EXTENDED TO NOVEMBER 16, 2026

Form **990-PF**

Department of the Treasury
Internal Revenue Service

# Return of Private Foundation

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

**Do not enter social security numbers on this form as it may be made public.**

**Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No. 1545-0047

**2025**

Open to Public Inspection

**For calendar year 2025 or tax year beginning , and ending**

Name of foundation

TAWANI CHARITABLE DISTRIBUTION FUND

**A Employer identification number**

30-0040386

Number and street (or P.O. box number if mail is not delivered to street address)

104 S. MICHIGAN AVE

Room/suite

1025

**B** Telephone number

312-374-9390

City or town

CHICAGO

State or province

IL

Country

ZIP or foreign postal code

60603

**C** If exemption application is pending, check here ☐

**G** Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

**D 1.** Foreign organizations, check here ☐

**2.** Foreign organizations meeting the 85% test, check here and attach computation ☐

**H** Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here ☐

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16) $ 114,071,915.

**J** Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d), must be on cash basis.)

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

| | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|---|---|---|---|
| Revenue | 1 Contributions, gifts, grants, etc., received | 299,000. | | | |
| | 2 Check ☐ if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 1,087. | 1,087. | | STATEMENT 2 |
| | 4 Dividends and interest from securities | 1,485,286. | 1,503,776. | | STATEMENT 3 |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 10,147,793. | | | STATEMENT 1 |
| | b Gross sales price for all assets on line 6a 25,323,932. | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 9,033,027. | | |
| | 8 Net short-term capital gain | | | N/A | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| | b Less: Cost of goods sold | | | | |
| | c Gross profit or (loss) | | | | |
| | 11 Other income | 97,224. | -822,131. | 0. | STATEMENT 4 |
| | 12 **Total.** Add lines 1 through 11 | 12,030,390. | 9,715,759. | 0. | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 0. | 0. | 0. | 0. |
| | 14 Other employee salaries and wages | 237,337. | 0. | 0. | 235,364. |
| | 15 Pension plans, employee benefits | 167,922. | 0. | 0. | 145,026. |
| | 16a Legal fees STMT 5 | 14,230. | 0. | 0. | 14,230. |
| | b Accounting fees STMT 6 | 40,489. | 7,386. | 0. | 31,059. |
| | c Other professional fees STMT 7 | 1,358,662. | 684,824. | 0. | 159,590. |
| | 17 Interest | | 18. | | |
| | 18 Taxes STMT 8 | 188,265. | 46,444. | 0. | 0. |
| | 19 Depreciation and depletion | 1,524. | 0. | 0. | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | 5,355. | 0. | 0. | 8,134. |
| | 22 Printing and publications | 118. | 0. | 0. | 118. |
| | 23 Other expenses STMT 9 | 30,903. | 1,166. | 0. | 30,280. |
| | 24 **Total operating and administrative expenses.** Add lines 13 through 23 | 2,044,805. | 739,838. | 0. | 623,801. |
| | 25 Contributions, gifts, grants paid | 12,379,032. | | | 12,465,523. |
| | 26 **Total expenses and disbursements.** Add lines 24 and 25 | 14,423,837. | 739,838. | 0. | 13,089,324. |
| | 27 Subtract line 26 from line 12: | | | | |
| | a Excess of revenue over expenses and disbursements | -2,393,447. | | | |
| | b **Net investment income** (if negative, enter -0-) | | 8,975,921. | | |
| | c **Adjusted net income** (if negative, enter -0-) | | | 0. | |

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only.

| | | Beginning of year | End of year | |
|---|---|---|---|---|
| | | (a) Book value | (b) Book value | (c) Fair market value |
| Assets | 1 Cash - non-interest-bearing | 1,494,352. | 2,121,642. | 2,121,642. |
| | 2 Savings and temporary cash investments | 13,169,905. | 1,535,979. | 1,535,979. |
| | 3 Accounts receivable 149,420. | | | |
| | Less: allowance for doubtful accounts | | 149,420. | 149,420. |
| | 4 Pledges receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | 22,010. | 6,042. | 6,042. |
| | 7 Other notes and loans receivable | | | |
| | Less: allowance for doubtful accounts | 55,261. | 0. | 0. |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | 9,667. | 10,210. | 10,210. |
| | 10a Investments - U.S. and state government obligations STMT 10 | 6,243,695. | 6,499,969. | 6,499,969. |
| | b Investments - corporate stock STMT 11 | 68,006,172. | 73,523,214. | 73,523,214. |
| | c Investments - corporate bonds STMT 12 | 3,294,993. | 3,590,071. | 3,590,071. |
| | 11 Investments - land, buildings, and equipment: basis | | | |
| | Less: accumulated depreciation | | | |
| | 12 Investments - mortgage loans | | | |
| | 13 Investments - other STMT 13 | 24,660,683. | 26,633,567. | 26,633,567. |
| | 14 Land, buildings, and equipment: basis 109,586. | | | |
| | Less: accumulated depreciation 107,785. | 3,325. | 1,801. | 1,801. |
| | 15 Other assets (describe ) | | | |
| | 16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I) | 116,960,063. | 114,071,915. | 114,071,915. |
| Liabilities | 17 Accounts payable and accrued expenses | 138,696. | 161,135. | |
| | 18 Grants payable | 7,872,652. | 7,786,161. | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe STATEMENT 14) | 22,475. | 20,723. | |
| | 23 **Total liabilities** (add lines 17 through 22) | 8,033,823. | 7,968,019. | |
| Net Assets or Fund Balances | **Foundations that follow FASB ASC 958, check here** [X] **and complete lines 24, 25, 29, and 30.** | | | |
| | 24 Net assets without donor restrictions | 108,926,240. | 106,103,896. | |
| | 25 Net assets with donor restrictions | | | |
| | **Foundations that do not follow FASB ASC 958, check here** [ ] **and complete lines 26 through 30.** | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | | | |
| | 29 **Total net assets or fund balances** | 108,926,240. | 106,103,896. | |
| | 30 **Total liabilities and net assets/fund balances** | 116,960,063. | 114,071,915. | |

