \$ 0.					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X		
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х			
	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	Х			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					
	CA					
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	8b	X			
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		X		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of					
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			v		
	If "Yes," attach statement. See instructions	12	37	X		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.CSFUND.ORG	13	X			
14	The books are in care of ► BAILEY MALONE Telephone no. ► (707)	874				
	Located at $\blacktriangleright 245$ KENTUCKY STREET, SUITE E, PETALUMA, CA ZIP+4 $\blacktriangleright 9^{-4}$	<u>4952</u>	-28	76		
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					
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	No		
	securities, or other financial account in a foreign country?	16		X		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the					
	foreign country 🕨					
	Fo	orm <b>990</b>	)-PF	(2021)		

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	049658		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)		Х
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Х	
(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>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
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>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach			
,	/A 2b		
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
▶,,,,			
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 dispose			
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
Schedule C, to determine if the foundation had excess business holdings in 2021.) ${f N}$			
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b		Х

Form **990-PF** (2021)

Form 990-PF (2021) WARSH-MOTT LEGACY 68-0049	9658	I	Page 6
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)			
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)		X
(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)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
(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)		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> 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	5b	Х	
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? SEE STATEMENT 12	5d	Х	
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>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	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?	8		Х
Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors			

1 List all officers, directors, trustees, and foundation managers and the	neir compensation.			
(a) Name and address	<b>(b)</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
			0	0
SEE STATEMENT 11		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	uded on line 1). If none, e	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

(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances			
NONE	-						
	]						
Total number of other employees paid over \$50,000							

Form **990-PF** (2021)

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Form 990-PF (2021) WARSH-MOTT LEGACY	68-0049658	Page <b>7</b>
Part VII Information About Officers, Directors, Trust Paid Employees, and Contractors (continued)	tees, Foundation Managers, Highly	
3 Five highest-paid independent contractors for professional service	s. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	) (b) Type of service (c) Cor	npensation
NONE		
Tatal number of others ressiving over \$50,000 for professional equipes	▶	0
Total number of others receiving over \$50,000 for professional services		0
List the foundation's four largest direct charitable activities during the tax year. Inc	lude relevant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, res	search papers produced, etc.	es
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 dur		t
1 N/A		·
2		
All other program-related investments. See instructions.		
3		
Table Add Base Adduced A		0.
Total. Add lines 1 through 3	▶   Form <b>990-</b>	
	Form <b>390</b> -	<ul> <li>(2021)</li> </ul>

F009___1

Ρ	art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foun	dations	s, 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	35,864,474.
	Average of monthly cash balances	1b	2,616,616.
C	Fair market value of all other assets (see instructions)	1c	7,289,473.
	Total (add lines 1a, b, and c)	1d	45,770,563.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	45,770,563.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	686,558.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	45,084,005.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,254,200.
Ρ	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	d certair	1
	foreign organizations, check here 🕨 🔄 and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	2,254,200.
2a	Tax on investment income for 2021 from Part V, line 5         2a         32, 217.		
b	Income tax for 2021. (This does not include the tax from Part V.)		
C	Add lines 2a and 2b	2c	32,217.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	32,217. 2,221,983. 0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,221,983.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	2,221,983.
Ρ	art 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	1,591,703.
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		3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,591,703.
			Form <b>990-PF</b> (2021)

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## Part XII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2020	(c) 2020	( <b>d</b> ) 2021
1 Distributable amount for 2021 from Part X,	•			
line 7				2,221,983.
2 Undistributed income, if any, as of the end of 2021:				
<b>a</b> Enter amount for 2020 only			0.	
<b>b</b> Total for prior years:				
		0.		
<b>3</b> Excess distributions carryover, if any, to 2021:				
<b>a</b> From 2016				
<b>b</b> From 2017 545,764.				
<b>c</b> From 2018				
d From 2019 89,976.				
e From 2020				
f Total of lines 3a through e	635,740.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: ► \$ <u>1,591,703.</u>			•	
<b>a</b> Applied to 2020, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		0		
years (Election required - see instructions) $\dots$		0.		
<b>c</b> Treated as distributions out of corpus				
(Election required - see instructions)	0.			1 501 500
<b>d</b> Applied to 2021 distributable amount				1,591,703.
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 must be shown in column (a).)	630,280.			630,280.
6 Enter the net total of each column as				
indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,460.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2020. Subtract line				
4a from line 2a. Taxable amount - see instr.			Ο.	
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.				
Subtract lines 7 and 8 from line 6a	5,460.			
10 Analysis of line 9:				
<b>a</b> Excess from 2017				
b Excess from 2018				
c Excess from 2019 5,460.				
d Excess from 2020				
e Excess from 2021				000 55
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	TT LEGACY			68-00	<b>49658</b> Page <b>10</b>
Part XIII Private Operating For	undations (see ins	tructions 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 2	2021, enter the date of t	ne ruling			
<b>b</b> Check box to indicate whether the found <u>a</u>	tion is a private operatin	g foundation described i	n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	<b>(a)</b> 2021	<b>(b)</b> 2020	(c) 2019	( <b>d</b> ) 2018	(e) Total
investment return from Part IX for					
each year listed					
<b>b</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: <b>a</b> "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
<b>b</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 ank i	 f the foundation	 had \$5,000 or mor	o in acceto
at any time during the				nau 90,000 or mor	e 111 022612
	-				
1 Information Regarding Foundation	wanagers:				

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).)

#### MARYANNE MOTT

**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  $\blacktriangleright$  _____ 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:

## BAILEY MALONE, 707-874-2942

## 245 KENTUCKY STREET, SUITE E, PETALUMA, CA 94952-2876

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

## <u>SEE STATEMENT 13</u>

c Any submission deadlines:

## SEE STATEMENT 13

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

#### SEE STATEMENT 13

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 WARSH-MOTT
 LEGACY

 Part XIV
 Supplementary Information (continued)

3 Grants and Contributions Paid During the Y		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
a Paid during the year				
MERICAN CONSTITUTION SOCIETY FOR LAW	NONE	PC	GENERAL SUPPORT	
ND POLICY				
.899 L ST. NW, STE. 200				
ASHINGTON, DC 20036				45,000
CENTER FOR FOOD SAFETY	NONE	PC	NANOACTION: ENSURING	
560 PENNSYLVANIA AVE., S.E. STE. 402			STRONG REGULATIONS ON	
ASHINGTON, DC 20003			EMERGING TECHNOLOGIES	60,000
CENTER FOR INTERNATIONAL	NONE	PC	ADVANCING A	
ENVIRONMENTAL LAW			PRECAUTIONARY APPROACH	
1101 15TH ST., NW, 11TH FLOOR			TO NANOMATERIALS IN	
VASHINGTON, DC 20005			THE EU AND GLOBAL	
			POLICY ARENAS	60,000
ENTER FOR MEDIA JUSTICE	NONE	PC	SURVEILLANCE PROGRAM	
300 CLAY STREET, SUITE 600				
DAKLAND, CA 94612				30,000
CLIMATE JUSTICE ALLIANCE	NONE	PC	BUILDING RESISTANCE TO	
PO BOX 10202			GEOENGINEERING IN	
BERKELEY, CA 94709			NORTH AMERICA/TURTLE ISLAND	35,000
Total SEE CO	TINUATION SHEE	T(S)	► 3a	1,156,420
<b>b</b> Approved for future payment				
NERTON CONCEPTION COLUMN FOR ING				
MERICAN CONSTITUTION SOCIETY FOR LAW	NONE	PC	GENERAL SUPPORT	
1899 L ST. NW, STE. 200				
ASHINGTON, DC 20036				90,000
	NONE			
CENTER FOR FOOD SAFETY	NONE	PC	NANOACTION: ENSURING	
560 PENNSYLVANIA AVE., S.E. STE. 402 WASHINGTON, DC 20003			STRONG REGULATIONS ON EMERGING TECHNOLOGIES	60,000
CENTER FOR INTERNATIONAL	NONE	PC	ADVANCING A	
INVIRONMENTAL LAW			PRECAUTIONARY APPROACH	
101 15TH ST., NW, 11TH FLOOR			TO NANOMATERIALS IN	
VASHINGTON, DC 20005			THE EU AND GLOBAL	
			POLICY ARENAS	60,000
Total SEE CO	NTINUATION SHEE	T(S)	► 3b	790,000