**Part III Analysis of Changes in Net Assets or Fund Balances**

| | | | |
|---|---|---|---|
| 1 | Total net assets or fund balances at beginning of year - Part II, line 29, column (a) (must agree with end-of-year figure reported on prior year's return) | 1 | 108,926,240. |
| 2 | Enter amount from Part I, line 27a | 2 | -2,393,447. |
| 3 | Other increases not included on line 2 (itemize) | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 106,532,793. |
| 5 | Decreases not included on line 2 (itemize) NET UNREALIZED LOSSES | 5 | 428,897. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, line 29, column (b) | 6 | 106,103,896. |

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

| | (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|---|---|---|
| 1a | CAPITAL GAINS FROM INVESTMENT IN LPS | P | | |
| b | PUBLICLY TRADED SECURITIES | P | | |
| c | CAPITAL GAINS DIVIDENDS | | | |
| d | PUBLICLY TRADED SECURITIES | P | | |
| e | | | | |

| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) |
|---|---|---|---|---|
| a | 2,659,497. | | | 2,659,497. |
| b | 6,444,016. | | 6,378,975. | 65,041. |
| c | 696,129. | | | 696,129. |
| d | 18,879,916. | | 13,267,556. | 5,612,360. |
| e | | | | |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|---|---|---|---|---|
| a | | | | 2,659,497. |
| b | | | | 65,041. |
| c | | | | 696,129. |
| d | | | | 5,612,360. |
| e | | | | |

| | | | |
|---|---|---|---|
| 2 | Capital gain net income or (net capital loss) { If gain, also enter on Part I, line 7 / If (loss), enter -0- on Part I, line 7 } | 2 | 9,033,027. |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- on Part I, line 8 | 3 | 3,420,667. |

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

| | | | | |
|---|---|---|---|---|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions) | | 1 | 124,765. |
| b | All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, column (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 2 | 0. |
| 3 | Add lines 1 and 2 | | 3 | 124,765. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 4 | 0. |
| 5 | **Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 124,765. |
| 6 | Credits/Payments: | | | |
| a | 2025 estimated tax payments and 2024 overpayment credited to 2025 | 6a 185,000. | | |
| b | Exempt foreign organizations - tax withheld at source | 6b 0. | | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c 50,000. | | |
| d | Backup withholding erroneously withheld | 6d 0. | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | 7 | 235,000. |
| 8 | Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached | | 8 | 483. |
| 9 | **Tax due.** If the total of lines 5 and 8 is more than line 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 | 109,752. |
| 11 | Enter the amount of line 10 to be: **Credited to 2026 estimated tax** 109,752. **Refunded** | | 11 | 0. |
| | For Refunded amount, also complete and attach Form 8050. See instructions. | | | |

**Part VI-A Statements Regarding Activities**

| | | | Yes | No |
|---|---|---|---|---|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a | | X |
| b | Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 1b | | X |
| | If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | | |
| c | Did the foundation file **Form 1120-POL** for this year? | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. $ 0. **(2)** On foundation managers. $ 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? If "Yes," attach a detailed description of the activities. | 2 | | X |
| 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 | X | |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | 4b | X | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T.* | 5 | | X |
| 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 | X | |
| 7 | Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV | 7 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. IL,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 2025 or the tax year beginning in 2025? 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 | X | |

Website address WWW.TAWANIFOUNDATION.ORG

14 The books are in care of SUSAN RIFKIN Telephone no. 312-374-9455

Located at 104 S. MICHIGAN AVE, NO. 1025, CHICAGO, IL ZIP+4 60603

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

| | | | Yes | No |
|---|---|---|---|---|
| 16 | At any time during calendar year 2025, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country | 16 | | X |

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

| | | Yes | No |
|---|---|---|---|
| **File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.** | | | |
| **1a** During the year, did the foundation (either directly or indirectly): | | | |
| **(1)** Engage in the sale or exchange, or leasing of property with a disqualified person? | 1a(1) | X | |
| **(2)** Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | 1a(2) | | X |
| **(3)** Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | X | |
| **(4)** Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | X | |
| **(5)** Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | 1a(5) | | X |
| **(6)** Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | 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 2025? | 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 2025, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2025? | 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 2025 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 2025.) N/A | 3b | | |
| **4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| **b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2025? | 4b | | X |

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

| | | Yes | No |
|---|---|---|---|
| **5a** During the year, did the foundation pay or incur any amount to: | | | |
| **(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | 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) | X | |
| **(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | 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 | | X |
| **c** Organizations relying on a current notice regarding disaster assistance, check here ☐ | | | |
| **d** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? SEE STATEMENT 16 | 5d | X | |
| 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? | 7a | | 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? | 8 | | X |

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

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

| **(a)** Name and address | **(b)** Title, and average hours per week devoted to position | **(c)** Compensation **(If not paid, enter -0-)** | **(d)** Contributions to employee benefit plans and deferred compensation | **(e)** Expense account, other allowances |
|---|---|---|---|---|
| SEE STATEMENT 15 | | 0. | 0. | 0. |

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

| **(a)** Name and address of each employee paid more than $50,000 | **(b)** Title, and average hours per week devoted to position | **(c)** Compensation | **(d)** Contributions to employee benefit plans and deferred compensation | **(e)** Expense account, other allowances |
|---|---|---|---|---|
| SUSAN RIFKIN - 104 S. MICHIGAN AVE, NO. 1025, CHICAGO, IL 60603 | CHIEF OF STAFF/CHIEF INVST OFFICER 12.00 | 73,641. | 2,494. | 524. |

**Total** number of other employees paid over $50,000 0

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

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

| (a) Name and address of each person paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| THE NORTHERN TRUST COMPANY<br>PO BOX 803878, CHICAGO, IL 60680 | INVESTMENT MGMT FEE | 1008857. |
| TEI PROFESSIONAL SERVICES - 104 S. MICHIGAN AVE, NO. 1025, CHICAGO, IL 60603 | MANAGEMENT FEE | 210,276. |
| | | |
| | | |
| | | |
| **Total** number of others receiving over $50,000 for professional services | | 0 |

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

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|---|---|
| 1 N/A | 0. |
| 2 | |
| 3 | |
| 4 | |

**Part VIII-B** **Summary of Program-Related Investments**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|---|
| 1 N/A | |
| 2 | |
| All other program-related investments. See instructions.<br>3 | |
| **Total.** Add lines 1 through 3 | 0. |