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## Part XV-A Analys

## A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	<b>(a)</b> Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	132.	
4 Dividends and interest from securities	211110	0.	14		
5 Net rental income or (loss) from real estate:		•••			
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	1,583,586.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
12 Subtotal. Add columns (b), (d), and (e)		0.		2,417,979.	0.
<b>13 Total.</b> Add line 12, columns (b), (d), and (e)					
(See worksheet in line 13 instructions to verify calculations.)					2,417,575.
	1			<b>D</b>	
Part XV-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incon	ne is reported i	n column (e) of Part XV-A (	contrib	uted importantly to the accom	plishment of
▼ the foundation's exempt purposes (other than b	y providing fur	nds for such purposes).			

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Form 990			LEGACY		58-0049658	Pa	ige <b>13</b>	
Part >			Transfers to and Transactions a	nd Relationships With N	Noncharitable			
	Exempt Organ							
1 Did	the organization directly or indi	irectly engag	e in any of the following with any other organiza	ion described in section 501(c)		Yes	No	
(oth	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?							
<b>a</b> Tra	a Transfers from the reporting foundation to a noncharitable exempt organization of:							
(1)	Cash				<u>1a(1)</u>		X	
(2)	Other assets				<u>1a(2)</u>		X	
	er transactions:							
(1)			organization				X	
(2)			xempt organization				X	
(3)	Rental of facilities, equipment,	or other ass	ets		<u>1b(3)</u>		X	
(4)	Reimbursement arrangements				<u>1b(4)</u>		X	
(5)	Loans or loan guarantees				<u>1b(5)</u>		X	
( )	Performance of services or me	•	•				X	
			her assets, or paid employees				X	
			lete the following schedule. Column (b) should a			ets,		
			the foundation received less than fair market va	ue in any transaction or sharing arr	angement, show in			
	umn (d) the value of the goods,							
( <b>a</b> ) Line no	b. (b) Amount involved	(C)	Name of noncharitable exempt organization	(d) Description of transfers, tra	nsactions, and sharing arra	angemer	nts	
			N/A					

	in section 501(c) (other than section 501(c)(3)) or in section 527?	 [	Yes	X No
b	If "Yes," complete the following schedule.			

	Yes, co	Simplete the following schedule.						
(a) Name of organization				(b) Type	of organization		(c) Description of r	elationship
		N/A						
Sign Here	and be	penalties of perjury, I declare that I have examined this lief, it is true, correct, and complete. Declaration of pre nature of officer or trustee			ased on all inform		has any knowledge. TIVE	May the IRS discuss this return with the preparer shown below? See instr. X Yes No
	Jiyi	Print/Type preparer's name	Preparer's si		5	Date	Check if	PTIN
		JENNIFER C.		gnature			self- employed	
Paid		HEATWOLE	JENNIF	ER C.	HEATW	05/23/23		P01331602
Preparer Use Only						Firm's EIN ► 2	0-1597091	
		Firm's address ▶ 111 E COURT ST #3D						
		FLINT, MI 48502-1649					Phone no. (8	10) 767-0136

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described

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WARSH-MOTT LEGAC	ĭ	68-004	19656 PAGE I OF
Part IV Capital Gains and Lo	sses for Tax on Investment Income		
	d describe the kind(s) of property sold rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (mo., day, yr.)
1a MFO D&D SMID C	AP VALUE FUND JOI	INT VENTURE	P 01/01/2112/31/2
	AP VALUE FUND JOI		P 12/30/2012/31/2
c MFO TOWLE FUND			P 01/01/2112/31/2
d MFO TOWLE FUND			P 12/31/2012/31/2
	FUND A JOINT VENT	TIRE	P 01/01/2112/31/2
	FUND A JOINT VENT		P 12/31/2012/31/2
	KROCK TOTAL RETUR		P 03/12/2005/16/2
	KROCK TOTAL RETUR		P 12/04/1905/16/2
	KROCK LOW DURATIO		P 05/16/2207/21/2
			P 01/29/16/07/22/2
	UARD SHORT TERM I		
	RD SHORT TERM INV		
	RD SHORT TERM INV		P 12/31/0907/22/2
	ARD SHORT TERM IN		P 04/30/0807/22/2
	UARD SHORT TERM I		P 10/08/0907/22/2
0 9460.738 VANGU	ARD SHORT TERM IN	IV GRADE FUND	P 04/12/1907/22/2
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
a 235,555.		229,846.	5,709
b 662,225.		374,091.	288,134
c 198,788.		180,344.	18,444
d 852,112.		444,935.	407,177
e 153,655.		171,160.	-17,505
f 694,687.		316,964.	377,723
g 306,542.		350,000.	-43,458
h 577,132.		654,559.	-77,427
874,059.		883,674.	-9,615
j <u>314,650.</u>		328,276.	-13,626
k 6,656.		6,938.	-282
6,875.		7,166.	-291
m 12,700.		13,225.	-525
n 144,182.		150,000.	-5,818
0 0 1 0 1		100,000.	-3,879
	ng gain in column (h) and owned by t		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			5,709
b			288,134
~	1		18,444
d	1		407,177
۵	1		-17,505
u f			377,723
n 1			-43,458
y	l		-77,427
II :	l		
<u> </u>	<u> </u>		-13,626
J			-13,020
<u>к</u>	<u> </u>		
	ļ		-291
m	ļ		-525
n			-5,818
0		in Dent I. line 7	3,879
	apital loss) { If gain, also enter If (loss), enter "-0		2
3 Net short-term capital gain or (log If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line		}	3
		· · · · · ·	<u> </u>