**Part IX** **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | | |
|---|---|---|---|---|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | | |
| a | Average monthly fair market value of securities | | 1a | 80,492,218. |
| b | Average of monthly cash balances | | 1b | 9,849,528. |
| c | Fair market value of all other assets (see instructions) | | 1c | 26,633,567. |
| d | **Total** (add lines 1a, 1b, and 1c) | | 1d | 116,975,313. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | | 2 | 0. |
| 3 | Subtract line 2 from line 1d | | 3 | 116,975,313. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | | 4 | 1,754,630. |
| 5 | **Net value of noncharitable-use assets.** Subtract line 4 from line 3 | | 5 | 115,220,683. |
| 6 | **Minimum investment return.** Enter 5% (0.05) of line 5 | | 6 | 5,761,034. |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Minimum investment return from Part IX, line 6 | | | 1 | 5,761,034. |
| 2a | Tax on investment income for 2025 from Part V, line 5 | 2a | 124,765. | | |
| b | Income tax for 2025. (This does not include the tax from Part V.) | 2b | 3,408. | | |
| c | Add lines 2a and 2b | | | 2c | 128,173. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | | 3 | 5,632,861. |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 | Add lines 3 and 4 | | | 5 | 5,632,861. |
| 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 | 5,632,861. |

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

| | | | |
|---|---|---|---|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, line 26, column (d) | 1a | 13,089,324. |
| b | Program-related investments - total from Part VIII-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | **Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 13,089,324. |

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

| | (a) Corpus | (b) Years prior to 2024 | (c) 2024 | (d) 2025 |
|---|---|---|---|---|
| 1 Distributable amount for 2025 from Part X, line 7 | | | | 5,632,861. |
| 2 Undistributed income, if any, as of the end of 2025: | | | | |
| a Enter amount for 2024 only | | | 0. | |
| b Total for prior years: _____, _____, _____ | | 0. | | |
| 3 Excess distributions carryover, if any, to 2025: | | | | |
| a From 2020 5,549,671. | | | | |
| b From 2021 5,143,105. | | | | |
| c From 2022 4,365,377. | | | | |
| d From 2023 4,288,862. | | | | |
| e From 2024 4,624,262. | | | | |
| f **Total** of lines 3a through 3e | 23,971,277. | | | |
| 4 Qualifying distributions for 2025 from Part XI, line 4: $ 13,089,324. | | | | |
| a Applied to 2024, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | |
| d Applied to 2025 distributable amount | | | | 5,632,861. |
| e Remaining amount distributed out of corpus | 7,456,463. | | | |
| 5 Excess distributions carryover applied to 2025 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 **Enter the net total of each column as indicated below:** | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 31,427,740. | | | |
| 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 2024. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2025. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2026 | | | | 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 2020 not applied on line 5 or line 7 | 5,549,671. | | | |
| 9 **Excess distributions carryover to 2026.** Subtract lines 7 and 8 from line 6a | 25,878,069. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2021 5,143,105. | | | | |
| b Excess from 2022 4,365,377. | | | | |
| c Excess from 2023 4,288,862. | | | | |
| d Excess from 2024 4,624,262. | | | | |
| e Excess from 2025 7,456,463. | | | | |

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2025, enter the date of the ruling .....

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

| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed | Tax year (a) 2025 | Prior 3 years (b) 2024 | (c) 2023 | (d) 2022 | (e) Total |
|---|---|---|---|---|---|
| b 85% (0.85) of line 2a | | | | | |
| c Qualifying distributions from Part XI, line 4, for each year listed | | | | | |
| d Amounts included on 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, 3b, or 3c 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 on 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 Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)**

1 **Information Regarding Foundation Managers:**

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

COLONEL (IL) JENNIFER N. PRITZKER

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 ☒ 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, 2b, 2c, and 2d.

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

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

c Any submission deadlines:

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

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

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| A SILVER LINING FOUNDATION<br>134 N LA SALLE ST., STE. 2050<br>CHICAGO, IL 60602-1133 | N/A | PC | GENERAL SUPPORT &<br>POST-SURGERY PRODUCTS<br>TO FOUNDATION PATIENTS | 118,000. |
| ADVOCATES FOR TRANS EQUALITY<br>EDUCATION FUND<br>1800 R ST NW STE C4<br>WASHINGTON, DC 20009 | N/A | PC | GENERAL SUPPORT | 100,000. |
| AMERICAN RED CROSS<br>431 18TH ST NW.<br>WASHINGTON, DC 20006-5310 | N/A | PC | GENERAL SUPPORT | 3,000. |
| AMNESTY INTERNATIONAL, INC.<br>5 PENN PLAZA 16TH FLOOR<br>NEW YORK, NY 10001-1823 | N/A | PC | GENERAL SUPPORT | 30,000. |
| AUDITORIUM THEATRE OF ROOSEVELT<br>UNIVERSITY<br>50 E IDA B WELLS DR<br>CHICAGO, IL 60605 | N/A | PC | GENERAL SUPPORT | 25,000. |
| **Total** SEE CONTINUATION SHEET(S) | | | **3a** | 12,465,523. |
| **b** *Approved for future payment* | | | | |
| ADVOCATES FOR TRANS EQUALITY<br>EDUCATION FUND<br>1800 R ST NW STE C4<br>WASHINGTON, DC 20009 | N/A | PC | GENERAL SUPPORT | 100,000. |
| CAROL SHIELDS PRIZE FOR FICTION OF<br>AMERICA<br>190 S. LASALLE ST., SUITE 1700<br>CHICAGO, IL 60603 | N/A | PC | GENERAL SUPPORT | 112,500. |
| CENTER FOR COMPETITIVE DEMOCRACY<br>PO BOX 21090<br>WASHINGTON, DC 20009 | N/A | PC | GENERAL SUPPORT | 12,500. |
| **Total** SEE CONTINUATION SHEET(S) | | | **3b** | 7,965,626. |

## Part XV-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) |
|---|---|---|---|---|---|
| | (a) Business code | (b) Amount | (c) Exclu-sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | | | | | |
| 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 | 1,087. | |
| 4 Dividends and interest from securities | | | 14 | 1,485,286. | |
| 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 | | | 14 | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 10,147,793. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a SERVICE AGREEMENT | | | | | |
| b REVENUE | | | | | 96,000. |
| c TAX REFUNDS | | | 01 | 29,500. | |
| d INCOME FROM LPS | | | 14 | -28,276. | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 11,635,390. | 96,000. |
| 13 **Total.** Add line 12, columns (b), (d), and (e) | | | | | 13 11,731,390. |

(See worksheet in the line 13 instructions to verify calculations.)

## Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|---|---|
| 11A | PROGRAMMATIC SHARED SERVICE SUPPORT OF PEOPLE, MARKETING AND OTHERS. |

**Part XVI** **Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| | (1) Cash | 1a(1) | | X |
| | (2) Other assets | 1a(2) | | X |
| b | Other transactions: | | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| | (4) Reimbursement arrangements | 1b(4) | | X |
| | (5) Loans or loan guarantees | 1b(5) | | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(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 sharing arrangements |
|---|---|---|---|
| | | N/A | |
| | | | |
| | | | |
| | | | |
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| | | | |

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| N/A | | |
| | | |
| | | |
| | | |
| | | |

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

CHIEF NON-PROFIT OFFICER

Signature of officer or trustee | Date | Title

May the IRS discuss this return with the preparer shown below? See instr. ☒ Yes ☐ No

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| DAVID LOWENTHAL | DAVID LOWENTHAL | 11/16/26 | | P00378651 |

Firm's name PLANTE & MORAN, PLLC | Firm's EIN 33-1498605

Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 | Phone no. (312) 207-1040

**Part XIV Supplementary Information**

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| BERNIE'S BOOK BANK<br>917 NORTH SHORE DRIVE<br>LAKE BLUFF, IL 60044-2201 | N/A | PC | GENERAL SUPPORT | 30,000. |
| BOYS HOPE GIRLS HOPE<br>INTERNATIONAL OFFICE 5257 SHAW AVENUE<br>SUITE 202 ST. LOUIS, MO 63110 | N/A | PC | GENERAL SUPPORT | 50,000. |
| CAMP NEBAGAMON SCHOLARSHIP FUND<br>610 YALE RD.<br>BALA CYNWYD, PA 19004-2219 | N/A | PC | GENERAL SUPPORT | 10,000. |
| CAROL SHIELDS PRIZE FOR FICTION OF AMERICA<br>190 S. LASALLE ST., SUITE 1700<br>CHICAGO, IL 60603 | N/A | PC | GENERAL SUPPORT | 87,500. |
| CENTER FOR COMPETITIVE DEMOCRACY<br>PO BOX 21090<br>WASHINGTON, DC 20009 | N/A | PC | GENERAL SUPPORT | 12,500. |
| CENTER ON HALSTED<br>3656 N HALSTED ST<br>CHICAGO, IL 60613 | N/A | PC | GENERAL SUPPORT | 25,000. |
| CHICAGO ABORTION FUND<br>333 W NORTH AVE., STE. 267<br>CHICAGO, IL 60610-1293 | N/A | PC | GENERAL SUPPORT | 31,200. |
| CHICAGO ARCHITECTURE FOUNDATION<br>111 E WACKER DR., STE. 1321<br>CHICAGO, IL 60601-4402 | N/A | PC | GENERAL SUPPORT | 110,000. |
| CHICAGO COMMUNITY TRUST<br>225 N MICHIGAN AVE.<br>CHICAGO, IL 60601-7757 | N/A | GOV | GENERAL SUPPORT | 35,000. |
| CHICAGO FOUNDATION FOR WOMEN<br>140 S. DEARBORN ST., STE. 400<br>CHICAGO, IL 60603 | N/A | PC | GENERAL SUPPORT | 5,000. |
| **Total from continuation sheets** | | | | 12,189,523. |

**Part XIV Supplementary Information**

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| CHICAGO HISTORY MUSEUM<br>1601 N CLARK ST.<br>CHICAGO, IL 60614-6038 | N/A | PC | GENERAL SUPPORT | 42,500. |
| CHICAGO HUMANITIES FESTIVAL<br>500 N DEARBORN ST., STE. 825<br>CHICAGO, IL 60654-7659 | N/A | PC | GENERAL SUPPORT | 12,000. |
| CHICAGO MATH AND SCIENCE ACADEMY (CMSA)<br>7212 N CLARK ST<br>CHICAGO, IL 60626 | N/A | PC | GENERAL SUPPORT | 6,400. |
| CHICAGO PLASTIC SURGERY RESEARCH FOUNDATION<br>1166 SHERIDAN RD.<br>HIGHLAND PARK, IL 60035-4119 | N/A | PC | GENERAL SUPPORT | 40,000. |
| CHICAGO PUBLIC LIBRARY FOUNDATION<br>200 W MADISON ST., FL. 3<br>CHICAGO, IL 60606-3412 | N/A | PC | GENERAL SUPPORT | 101,000. |
| CHICAGO SYMPHONY ORCHESTRA<br>220 S MICHIGAN AVE.<br>CHICAGO, IL 60604-2596 | N/A | PC | GENERAL SUPPORT | 2,070,000. |
| CULTIVATE COLLECTIVE, INC.<br>4942 W 44TH ST<br>CHICAGO, IL 60638 | N/A | PC | GENERAL SUPPORT | 10,000. |
| DEMOCRACY MATTERS FOUNDATION<br>996 MAINE AVE SW PMB 216<br>WASHINGTON, DC 20024 | N/A | PC | GENERAL SUPPORT | 25,000. |
| EAGLE RIVER HISTORICAL SOCIETY<br>1181 US HIGHWAY 45 S<br>EAGLE RIVER, WI 54521 | N/A | PC | GENERAL SUPPORT | 200,000. |
| EQUALITY ILLINOIS EDUCATION PROJECT<br>P.O. BOX 1313<br>CHICAGO, IL 60690-1313 | N/A | PC | GENERAL SUPPORT | 105,000. |
| **Total from continuation sheets** | | | | |