Deut IV		00 00	FJ0J0 IAGE Z OF J
Part IV Capital Gains and Lo	sses for Tax on Investment Income		
	d describe the kind(s) of property sold rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.)
1a 340.129 VANGUA	RD SHORT TERM INV	/ GRADE FUND	P 10/31/0607/22/22
b 350.094 VANGUA	RD SHORT TERM INV	/ GRADE FUND	P 12/29/0607/22/22
c 1085.248 VANGU			P 05/30/0807/22/22
	RD SHORT TERM INV		P 09/30/0607/22/22
e 690.561 VANGUA			P 07/31/07/07/22/22
			P 08/31/0707/22/22
g 615.049 VANGUA			P 09/30/0907/22/22
h 349.124 VANGUA			P 01/31/0707/22/22
i 662.222 VANGUA			P 05/31/0707/22/22
j 18993.352 VANG			P 03/01/1807/22/22
_k 331.269 VANGUA	RD SHORT TERM INV	/ GRADE FUND	P 08/31/0607/22/22
674.279 VANGUA	RD SHORT TERM INV	/ GRADE FUND	P 06/29/0707/22/22
m 1034.284 VANGU	ARD SHORT TERM IN	IV GRADE FUND	P 06/30/0807/22/22
n 657.138 VANGUA			P 08/31/0907/22/22
0 364.049 VANGUA			P 07/31/0607/22/22
0 304.049 1110011			
(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)
<u>a</u> 3,456.		3,592.	-136.
b 3,557.		3,697.	-140.
c 11,026.		11,460.	-434.
d 3,300.		3,426.	-126.
e 7,016.		7,285.	-269.
f 7,124.		7,398.	-274.
g 6,249.		6,489.	-240.
2 5 4 7		3,680.	-133.
$\frac{h}{i}$ 6,728.		6,980.	-252.
i 192,972.		200,000.	
			-7,028.
k 3,366.		3,485.	-119.
6,851.		7,093.	-242.
m 10,508.		10,870.	-362.
n 6,677.		6,887.	-210.
o 3,699.		3,812.	-113.
Complete only for assets showing	ng gain in column (h) and owned by t	he foundation on 12/31/69	(I) Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-136.
<u>b</u>	1		-140.
<u> </u>	<u> </u>		-434.
<u> </u>			-126.
d			
<u>e</u>			-269.
<u>f</u>			-274.
g			-240.
h			-133.
<u>i</u>			-252.
			-7,028.
k			-119.
1			-242.
 m	1		-362.
	<u> </u>		-210.
<u>n</u>	l		-113.
0		in Dant Lling 7	-113.
2 Capital gain net income or (net ca	apital loss)     {   If gain, also enter   If (loss), enter "-0	)-" in Part I, line / }	2
If gain, also enter in Part I, line 8,		d (6):	
If (loss), enter "-0-" in Part I, line	0	J	3

WARSH-MOTT LEGAC	Ĭ	68-004	£9030 .	PAGE 3 OF 5
Part IV Capital Gains and Lo	sses for Tax on Investment Income			
	d describe the kind(s) of property sold rick warehouse; or common stock, 20		(b) How acquire P - Purchase D - Donation	d (c) Date acquired (d) Date sold (mo., day, yr.)
1a 1089.489 VANGU	ARD SHORT TERM IN	IV GRADE FUND	P	07/31/0807/22/22
b 543.424 VANGUA	RD SHORT TERM INV	GRADE FUND	P	05/31/0607/22/22
c 433.547 VANGUA	RD SHORT TERM INV	7 GRADE FUND	P	06/30/0607/22/22
d 1063.969 VANGU	ARD SHORT TERM IN	IV GRADE FUND	P	08/29/0807/22/22
	RD SHORT TERM INV	7 GRADE FUND	P	07/31/0907/22/22
f 793.424 VANGUA		7 GRADE FUND	P	06/30/0907/22/22
g 825.151 VANGUA		7 GRADE FUND	P	05/29/0907/22/22
	ARD SHORT TERM IN		P	09/30/0807/22/22
	RD SHORT TERM INV		P	04/30/0907/22/22
	D SHORT TERM INV		P	01/30/0907/22/22
<u>k 884.199 VANGUA</u>		7 GRADE FUND	P	03/31/0907/22/22
858.565 VANGUA			P	02/27/0907/22/22
	ARD SHORT TERM IN		P	10/31/0807/22/22
	RD SHORT TERM INV		P	<u>12/31/0807/22/22</u> 11/28/0807/22/22
0 1112.583 VANGU	ARD SHORT TERM IN			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		<b>h)</b> Gain or (loss) plus (f) minus (g)
<u>a</u> 11,069.		11,396.		-327.
<u>b 5,521.</u>		5,673.		-152.
<u>c</u> 4,405.		4,522.		-117.
<u>d</u> 10,810.		11,097.		-287.
<u>e 7,772.</u>		7,933.		-161.
f 8,061.		8,117.		-56.
g 8,384.		8,384.		0.
h 10,585. i 8,346.		10,450. 8,149.		<u>    135.</u> 197.
i 9,573.		9,253.		320.
0 002		8,621.		362.
$\frac{k}{1}$ 8,983.		8,362.		361.
11 507		11,028.		559.
m 11,587. n 9,662.		9,196.		466.
$\frac{11}{0}$ 11,304.		10,681.		623.
	ng gain in column (h) and owned by t		(1)   (	osses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	of col. (h) gain over col. (k), not less than "-0-")
а				-327.
<u>a</u> b				-152.
<u> </u>				-117.
d				-287.
e				-161.
f				-56.
g				0.
h				135.
<u> </u>				197.
j				320.
k				362.
<u> </u>				361.
<u>m</u>				559.
<u>n</u>				466.
0				623.
2 Capital gain net income or (net ca	apital loss)     {   If gain, also enter If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7 }	2	
	ss) as defined in sections 1222(5) an			
If (loss), enter "-0-" in Part I, line			3	

		00 00	TAGE 4 OF 5
	sses for Tax on Investment Income		(h) How cognized
	l describe the kind(s) of property sold rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (mo., day, yr.)
1a 950 TJX COS IN	C		P 09/04/1410/05/21
b 7500 AT&T INC			P 03/16/2110/21/21
c 850 WYNDHAM HO	TELS & RESORTS IN	IC	P 05/21/2002/24/22
d 505 EXPEDIA IN	С		P 05/21/2002/24/22
e 898 BRISTOL-MY	ERS SQUIBB CO		P 02/07/1704/06/22
f 968 BRISTOL-MY	ERS SQUIBB CO		P 02/07/1704/06/22
g 1150 BRISTOL-M			P 10/11/1604/06/22
h 1848 BRISTOL-M	~ ~		P 10/11/1604/06/22
i WARNER BROS DI			P 12/01/2104/18/22
j 1600 STARBUCKS			P 01/26/2205/09/22
k 900 STARBUCKS			P 01/29/2005/09/22
	ICAN FINANCIAL CO		P 09/30/2105/09/22
	RICAN FINANCIAL C	ORPORATION	P 09/29/2105/09/22
n 866 WARNER BRO			P 01/05/2207/11/22
0 1012 WARNER BRO	OS DISCOVERY INC	() () () () () () () () () () () () () (	P 12/01/2107/11/22
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
a 61,832.		29,079.	32,753.
b 192,625.		224,729.	-32,104.
c 70,306.		39,729.	30,577.
d 94,407.		39,448.	54,959.
e 67,438.		46,669.	20,769.
f 72,694.		50,307.	22,387.
g 86,362.		57,552.	28,810.
h 138,780.		92,484.	46,296.
<u>i 12.</u>		11.	1.
j <u>118,580</u> .		156,046.	-37,466.
k 66,701.		77,521.	-10,820.
<u>1 21,406.</u> m 94,139.		23,956. 104,700.	-2,550. -10,561.
11 710		23,174.	-10,581. -11,464.
12 (0)		23,318.	-9,636.
-	l I ng gain in column (h) and owned by tl		(I) Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			32,753.
b			-32,104.
С			30,577.
d			54,959.
е			20,769.
f			22,387.
g			28,810.
h			46,296.
<u>i</u>			1.
<u>j</u>			-37,466.
<u>k</u>			-10,820.
			-2,550.
<u>m</u>			-10,561.
<u>n</u>			-11,464.
0			-9,636.
2 Capital gain net income or (net ca	apital loss)     {   If gain, also enter If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7	2
If gain, also enter in Part I, line 8,		1 (6):	
If (loss), enter "-0-" in Part I, line	δ		3