**Part XIV Supplementary Information**

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| EVANSTON HISTORY CENTER<br>225 GREENWOOD ST.<br>EVANSTON, IL 60201-4713 | N/A | PC | GENERAL SUPPORT | 12,500. |
| EXPLORERS CLUB<br>46 E 70TH ST<br>NEW YORK, NY 10021 | N/A | PC | GENERAL SUPPORT | 50,000. |
| FEEDING AMERICA<br>161 NORTH CLARK STREET, SUITE 700<br>CHICAGO, IL 60601-3206 | N/A | PC | GENERAL SUPPORT | 40,000. |
| FIELD MUSEUM, THE<br>1400 S DUSABLE LAKESHORE<br>CHICAGO, IL 60605-0000 | N/A | PC | GENERAL SUPPORT | 20,000. |
| FRANCIS W. PARKER SCHOL<br>330 W WEBSTER AVE.<br>CHICAGO, IL 60614 | N/A | PC | GENERAL SUPPORT | 200,000. |
| FRANK LLOYD WRIGHT BUILDING CONSERVANCY<br>53 W JACKSON BLVD., STE. 720<br>CHICAGO, IL 60604-3471 | N/A | PC | GENERAL SUPPORT | 25,000. |
| FRIENDS OF NACHUSA GRASSLANDS<br>8772 S LOWDEN RD.<br>FRANKLIN GRV, IL 61031-9617 | N/A | PC | GENERAL SUPPORT | 20,000. |
| GIRLS IN THE GAME NFP<br>1401 S SACRAMENTO DR., SUITE #405<br>CHICAGO, IL 60623 | N/A | PC | GENERAL SUPPORT | 15,000. |
| GLBTQ LEGAL ADVOCATES & DEFENDERS (GLAD)<br>30 WINTER ST., STE. 800<br>BOSTON, MA 02108 | N/A | PC | GENERAL SUPPORT | 200,000. |
| GLESSNER HOUSE MUSEUM<br>1800 S PRAIRIE AVE.<br>CHICAGO, IL 60616-1320 | N/A | PC | GENERAL SUPPORT | 25,000. |
| **Total from continuation sheets** | | | | |

**Part XIV Supplementary Information**

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| GRANT PARK ORCHESTRAL ASSOCIATION<br>205 E RANDOLPH ST.<br>CHICAGO, IL 60601-6530 | N/A | PC | GENERAL SUPPORT | 5,000. |
| GREATER CHICAGO FOOD DEPOSITORY<br>4100 W ANN LURIE PLACE<br>CHICAGO, IL 60632-3920 | N/A | PC | GENERAL SUPPORT | 550,000. |
| HARBOR CAMPS<br>P.O. BOX 920251<br>NEEDHAM, MA 02492-0003 | N/A | PC | GENERAL SUPPORT | 25,000. |
| HARTFORD SYMPHONY ORCHESTRA<br>166 CAPITOL AVE.<br>HARTFORD, CT 06106-1621 | N/A | PC | GENERAL SUPPORT | 5,000. |
| HAYMARKET CENTER<br>120 N SANGAMON ST<br>CHICAGO, IL 60607 | N/A | PC | GENERAL SUPPORT | 30,000. |
| HOWARD BROWN HEALTH CENTER<br>1025 W SUNNYSIDE AVE., STE. 100<br>CHICAGO, IL 60640-5684 | N/A | PC | GENERAL SUPPORT | 210,000. |
| INDIANA UNIVERSITY FOUNDATION F/B/O<br>KINSEY INSTITUTE<br>PO BOX 500<br>BLOOMINGTON, IN 47402 | N/A | PC | GENERAL SUPPORT | 50,000. |
| INJUSTICE WATCH<br>55 E. JACKSON BLVD., STE. 640<br>CHICAGO, IL 60604 | N/A | PC | GENERAL SUPPORT | 50,000. |
| INTERNATIONAL RESCUE COMMITTEE<br>122 EAST 42ND STREET<br>NEW YORK, NY 10168 | N/A | PC | GENERAL SUPPORT | 60,000. |
| KENOSHA CHRISTMAS CHARITIES AKA THE<br>GOODFELLOWS<br>PO BOX 640<br>SOMERS, WI 53171 | N/A | PC | GENERAL SUPPORT | 2,025. |
| **Total from continuation sheets** | | | | |

**Part XIV Supplementary Information**

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| KENOSHA COMMUNITY FOUNDATION<br>19600 75TH STREET, SUITE 122-1<br>BRISTOL, WI 53104 | N/A | PC | GENERAL SUPPORT | 150,000. |
| KENOSHA PRIDE INC.<br>5630 43RD AVE.<br>KENOSHA, WI 53144-2541 | N/A | PC | GENERAL SUPPORT | 6,000. |
| LAMBDA LEGAL DEFENSE AND EDUCATION FUND<br>120 WALL ST., 19TH FL.<br>NEW YORK, NY 10005 | N/A | PC | GENERAL SUPPORT | 250,000. |
| LANDMARKS ILLINOIS<br>30 N MICHIGAN AVE., STE. 2020<br>CHICAGO, IL 60602-3611 | N/A | PC | GENERAL SUPPORT | 30,000. |
| LEUKEMIA & LYMPHOMA SOCIETY<br>1201 15TH ST NW STE 410<br>WASHINGTON, DC 20005 | N/A | PC | GENERAL SUPPORT | 2,000. |
| LGBTQ VICTORY INSTITUTE<br>1225 I STREET NW, SUITE 525<br>WASHINGTON, DC 20005 | N/A | PC | GENERAL SUPPORT | 25,000. |
| LINCOLN PARK ZOO<br>2001 NORTH CLARK STREET<br>CHICAGO, IL 60614 | N/A | PC | GENERAL SUPPORT | 35,000. |
| LOYOLA UNIVERSITY CHICAGO<br>820 N MICHIGAN AVE.<br>CHICAGO, IL 60611-2147 | N/A | PC | GENERAL SUPPORT | 1,700,000. |
| LUMINARTS CULTURAL FOUNDATION AT THE ULCC<br>65 W JACKSON BLVD.<br>CHICAGO, IL 60604-3507 | N/A | PC | GENERAL SUPPORT | 5,000. |
| LURIE CHILDREN'S HOSPITAL<br>225 E CHICAGO AVE., BOX 282<br>CHICAGO, IL 60611-2991 | N/A | PC | GENERAL SUPPORT | 268,205. |
| **Total from continuation sheets** | | | | |

**Part XIV Supplementary Information**

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| MARINE MAMMAL CENTER<br>2000 BUNKER RD., FORT CRONKHITE<br>SAUSALITO, CA 94965-0000 | N/A | PC | GENERAL SUPPORT | 10,000. |
| MSF USA<br>P.O. BOX 5030<br>HAGERSTOWN, NY 21741-5030 | N/A | PC | GENERAL SUPPORT | 60,000. |
| NATIONAL PUBLIC RADIO, INC.<br>1111 N CAPITOL ST NE.<br>WASHINGTON, DC 20002-7502 | N/A | PC | GENERAL SUPPORT | 40,000. |
| NEO PHILANTHROPY, INC.<br>1001 AVENUE OF THE AMERICAS FL 12<br>NEW YORK, NY 10018 | N/A | PC | GENERAL SUPPORT | 250,000. |
| NEW ISRAEL FUND<br>6 E 39TH ST, STE. 301<br>NEW YORK, NY 10016-0456 | N/A | PC | GENERAL SUPPORT | 100,000. |
| NEW YORK PUBLIC RADIO - WYNC<br>160 VARICK STREET<br>NEW YORK, NY 10013-1220 | N/A | PC | GENERAL SUPPORT | 20,000. |
| NORTHERN NEW YORK COMMUNITY<br>FOUNDATION, INC.<br>131 WASHINGTON ST<br>WATERTOWN, NY 13601 | N/A | PC | GENERAL SUPPORT | 25,000. |
| NORTHFIELD TOWNSHIP FOOD PANTRY<br>2550 WAUKEGAN ROAD, SUITE 100<br>GLENVIEW, IL 60025-1777 | N/A | PC | GENERAL SUPPORT | 75,000. |
| NORTHWESTERN FEINBERG SCHOOL OF<br>MEDICINE<br>541 N FAIRBANKS CT RM 1630<br>CHICAGO, IL 60611-3319 | N/A | SO I | GENERAL SUPPORT | 25,000. |
| NORTHWOODS CHILDREN'S MUSEUM<br>P.O. BOX 216<br>EAGLE RIVER, WI 54521 | N/A | PC | GENERAL SUPPORT | 31,000. |
| **Total from continuation sheets** | | | | |

**Part XIV Supplementary Information**

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| OLD TOWN SCHOOL OF FOLK MUSIC, INC.<br>4544 N LINCOLN AVE<br>CHICAGO, IL 60625 | N/A | PC | GENERAL SUPPORT | 25,000. |
| OPERATION WHITE STORK<br>512 CHESTNUT ST, UNIT 11<br>WINNETKA, IL 60093-2448 | N/A | PC | GENERAL SUPPORT | 1,075,000. |
| OXFAM-AMERICA, INC<br>226 CAUSEWAY ST, 5TH FLOOR<br>BOSTON, MA 02114-2171 | N/A | PC | GENERAL SUPPORT | 50,000. |
| PAWS CHICAGO<br>1997 N CLYBOURN AVE.<br>CHICAGO, IL 60614-4922 | N/A | PC | GENERAL SUPPORT | 20,000. |
| PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.<br>123 WILLIAM ST., 10TH FLOOR<br>NEW YORK, NY 10038-3844 | N/A | PC | GENERAL SUPPORT | 20,000. |
| PLANNED PARENTHOOD OF ILLINOIS<br>17 N STATE STREET<br>CHICAGO, IL 60602-3315 | N/A | PC | GENERAL SUPPORT | 31,200. |
| PRESERVATION CHICAGO<br>205 W MONROE ST., STE. 400<br>CHICAGO, IL 60606-5006 | N/A | PC | GENERAL SUPPORT | 62,500. |
| PRITZKER MILITARY FOUNDATION<br>104 S. MICHIGAN AVE, NO. 1025<br>CHICAGO, IL 60603 | N/A | PF | SALARIES/BENEFITS & GENERAL OFFICE EXPENSES | 446,419. |
| PROJECT HOOD COMMUNITIES DEVELOPMENT CORP<br>6620 S KING DR.<br>CHICAGO, IL 60637-3210 | N/A | PC | GENERAL SUPPORT | 25,000. |
| PROPUBLICA<br>155 AVE AMERICA, 13 FL.<br>NEW YORK, NY 10013-0000 | N/A | PC | GENERAL SUPPORT | 2,400. |
| **Total from continuation sheets** | | | | |

**Part XIV Supplementary Information**

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| RAILS TO TRAILS CONSERVANCY<br>2121 WARD COURT NW, 5TH FLOOR<br>WASHINGTON, DC 20037-1251 | N/A | PC | GENERAL SUPPORT | 25,000. |
| RAVINIA<br>418 SHERIDAN RD.<br>HIGHLAND PARK, IL 60035-5031 | N/A | PC | GENERAL SUPPORT | 25,000. |
| REVOLUTION WORKSHOP<br>3410 W LAKE ST.<br>CHICAGO, IL 60624 | N/A | PC | GENERAL SUPPORT | 12,500. |
| SALVATION ARMY METRO DIVISION<br>5550 PRAIRIE STONE PARKWAY<br>HOFFMAN ESTATES, IL 60192-0000 | N/A | PC | GENERAL SUPPORT | 5,000. |
| SENIOR EAGLE RIVER VOLUNTEER ENTERPRISE<br>PO BOX 817<br>EAGLE RIVER, WI 54521 | N/A | PC | GENERAL SUPPORT | 40,000. |
| SETI INSTITUTE<br>339 BERNARDO AVE., STE. 200<br>MOUNTAIN VIEW, CA 94043 | N/A | PC | GENERAL SUPPORT | 742,211. |
| SHALOM CENTER OF INTERFAITH NETWORK OF KENOSHA COUNTY, INC.<br>4314 39TH AVE<br>KENOSHA, WI 53144 | N/A | PC | GENERAL SUPPORT | 22,000. |
| SKILLS FOR CHICAGOLAND'S FUTURE<br>191 N WACKER DR STE 1150<br>CHICAGO, IL 60606 | N/A | PC | GENERAL SUPPORT | 10,000. |
| SOCIAL GOOD FUND FBO PROJECT LPAC<br>12651 SAN PABLO AVE., UNIT 5473<br>RICHMOND, CA 94805-4021 | N/A | PC | GENERAL SUPPORT | 10,000. |
| SOCIETY OF ARCHITECTURAL HISTORIANS<br>1365 N ASTOR ST.<br>CHICAGO, IL 60610-2144 | N/A | PC | GENERAL SUPPORT | 2,500. |
| **Total from continuation sheets** | | | | |