# CONTINUATION FOR 990-PF, PART IV 68-0049658 PAGE 5 OF 5

WARSH-MUTT LEGACI	<u> </u>	68-00	490	20 P	AGE 5	01 5
Part IV Capital Gains and Los	sses for Tax on Investment Income				1	1
	describe the kind(s) of property sold ick warehouse; or common stock, 20			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 11200.717 VANGU				P - Donation	10/12/18	
	ARD SMALL CAP INE			P		10/25/21 10/06/21
	ISHER JURVETSON G			P		10/01/21
d 43 UNITY SOFTWA				P		11/09/21
e 32 UNITY SOFTWA				 P		$\frac{11}{11}$
f CAPITAL GAINS I						/
g						
h						
i						
k						
1						
m						
n						
0						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			) Gain or (loss) blus (f) minus (g)	
a 500,000.		283,538.				216,462.
b 350,000.		228,133.				121,867.
c 73,838.		10,462.				63,376.
d 7,413.		519.				6,894.
e 6,026.		387.				5,639.
f 130,791.						<u>130,791.</u>
g						
h						
i						
j						
<u>k</u>						
<u> </u>						
<u>m</u>						
n						
0 Complete only for accete chowin	g gain in column (h) and owned by t	he foundation on 12/21/60		(D) 1	· · · · · (f. · · · · · · · / //>))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		Gains (excess of	sses (from col. (h)) of col. (h) gain ove ot less than "-0-")	
	as 01 12/31/09				,	216 462
<u>a</u>						$\frac{216,462}{121,867}$
b						<u>121,867.</u> 63,376.
<u>C</u>						6,894.
<u>d</u>						5,639.
e f						130,791.
g						<u>130,791</u>
h						
i						
i						
k						
m						
n						
0						
2 Capital gain net income or (net ca	nital loss) { If gain, also enter	in Part I, line 7	2		1	583,586.
		2	2		<u>ــــــــــــــــــــــــــــــــــــ</u>	
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	column (c).	d (6):			•=	
If (loss), enter "-0-" in Part I, line 8	3	J	3		N/A	

Part XIVSupplementary Information3Grants and Contributions Paid During the Your			Ι	
Recipient	If recipient is an individual,	Factor d. 12	Durners of sure 1	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
		roopion		
CONSTITUTIONAL ACCOUNTABILITY CENTER	NONE	PC	GENERAL SUPPORT	
200 18TH STREET, NW SUITE 501				
WASHINGTON, DC 20036				45,000
DEFENDING RIGHTS & DISSENT	NONE	PC	GENERAL SUPPORT	
L325 G ST., STE. 500				
VASHINGTON, DC 20005				70,000
FREE PRESS	NONE	PC	SURVEILLANCE PROGRAM	
PO BOX 60238				30 000
FLORENCE, MA 01062				30,000
FRIENDS OF THE ACTION GROUP ON	NONE	PC	COLECTIVO POR LA	
EROSION, TECHNOLOGY AND CONCENTRATION			AUTONOMIA COA , THE	
441 AVON ST.			TERRITORIAL DEFENSE OF	
DAKLAND, CA 94618			MAIZE	41,820
FRIENDS OF THE ACTION GROUP ON	NONE	PC	CENTRO DE ESTUDIOS	
EROSION, TECHNOLOGY AND CONCENTRATION 441 AVON ST.			PARA EL CAMBIO EN EL	
DAKLAND, CA 94618			CAMPO MEXICANO CECCAM, IN DEFENSE OF PEASANT	
Sinching, Ch 94010			SEEDS AND TERRITORIES	30,600
GLOBAL EXCHANGE	NONE	PC	GENERAL SUPPORT	
1446 MARKET STREET				
SAN FRANCISCO, CA 94102				70,000
GLOBAL JUSTICE ECOLOGY PROJECT	NONE	PC	BIOFUELWATCH US:	
266 ELMWOOD AVE., STE. 307			GEOENGINEERING,	
BUFFALO, NY 14222			, BIOSEQUESTRATION, &	
			SYNBIO CRITIQUES	40,000
GOVERNMENT ACCOUNTABILITY PROJECT	NONE	PC	GENERAL SUPPORT	
1612 K ST., NW WASHINGTON, DC 20006				100,000
INDIGENOUS ENVIRONMENTAL NETWORK	NONE	PC	EMERGING TECHNOLOGIES	
PO BOX 485			IN FOOD AND	
BEMIDJI, NM 55619			AGRICULTURE	60,000
INQUIRING SYSTEMS	NONE	PC	SAFFON - GROWING THE	
101 BROOKWOOD AVE., STE. 204			AFROECOLOGY INITIATIVE	
SANTA ROSA, CA 95404				42,800 926,420

123631 11-18-21

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	OTT LEGACY		68-004	9000
Part XIV Supplementary Information				
3 Grants and Contributions Paid During the N				
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
NATIONAL LAWYERS GUILD FOUNDATION INC. PO BOX 1266 NEW YORK, NY 10009	NONE	₽C	NATIONAL LAWYERS GUILD, MASS DEFENSE PROJECT	25,000.
NATIONAL LAWYERS GUILD FOUNDATION INC. PO BOX 1266	NONE	PC	MASS DEFENSE PROJECT	
NEW YORK, NY 10009			_	10,000.
NATIONAL SECURITY ARCHIVE FUND, INC. 2130 H ST. NW, GELMAN LIBRARY, SUITE 701 WASHINGTON, DC 20037	NONE	PC	OPEN GOVERNMENT AND ACCOUNTABILITY PROJECT AKA FREEDOM OF INFORMATION PROJECT	45,000.
PROTEUS FUND, INC. 15 RESEARCH DR., STE. B AMHERST, MA 01002	NONE	PC	PIPER FUND, RIGHT TO PROTEST FUND	45,000.
PROTEUS FUND, INC. 15 RESEARCH DR., STE. B AMHERST, MA 01002	NONE	PC	RISE TOGETHER FUND, GENERAL SUPPORT	30,000.
SIERRA CLUB 2101 WEBSTER ST. SUITE 1250 OAKLAND, CA 94612	NONE	PC	A LIVING ECONOMY PROGRAM	60,000.
SOUTH AFRICA DEVELOPMENT FUND PO BOX 300758 JAMAICA PLAIN, MA 02130	NONE	PC	SOUTHERN AFRICAN RURAL WOMEN'S ASSEMBLY RWA, WE ARE THE SEEDS	41,200.
THE XERCES SOCIETY 628 NE BROADWAY, STE. 200 PORTLAND, OR 97232	NONE	PC	POLLINATOR CONSERVATION IN AGRICULTURE PROGRAM	50,000.
WHYHUNGER INC. 505 EIGHTH AVE. SUITE 2100 NEW YORK, NY 10018	NONE	₽C	ADVANCING FOOD SOVEREIGNTY AND AGROECOLOGY IN THE US	40,000.
WILLIAM J. BRENNAN, JR. CENTER FOR JUSTICE, INC. 120 BROADWAY, SUITE 1750	NONE	PC	LIBERTY & NATIONAL SECURITY PROGRAM	
NEW YORK, NY 10271				50,000.
Total from continuation sheets				