**Part XIV Supplementary Information**

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| STARTOUT<br>FOUR EMBARCADERO CENTER SUITE 1400<br>SAN FRANCISCO, CA 94111 | N/A | PC | GENERAL SUPPORT | 32,500. |
| STATE DEMOCRACY DEFENDERS FUND<br>600 PENNSYLVANIA AVE SE UNIT 15180<br>WASHINGTON, DC 20003 | N/A | PC | GENERAL SUPPORT | 25,000. |
| TIMELINE THEATRE COMPANY<br>615 W WELLINGTON AVE.<br>CHICAGO, IL 60640 | N/A | PC | GENERAL SUPPORT | 50,000. |
| TRANSPORTATION ALTERNATIVES<br>111 JOHN ST STE 260<br>NEW YORK, NY 10038 | N/A | PC | GENERAL SUPPORT | 20,000. |
| TRIBRAINING INC<br>2430 PRAIRIE AVE<br>EVANSTON, IL 60201 | N/A | PC | GENERAL SUPPORT | 1,750. |
| TULANE UNIVERSITY<br>6823 ST CHARLES AVE.<br>NEW ORLEANS, LA 70118-5665 | N/A | PC | GENERAL SUPPORT | 450,000. |
| UCLA FOUNDATION, THE; DBA: THE WILLIAMS INSTITUTE<br>10889 WILSHIRE BOULEVARD, SUITE 1100<br>LOS ANGELES, CA 90095 | N/A | PC | GENERAL SUPPORT | 150,000. |
| UNIVERSITY OF MINNESOTA FOUNDATION<br>200 OAK ST., SE STE. 500<br>MINNEAPOLIS, MN 55455-2010 | N/A | PC | GENERAL SUPPORT | 195,007. |
| US FOUNDATION FOR THE UNIVERSITY OF VICTORIA<br>401 UNION ST STE 3600<br>SEATTLE, WA 98101 | N/A | PC | GENERAL SUPPORT | 125,000. |
| VANDERBILT UNIVERSITY MEDICAL CENTER<br>1161 21ST AVE S.<br>NASHVILLE, TN 37232-0011 | N/A | PC | GENERAL SUPPORT | 175,000. |
| **Total from continuation sheets** | | | | |

**Part XIV Supplementary Information**

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| VILAS COUNTY DEVELOPMENT CORPORATION<br>P.O. BOX 1621<br>EAGLE RIVER, WI 54521 | N/A | PC | GENERAL SUPPORT | 35,000. |
| WFMT 98.7FM PUBLIC RADIO<br>5400 N SAINT LOUIS AVE.<br>CHICAGO, IL 60625-4623 | N/A | PC | GENERAL SUPPORT | 39,006. |
| WHITMAN-WALKER INSTITUTE INC<br>1201 SYCAMORE DRIVE SE.<br>WASHINGTON, DC 20032 | N/A | PC | GENERAL SUPPORT | 150,000. |
| WINDOW TO THE WORLD COMMUNICATIONS, INC. (WWCI)<br>5400 N SAINT LOUIS AVE.<br>CHICAGO, IL 60625-4623 | N/A | PC | GENERAL SUPPORT | 125,000. |
| WINGS PROGRAM INC<br>P.O. BOX 95615<br>PALATINE, IL 60095-0615 | N/A | PC | GENERAL SUPPORT | 31,200. |
| WINGS WORLD QUEST<br>205 E. 42ND ST., 20TH FL.<br>NEW YORK, NY 10017 | N/A | PC | GENERAL SUPPORT | 7,500. |
| WORLD PEDIATRICS<br>7201 GLEN FOREST DR., STE. 304<br>SAINT LOUIS, MO 63132 | N/A | PC | GENERAL SUPPORT | 200,000. |
| WRIGHT WAY RESCUE<br>5915 LINCOLN AVE.<br>MORTON GROVE, IL 60053-3348 | N/A | PC | GENERAL SUPPORT | 10,000. |
| YWCA METROPOLITAN CHICAGO<br>1 N LASALLE ST.<br>CHICAGO, IL 60602-3902 | N/A | PC | GENERAL SUPPORT | 6,000. |
| | | | | |
| **Total from continuation sheets** | | | | |

**Part XIV Supplementary Information**

**3 Grants and Contributions Approved for Future Payment (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| CHICAGO SYMPHONY ORCHESTRA<br>220 S MICHIGAN AVE.<br>CHICAGO, IL 60604-2596 | N/A | PC | GENERAL SUPPORT | 3,000,000. |
| CULTIVATE COLLECTIVE, INC.<br>4942 W 44TH ST<br>CHICAGO, IL 60638 | N/A | PC | GENERAL SUPPORT | 10,000. |
| EAGLE RIVER HISTORICAL SOCIETY<br>1181 US HIGHWAY 45 S<br>EAGLE RIVER, WI 54521 | N/A | PC | GENERAL SUPPORT | 100,000. |
| EQUALITY ILLINOIS EDUCATION PROJECT<br>P.O. BOX 1313<br>CHICAGO, IL 60690-1313 | N/A | PC | GENERAL SUPPORT | 55,000. |
| FRANCIS W. PARKER SCHOL<br>330 W WEBSTER AVE.<br>CHICAGO, IL 60614 | N/A | PC | GENERAL SUPPORT | 800,000. |
| GREATER CHICAGO FOOD DEPOSITORY<br>4100 W ANN LURIE PLACE<br>CHICAGO, IL 60632-3920 | N/A | PC | GENERAL SUPPORT | 50,000. |
| HOWARD BROWN HEALTH CENTER<br>1025 W SUNNYSIDE AVE., STE. 100<br>CHICAGO, IL 60640-5684 | N/A | PC | GENERAL SUPPORT | 100,000. |
| INDIANA UNIVERSITY FOUNDATION F/B/O<br>KINSEY INSTITUTE<br>PO BOX 500<br>BLOOMINGTON, IN 47402 | N/A | PC | GENERAL SUPPORT | 100,000. |
| INJUSTICE WATCH<br>55 E. JACKSON BLVD., STE. 640<br>CHICAGO, IL 60604 | N/A | PC | GENERAL SUPPORT | 150,000. |
| KENOSHA COMMUNITY FOUNDATION<br>19600 75TH STREET, SUITE 122-1<br>BRISTOL, WI 53104 | N/A | PC | GENERAL SUPPORT | 50,000. |
| **Total from continuation sheets** | | | | 7,740,626. |