123631 11-18-21

F009___1

3 Grants and Contributions Approved for Fut				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
CENTER FOR MEDIA JUSTICE	NONE	PC	SURVEILLANCE PROGRAM	
1300 CLAY STREET, SUITE 600				
OAKLAND, CA 94612				60,00
CONSTITUTIONAL ACCOUNTABILITY CENTER	NONE	PC	GENERAL SUPPORT	
1200 18TH STREET, NW SUITE 501				
WASHINGTON, DC 20036				90,00
DEFENDING RIGHTS & DISSENT	NONE	PC	GENERAL SUPPORT	
1325 G ST., STE. 500				
WASHINGTON, DC 20005				70,00
FREE PRESS	NONE	PC	SURVEILLANCE PROGRAM	
PO BOX 60238				
FLORENCE, MA 01062				60,00
GLOBAL EXCHANGE	NONE	PC	GENERAL SUPPORT	
1446 MARKET STREET				
SAN FRANCISCO, CA 94102				140,00
SIERRA CLUB	NONE	PC	A LIVING ECONOMY	
2101 WEBSTER ST. SUITE 1250			PROGRAM	60.00
OAKLAND, CA 94612				60,00
WILLIAM J. BRENNAN, JR. CENTER FOR	NONE	PC	LIBERTY & NATIONAL	
JUSTICE, INC.			SECURITY PROGRAM	
120 BROADWAY, SUITE 1750 NEW YORK, NY 10271				100,00
Total from continuation sheets				580,00

123635 11-18-21

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

# Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

68 - 0049658

WARSH-	MOTT	LEGA	CY

Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

## **General Rule**

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

## **Special Rules**

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

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

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

**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).

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

Schedule B (Form 990) (2021)

#### Schedule B (Form 990) (2021)

WARSH-MOTT LEGACY

Name of organization

Employer identification number

68-0049658

Part I	rt 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	MARYANNE T. MOTT 245 KENTUCKY STREET, SUITE E PETALUMA, CA 94952	\$3,170,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2021)

123452 11-11-21

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

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

WARSH-MOTT LEGACY

Name of organization

Part II

(a)

Employer identification number

68 - 0049658

Schedule B (Form 990) (2021)

Name of or	rganization				Employer identification number
WARSH-	-MOTT LEGACY				68-0049658
Part III		through (e) and the following charitable, etc., contributions of <b>\$1,0</b>	line entry. For o	rganizations	nat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
-	Transferee's name, address, ar	Id ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-	Transferee's name, address, ar	(e) Transfer		elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
	Transferee's name, address, ar	(e) Transfer		elationship of tra	nsferor to transferee
				•	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-	Transferee's name, address, ar	(e) Transfer 1d ZIP + 4   _		elationship of tra	nsferor to transferee

Schedule B (Form 990) (2021)

SCHE	DULE A
(Form	990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

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

Department of the Treasury Internal Revenue Service

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

2021

OMB No. 1545-0047

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

1

Name of the organization Α WARSH-MOTT LEGACY

211110 C Unrelated business activity code (see instructions)

В	Employer identification number $68 - 0049658$

D Sequence:

1

of

## Describe the unrelated trade or business ►FROM SCH K-1: ARBORETUM III LP

ΕI	Describe the unrelated trade or business $\mathbf{P}$ FROM SCH K-1	: Al	RBORETUM III	Γb	
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 16	5	-132.		-132.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	-132.		-132.
	The second state of the se				

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

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions			_	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13					
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	-132.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				-132.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2021

123741 01-28-22

					1
	ule A (Form 990-T) 2021				Page 2
Part	Enter mot	hod of inventory valuat			
1	Inventory at beginning of year				
2 3	Purchases				
3 4	Cost of labor Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2	2		
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Proper	ty Leased with R	eal Property)	
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use. See instr	uctions.	
	B				
	C				
		A	В	С	D
2	Rent received or accrued				
а	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)				
с	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 Deductions directly connected with the income	through D. Enter here	and on Part I, line 6, c	olumn (A) 🕨 🕨	0.
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er		line 6, column (B)		0.
Part	(0				
1	Description of debt-financed property (street address, o	city, state, ZIP code). C	heck if a dual-use. See	e instructions.	
	B				
	D				
		A	В	С	D
2	Gross income from or allocable to debt-financed		-	-	-
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
_	columns A through D)				
4	Amount of average acquisition debt on or allocable				
F	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		/0	/0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8	Total gross income (add line 7, columns A through D)		rt I, line 7, column (A)	<b>&gt;</b>	0.
_		[]			
9 10	Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A thi	Lugh D. Entor hara and	hon Part Lline 7 oct	mn (B)	0.
10 11	Total allocable deductions. Add line 9, columns A thi Total dividends-received deductions included in line				0.
	01-28-22				A (Form 990-T) 2021
					· · · · · · · · · · · · · · · · · · ·

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											1
Schedu Part	ule A (Form 990-T) 2021	uities. Bo	valties, and Re	ents fror	n Control	led Or	ganization	<b>S</b> (s)	ee instruct	ions)	Page 3
Tart			yunce, unu m				Exempt Contro	,			
	1. Name of controlled		2. Employer	3. Net	unrelated		al of specified		art of colu		6. Deductions directly
	organization		identification	incon	ne (loss)	payn	ments made		s included rolling orga		connected with
			number	(see ins	structions)				s gross inc		income in column 5
<u>(1)</u>											
(2)											
(3)											
<u>(4)</u>											
				1	Controlled Or	-		of oalu			Daduationa directly
1	. Taxable Income	in	let unrelated come (loss)		otal of specif yments mad		<b>10.</b> Part of that is included controlling	luded	in the		Deductions directly connected with
		(see	instructions)				gross	incom	ne	inc	ome in column 10
<u>(1)</u>											
(2)											
<u>(3)</u> (4)											
(+)							Add colum	ins 5 a	nd 10	Δdd	columns 6 and 11.
							Enter here				r here and on Part I,
							line 8, c	columr	n (A)	li	ne 8, column (B)
Totals						►			0.		0.
Part	VII Investment I	Income o	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization _{(s}	ee inst	ructions)		
	<b>1.</b> Desc	cription of i	ncome		2. Amou incon		3. Deduction directly connection (attach states	ected	<b>4.</b> Set- (attach st		t) <b>5. Total deductions</b> and set-asides (add cols 3 and 4)
							(attach state)	nong			(
(1)											
<u>(2)</u>											
<u>(3)</u>											
(4)					Add amou	unts in					Add amounts in
					column 2						column 5. Enter
					here and or line 9, colu						here and on Part I, line 9, column (B)
Totals						0.					0.
Part	VIII Exploited E	xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	see in	structions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busine	ess income	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected with	n production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from										
_	lines 5 through 7									4	
5	Gross income from act									5	
6	Expenses attributable									6	
7	Excess exempt expense										
	4. Enter here and on P	rart II, liné 1								7	

Schedule A (Form 990-T) 2021

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	ule A (Form 990-T) 2021				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportin	ng two or more periodicals on a	a consolidated basis	S.	
	A				
	B				
<b>F</b>					
Enter a	amounts for each periodical listed above in the		В	с	D
2	Cross advertising income	A	D		
2	Gross advertising income Add columns A through D. Enter here and or				0.
а	Add coldmins A through D. Enter here and or				
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and or		I		0.
u					
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complet	e			
	lines 5 through 7, and enter zero on line 8 $\dots$				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero		_		
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g				0.
Part	Part II, line 13           X         Compensation of Officers, Direction	rectors, and Trustees	(see instructions)		•
	· · · · · · · · · · · · · · · · · · ·			3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	ee instructions)			

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Schedule A (Form 990-T) 2021

1

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
515000 - OTHER INTEREST	132.	132.	
TOTAL TO PART I, LINE 3	132.	132.	

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(B) NET INVEST- MENT INCOME	
505001 - TOBIAS WHITE & CO NOMINEE 505051 - TOBIAS WHITE & CO NOMINEE	127,915.	0.	127,915.	127,915.	
(REIT) 505101 - TOBIAS	63,809.	0.	63,809.	63,809.	
WHITE & CO NOMINEE 505120 - MFO STOCK	2,116.	0.	2,116.	2,116.	
MUTUAL FUNDS 505128 - MFO	84,799.	0.	84,799.	84,799.	
CORPORATE BOND MUTUAL FUNDS 505141 - MFO	78,881.	0.	78,881.	78,881.	
FOREIGN EQUITY FUND 505160 - MFO REAL	224,379.	0.	224,379.	224,379.	
ASSETS MUTUTAL FUNDS 505180 - MFO	5,956.	0.	5,956.	5,956.	
ALTERNATIVE ASSET MUTUAL FUNDS ARBORETUM VENTURES	144,847.	0.	144,847.	144,847.	
III, L.P. K-1 ARBORETUM VENTURES	-19,767.	-19,845.	78.	78.	
III, L.P. K-1 BLACKROCK BLACKROCK CAPITAL	-132. 15,835.	0. 0.	-132. 15,835.	0. 15,835.	
GAIN DISTRIBUTIONS BOE GLOBAL MARKETS CAPITAL GAIN	5,424.	5,424.	0.	0.	
DISTRIBUTIONS CROSSLINK VENTURES	22,963.	22,963.	0.	0.	
VI, L.P. K-1 DFJ GROWTH III K-1	2,299. 932.	579. 920.	1,720. 12.		
DFJ GROWTH IV, L.P. K-1	1,101.	0.	1,101.	1,101.	

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STATEMENT(S) 1, 2 2021.05080 WARSH-MOTT LEGACY F009___1

WARSH-MOTT LEGACY					68-0049658
DRAPER FISHER					
JURVETSON GROWTH					
FUND 2006 L.P.					
K-1	521.	519.	2.	2.	
IMPACT VENTURES IV					
L.P. K-1	-328.	-334.	6.	6.	
INVENOMIC FUND					
CAPITAL GAIN					
DISTRIBUTIONS	81,908.	81,908.	0.	0.	
ISHARES CAPITAL	1 601	1 601	•	0	
GAIN DISTRIBUTIONS	1,601.	1,601.	0.	0.	
MFO D&D SMID CAP					
VALUE FUND JOINT VENTURE	31,753.	700.	31,053.	31,053.	
MFO TOWLE FUND	51,755.	700.	51,055.	51,055.	
JOINT VENTURE	15,993.	1,689.	14,304.	14,304.	
MFO WESTFIELD FUND	15,555.	1,005.	14,504.	14,504.	
A JOINT VENTURE	14,654.	0.	14,654.	14,654.	
TGAP VENTURE	11,0010		11,0010	11,0010	
CAPITAL FUND II					
K-1	2.	0.	2.	2.	
TRP CAPITAL					
PARTNERS, L.P. K-1	53,744.	30,820.	22,924.	22,924.	
VANGUARD CAPITAL					
GAIN DISTRIBUTIONS	3,847.	3,847.	0.	0.	
TO PART I, LINE 4	965,052.	130,791.	834,261.	834,393.	
=					

FORM 990-PF	ACCOUNTI	TATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING MANAGEMENT FEE OUTSIDE AUDITOR	15,000. 17,375.	12,000.		3,000. 17,375.
 TO FORM 990-PF, PG 1, LN 16B =	32,375.	12,000.		20,375.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4 (A) (B) (C) (D) EXPENSES NET INVEST-ADJUSTED CHARITABLE DESCRIPTION PER BOOKS MENT INCOME NET INCOME PURPOSES INVESTMENT MANAGEMENT FEE 15,000. 15,000. Ο. TO FORM 990-PF, PG 1, LN 16C 15,000. 15,000. 0.

FORM 990-PF	ТАХ	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAX FOREIGN TAXES WITHHELD FOREIGN TAXES - MFO TOWLE	40,000. 16,082.			0. 0.	
FUND FOREIGN TAXES - MFO	21.	21.		0.	
WESTFIELD FUND A	64.	64.		0.	
TO FORM 990-PF, PG 1, LN 18	56,167.	16,167.		0.	

FORM 990-PF OTHER EXPENSES STATEMENT 6 (C) (A) (B) (D) EXPENSES CHARITABLE NET INVEST-ADJUSTED DESCRIPTION NET INCOME PURPOSES PER BOOKS MENT INCOME ARBORETUM VENTURES III, L.P. 0. K-1 1,469. 1,469. BANK FEES 377. 0. 377. CROSSLINK VENTURES V LIQUIDATING FUND, L.P. K-1 520. 520. 0. CROSSLINK VENTURES V, L.P. 376. 376. 0. K-1 CROSSLINK VENTURES VI, L.P. 368. 368. K-1 0. DFJ GROWTH III, L.P. K-1 4,088. 4,088. 0. DFJ GROWTH IV, L.P. K-1 6,820. 6,820. 0. DRAPER FISHER JURVETSON GROWTH 2006 L.P. K-1 283. 283. 0. 383,601. 414,466. GRANT ADMINISTRATION 0. IMPACT VENTURES IV L.P. K-1 6,629. 6,629. 0. MFO D&D SMID CAP VALUE FUND JOINT VENTURE 12,745. 12,745. 0. MFO TOWLE FUND JOINT VENTURE 11,006. 11,006. 0. MFO WESTFIELD FUND A JOINT 6,181. 6,181. 0. VENTURE 65. 0. 65. STATE FILING FEE TGAP VENTURE CAPITAL FUND II, L.P. K-1 3,853. 3,853. 0. TRP CAPITAL PARTNERS, L.P. K-1 2,827. 2,827. 0. 414,908. TO FORM 990-PF, PG 1, LN 23 441,208. 57,165.

FORM 990-PF	OTHER DECREA	SES IN NET	ASSETS	OR FUND	BALANCES	STATEMENT 7
DESCRIPTION						AMOUNT
INCREASE (DECRE ASSETS	ASE) IN UNRE	ALIZED GAI	N (LOSS)	) ON INVI	ESTMENT	8,384,248.
TOTAL TO FORM 9	90-PF, PART	III, LINE	5			8,384,248.

FORM 990	-PF
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## CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
1860 SHS PAYPAL HOLDINGS INC	160,090.	160,090.
500 SHS CME GROUP INC	88,565.	
271490 SHS VANGUARD DEV MKT INDEX	3 171 007.	3,171,007.
2692 SHS APPLE INC	372 034	372,034.
3150 SHS PFIZER INC	137,844.	137,844.
1425 SHS NIKE INC	118,446.	118,446.
1900 SHS COCA COLA COMPANY	106,438.	106 438
228075 SHS MFO - TOWLE FUND	1,991,945.	106,438. 1,991,945.
66296 SHS VANGUARD EMERGING MKTS STOCK INDEX	2 018 055	2 018 055
1113487 SHS MFO - D&D SMID CAP VALUE FUND	1,949,707.	2,018,055. 1,949,707.
650 SHS MICROSOFT CORPORATION	151,385.	151,385.
888 SHS LOWE'S COMPANIES INC	166 775	166,775.
1300 SHS LOWE S COMPANIES INC 1300 SHS VERIZON COMMUNICATIONS INC	166,775.	40 261
950 SHS VERIZON COMMONICATIONS INC	49,361.	49,361. 127,500.
	147,300. 70,375	127,500. 70,275
750 SHS JP MORGAN CHASE & CO	78,375.	127,500. 78,375. 124,355.
700 SHS VISA INC	124,355.	124,355.
700 SHS CVS HEALTH CORPORATION	66,/59.	66,759. 117,913. 134,323.
1250 SHS DISNEY (WALT) THE	11/,913.	117,913.
990 SHS META PLATFORMS INC	•	134,323.
1300 SHS ALPHABET INC	124,995.	124,995.
700 SHS PEPSICO, INC	114,282.	114,282.
525 SHS AIR PRODUCTS & CHEM	122,183.	122,183.
IMPACTIVE CAPITAL FUND LTD	1,410,089.	1,410,089.
3650 SHS KKR & CO INC	156,950.	156,950.
700 SHS STRYKER CORP	141,778.	141,778.
2000 SHS CISCO SYSTEMS INC	80,000.	80,000. 220,311.
1950 SHS QUALCOMM INCORPORATED	220,311.	220,311.
650 SHS NORFOLK SOUTHERN CORP	136,273.	136,273.
21827 SHS VANGUARD SMALL CAP INDEX	1,787,380.	1,787,380.
850 SHS ABBOTT LABORATORIES	82,246.	82,246.
12426 SHS MFO - WESTFIELD FUND A	82,246. 1,767,663.	1,767,663.
527 SHS BLACKROCK INC	289,998.	289,998.
1700 SHS BLACKSTONE GROUP INC	142,290.	142,290.
850 SHS JOHNSON & JOHNSON	138,856.	138,856.
1350 SHS CBOE GLOBAL MARKETS INC	158,450.	158,450.
1400 SHS SPDR S&P BIOTECH	111,048.	111,048.
1050 SHS WASTE MANAGEMENT INC	168,221.	168,221.
770 SHS ESTEE LAUDER COMPANIES INC	166,243.	166,243.
5860 SHS CLEARWAY ENERGY INC	170,526.	170,526.
7765 SHS AT&T INC	119,115.	119,115.
156824 SHS VANGUARD FTSE SOCIAL INDEX FUND	3,746,518.	3,746,518.
26400 SHS PERSHING SQUARE HOLDINGS LTD	792,000.	792,000.
TOTAL TO FORM 990-PF, PART II, LINE 10B	23,278,292.	23,278,292.

## 68-0049658

FORM 990-PF	CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
43140 SHS ISHARES ESG 1-5 YR COR 50220 SHS VANGUARD ULTRA SHORT-T 92618 SHS VANGUARD HIGH YIELD 83722 SHS BLACKROCK TOTAL RETURN	ERM	1,013,359. 986,824. 461,239. 817,965.	1,013,359. 986,824. 461,239. 817,965.
TOTAL TO FORM 990-PF, PART II, L	INE 10C	3,279,387.	3,279,387.

FORM	990-PF	

OTHER INVESTMENTS

STATEMENT 10

VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FMV		
	1,380,347.	1,380,347.
FMV		52,430.
FMV		244,767.
FMV	-	118,050.
FMV		
	871,242.	871,242.
FMV	2,242,042.	2,242,042.
FMV	106,596.	106,596.
FMV	1,906,211.	1,906,211.
FMV	9,208.	9,208.
FMV	52,652.	52,652.
FMV	120,002.	120,002.
FMV		
	60,286.	60,286.
FMV	179,359.	179,359.
FMV		
	180,378.	180,378.
FMV	115,640.	115,640.
FMV	1,954,880.	1,954,880.
FMV		
	1,497,902.	1,497,902.
13	11,091,992.	11,091,992.
	METHOD FMV FMV FMV FMV FMV FMV FMV FMV FMV FMV	METHOD         BOOK VALUE           FMV         1,380,347.           FMV         52,430.           FMV         244,767.           FMV         118,050.           FMV         2,242,042.           FMV         2,242,042.           FMV         1,906,211.           FMV         9,208.           FMV         52,652.           FMV         120,002.           FMV         179,359.           FMV         115,640.           FMV         1,954,880.           FMV         1,497,902.

		OF OFFICERS, DI FOUNDATION MANA		STAT	EMENT 11
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
SEE FED STATEMENT 14 FOR 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	E	EXPLANATION 0.00	0.	0.	0.
BAILEY MALONE 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	EXECUTIVE DIRE		0.	0.
CORINNE MEADOWS-EFRAM 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	VP/TRUSTEE 6.00	0.	0.	0.
KAU'I KELIIPIO 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	TREASURER/TRUS 4.00		0.	0.
MARISE MEYNET STEWART 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	PRESIDENT/TRUS 6.00	TEE 0.	0.	0.
MARYANNE MOTT 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	TRUSTEE 4.00	0.	0.	0.
MICHAEL WARSH 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	SECRETARY/TRUS 4.00	TEE 0.	0.	0.
TERESA ROBINSON 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	SECRETARY/TRUS 4.00	TEE 0.	0.	0.
SANDRA SMITHEY 245 KENTUCKY STREET, SUITE PETALUMA, CA 94952-2876	Е	TRUSTEE 4.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6,	PART VII	0.	0.	0.

STATEMENT(S) 11

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)-PF	EXPENDITURE	RESPO	NSIBILITY	STATEMENT	STATEMENT	12
	PART	VI-B,	LINE 5D			

GRANTEE'S NAME

CERES TRUST

FORM 990

GRANTEE'S ADDRESS

150 SOUTH WACKER DR, STE 2400 CHICAGO, IL 60606

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED	VERIFICATION DATE
20,000.	11/27/20	20,000.	02/03/22

PURPOSE OF GRANT

POLLINATOR PROTECTION NETWORK STRATEGIC PLANNING PROCESS

DATES OF REPORTS BY GRANTEE

01/31/2022

ANY DIVERSION BY GRANTEE

GRANTOR KNOWS OF NO FUNDS THAT HAVE BEEN DIVERTED TO ANY OTHER ACTIVITY.

RESULTS OF VERIFICATION

THE FOUNDATION VERIFIED THE FINAL REPORT ON FEBRUARY 3, 2022. NO ADDITIONAL VERIFICATION OF THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT THEIR ACCURACY OR RELIABILITY.

#### GENERAL EXPLANATION

STATEMENT 13

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

PART XIV, LINES 2A THROUGH 2D - GRANT APPLICATION SUBMISSION INFORMATION

EXPLANATION:

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED:

BAILEY MALONE 245 KENTUCKY STREET, SUITE E PETALUMA, CA 94952-2876 TELEPHONE NUMBER 707-874-2942

FORM AND CONTENT OF APPLICATIONS

REQUESTS FOR SUPPORT SHOULD BE MADE BY LETTER OF INQUIRY (LOI). LOIS SHOULD BE ADDRESSED TO INQUIRIES@CSFUND.ORG OR 245 KENTUCKY STREET, SUITE E, PETALUMA, CA 94952-2876. THEY WILL BE ACKNOWLEDGED AS SOON AS POSSIBLE. LOIS SHOULD BE NO MORE THAN THREE PAGES IN LENGTH AND CONTAIN THE FOLLOWING INFORMATION:

A CONTACT PERSON'S NAME, TITLE, MAILING ADDRESS, TELEPHONE, AND E-MAIL ADDRESS

BASIC INFORMATION ABOUT THE ORGANIZATION, INCLUDING A BRIEF MISSION STATEMENT AND AN OVERVIEW OF CURRENT ACTIVITIES

A DESCRIPTION OF THE ORGANIZATION'S APPROACH TO THE SPECIFIC PROBLEM BEING ADDRESSED AND PLANNED ACTIVITIES FOR THE FOLLOWING YEAR

A LINE ITEM BUDGET OF PROJECTED EXPENSES FOR THE ORGANIZATION AND PROJECT, IF APPLICABLE

A LIST OF SECURED AND POTENTIAL FUNDING SOURCES (GRANTS RECEIVED, PROPOSALS PENDING, PLANNED SUBMISSIONS, EARNED INCOME, ETC.)

PLEASE DO NOT INCLUDE BROCHURES, REPORTS, NEWS CLIPPINGS, CDS, DVDS, OR OTHER MATERIALS WITH LOIS. PLASTIC FOLDERS, BINDERS OR OTHER PRESENTATION MATERIALS ARE NOT NECESSARY. DUE TO THE HIGH NUMBER OF REQUESTS RECEIVED, WE ARE NOT ABLE TO TRANSLATE AND REVIEW LOIS SUBMITTED IN LANGUAGES OTHER THAN ENGLISH AND SPANISH.

KINDLY REFRAIN FROM SENDING A FULL PROPOSAL UNLESS INVITED TO DO SO. IF YOUR ORGANIZATION OR PROJECT IS FOUND TO FALL WITHIN THE FOUNDATIONS' FUNDING PRIORITIES, A FULL PROPOSAL WILL BE INVITED. THE FOUNDATION PROVIDES GENERAL SUPPORT AND PROJECT SPECIFIC GRANTS. APPLICANT ORGANIZATIONS MUST BE CLASSIFIED AS A 501(C)(3) BY THE US INTERNAL REVENUE SERVICE. FOREIGN APPLICANTS SHOULD NOTE THAT THE FOUNDATION MAKES A VERY LIMITED NUMBER OF DIRECT GRANTS ABROAD (I.E., WITHOUT FISCAL SPONSORSHIP BY A US-BASED ORGANIZATION). THE FOUNDATION DOES NOT PROVIDE SUPPORT TO INDIVIDUALS, ENDOWMENTS, BOOKS, FILMS, OR DIRECT LOBBYING ACTIVITIES.

#### ANY SUBMISSION DEADLINES

THERE ARE NO DEADLINES FOR LETTERS OF INQUIRY - THEY ARE ACCEPTED THROUGHOUT THE YEAR. PROPOSALS MUST BE RECEIVED BY THE FIRST MONDAY IN JANUARY FOR CONSIDERATION DURING THE SPRING GRANTMAKING CYCLE OR THE FIRST MONDAY IN AUGUST FOR CONSIDERATION DURING THE FALL GRANTMAKING CYCLE. FUNDING DECISIONS ARE MADE DURING BOARD MEETINGS GENERALLY HELD IN APRIL AND DECEMBER, RESPECTIVELY.

#### RESTRICTIONS AND LIMITATIONS ON AWARDS

WARSH-MOTT LEGACY IS CURRENTLY GRANTING IN THREE CATEGORIES, EACH ONE WITH A SPECIFIC EMPHASIS: FOOD SOVEREIGNTY RIGHTS AND GOVERNANCE EMERGING TECHNOLOGIES

BOARD INITIATED GRANTS: OCCASIONALLY THE FOUNDATION MAY INTITIATE SUPPORT FOR PROJECTS THAT FALL OUTSIDE OF THE ESTABLISHED GUIDELINES.

THE FOUNDATION IS CURRENTLY FUNDING IN THE FOLLOWING CATEGORIES:

#### FOOD SOVEREIGNTY

GRANTMAKING IN THIS AREA IS FOCUSED ON PRESERVING NATIVE AND HEIRLOOM SEEDS, BUILDING HEALTHY AND FERTILE SOILS, AND PROTECTING AND RESTORING THE POPULATIONS AND DIVERSITY OF NATIVE POLLINATORS. THIS PROGRAM MAKES MOST OF ITS GRANTS TO ORGANIZATIONS IN THE GLOBAL SOUTH PROMOTING TRADITIONAL AGRICULTURAL KNOWLEDGE AND AGROECOLOGICAL PRACTICES.

#### RIGHTS AND GOVERNANCE

GRANTMAKING IN THIS AREA IS FOCUSED ON PROTECTING THE RIGHT TO DISSENT; MAKING THE FEDERAL GOVERNMENT MORE OPEN, EFFECTIVE, AND ACCOUNTABLE; ENSURING THAT US NATIONAL SECURITY POLICIES RESPECT THE RULE OF LAW; BUILDING A PROGRESSIVE MOVEMENT TO COUNTER CONSERVATIVE AND CORPORATE INFLUENCE IN THE COURTS; AND MAKING THE RULES OF INTERNATIONAL TRADE MORE DEMOCRATIC, JUST, AND SUSTAINABLE.

#### EMERGING TECHNOLOGIES

GRANTMAKING IN THIS AREA IS FOCUSED ON PROMOTING PRECAUTIONARY ASSESSMENT, REGULATION AND OVERSIGHT OF NANOTECHNOLOGY, SYNTHETIC BIOLOGY, AND GEOENGINEERING.

STATEMENT 14

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990PF, PART I, COLUMN A - PAYMENT OF SHARED EXPENSES

EXPLANATION:

THIS FOUNDATION SHARES FACILITIES AND PERSONNEL WITH ANOTHER PRIVATE FOUNDATION (CS FUND). IT REIMBURSES THE PRIVATE FOUNDATION FOR ITS SHARE OF EXPENSES. REIMBURSEMENT FOR THE SHARED EXPENSES IS REPORTED AS "GRANT ADMINISTRATION" IN PART I, LINE 23, OTHER EXPENSES.

ALL COMPENSATION OF PERSONNEL IS REPORTED UNDER THE NAME AND FEDERAL IDENTIFICATION NUMBER OF CS FUND (FEI# 95-3607882). ACCORDINGLY, OFFICER/TRUSTEE COMPENSATION HAS BEEN REPORTED IN FULL ON PART VII OF THAT FOUNDATION'S FORM 990PF.

FORM 990-T (A) INC	OME (LOSS) FROM PA	RTNERSHIPS	STATEMENT 16
DESCRIPTION			NET INCOME OR (LOSS)
FROM SCH K-1: ARBORETUM III (LOSS)	-132.		
TOTAL INCLUDED ON SCHEDULE	-132.		
990-T SCH A POST-2	017 NET OPERATING	LOSS DEDUCTION	STATEMENT 17
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/21 217.	0.	217.	217.
NOL CARRYOVER AVAILABLE THI	S YEAR	217.	217.