**Part XIV Supplementary Information**

**3 Grants and Contributions Approved for Future Payment (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| LAMBDA LEGAL DEFENSE AND EDUCATION FUND<br>120 WALL ST., 19TH FL.<br>NEW YORK, NY 10005 | N/A | PC | GENERAL SUPPORT | 175,000. |
| LEGACY PROJECT<br>3018 N CLYBOURN<br>CHICAGO, IL 60618-8067 | N/A | PC | GENERAL SUPPORT | 30,000. |
| NEO PHILANTHROPY, INC.<br>1001 AVENUE OF THE AMERICAS FL 12<br>NEW YORK, NY 10018 | N/A | PC | GENERAL SUPPORT | 250,000. |
| NORTHERN NEW YORK COMMUNITY FOUNDATION, INC.<br>131 WASHINGTON ST<br>WATERTOWN, NY 13601 | N/A | PC | GENERAL SUPPORT | 25,000. |
| NORTHWOODS CHILDREN'S MUSEUM<br>P.O. BOX 216<br>EAGLE RIVER, WI 54521 | N/A | PC | GENERAL SUPPORT | 31,000. |
| OPERATION WHITE STORK<br>512 CHESTNUT ST, UNIT 11<br>WINNETKA, IL 60093-2448 | N/A | PC | GENERAL SUPPORT | 500,000. |
| PHILANDER SMITH COLLEGE<br>812 W 13TH ST.<br>LITTLE ROCK, AR 72202-3718 | N/A | PC | GENERAL SUPPORT | 200,000. |
| PRESERVATION CHICAGO<br>205 W MONROE ST., STE. 400<br>CHICAGO, IL 60606-5006 | N/A | PC | GENERAL SUPPORT | 187,500. |
| SANTE FE OPERA, THE<br>301 OPERA DRIVE<br>SANTA FE, NM 87506-2823 | N/A | PC | GENERAL SUPPORT | 400,000. |
| SETI INSTITUTE<br>339 BERNARDO AVE., STE. 200<br>MOUNTAIN VIEW, CA 94043 | N/A | PC | GENERAL SUPPORT | 938,060. |
| **Total from continuation sheets** | | | | |

**Part XIV Supplementary Information**

**3 Grants and Contributions Approved for Future Payment (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| SHALOM CENTER OF INTERFAITH NETWORK OF KENOSHA COUNTY, INC.<br>4314 39TH AVE<br>KENOSHA, WI 53144 | N/A | PC | GENERAL SUPPORT | 22,000. |
| STARTOUT<br>FOUR EMBARCADERO CENTER SUITE 1400<br>SAN FRANCISCO, CA 94111 | N/A | PC | GENERAL SUPPORT | 32,500. |
| TULANE UNIVERSITY<br>6823 ST CHARLES AVE.<br>NEW ORLEANS, LA 70118-5665 | N/A | PC | GENERAL SUPPORT | 125,000. |
| UNIVERSITY OF MINNESOTA FOUNDATION<br>200 OAK ST., SE STE. 500<br>MINNEAPOLIS, MN 55455-2010 | N/A | PC | GENERAL SUPPORT | 67,066. |
| US FOUNDATION FOR THE UNIVERSITY OF VICTORIA<br>401 UNION ST STE 3600<br>SEATTLE, WA 98101 | N/A | PC | GENERAL SUPPORT | 125,000. |
| VILAS COUNTY DEVELOPMENT CORPORATION<br>P.O. BOX 1621<br>EAGLE RIVER, WI 54521 | N/A | PC | GENERAL SUPPORT | 17,500. |
| WORLD PEDIATRICS<br>7201 GLEN FOREST DR., STE. 304<br>SAINT LOUIS, MO 63132 | N/A | PC | GENERAL SUPPORT | 200,000. |
| | | | | |
| | | | | |
| | | | | |
| **Total from continuation sheets** | | | | |

**Schedule B (Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

**Attach to Form 990, 990-EZ, or 990-PF.**
**Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

Name of the organization

TAWANI CHARITABLE DISTRIBUTION FUND

**Employer identification number**

30-0040386

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | ☐ 501(c)( ) (enter number) organization |
| | ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | ☐ 527 political organization |
| Form 990-PF | ☒ 501(c)(3) exempt private foundation |
| | ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | ☐ 501(c)(3) taxable private foundation |

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization

TAWANI CHARITABLE DISTRIBUTION FUND

Employer identification number

30-0040386

**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 | TAL HAVA PRITZKER<br>104 S. MICHIGAN AVE NO. 1025<br>CHICAGO, IL 60603 | $ 220,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 2 | ERIN SOLARO<br>104 S. MICHIGAN AVE NO. 1025<br>CHICAGO, IL 60603 | $ 49,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 3 | MARY FALCON<br>104 S. MICHIGAN AVE NO. 1025<br>CHICAGO, IL 60603 | $ 30,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

Name of organization

TAWANI CHARITABLE DISTRIBUTION FUND

Employer identification number

30-0040386

**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 |
| | | $ | |

Name of organization

TAWANI CHARITABLE DISTRIBUTION FUND

Employer identification number

30-0040386

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

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 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 |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 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 |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 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 |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

Form **2220**

Department of the Treasury
Internal Revenue Service

# Underpayment of Estimated Tax by Corporations

**Attach to the corporation's tax return.** FORM 990-PF

**Go to www.irs.gov/Form2220 for instructions and the latest information.**

OMB No. 1545-0123

**2025**

Name

TAWANI CHARITABLE DISTRIBUTION FUND

**Employer identification number**

30-0040386

**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 | 124,765. |
| 2a | 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) | 2c | | |
| d | **Total.** Add lines 2a through 2c | | 2d | |
| 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 | | 3 | 124,765. |
| 4 | Enter the tax shown on the corporation's 2024 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 on line 5 | | 4 | |
| 5 | **Required annual payment.** Enter the **smaller** of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | | 5 | 124,765. |

## Part II Reasons for Filing -

Check the boxes below that apply. If any boxes are 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 ☐ The corporation is using the annualized income installment method.

8 ☐ 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 | 05/15/25 | 06/15/25 | 09/15/25 | 12/15/25 |
| 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 | 31,191. | 31,192. | 31,191. | 31,191. |
| 11 | Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions | 35,000. | | 115,000. | 35,000. |
| | **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 | | 3,809. | | 56,426. |
| 13 | Add lines 11 and 12 | | 3,809. | 115,000. | 91,426. |
| 14 | Add amounts on lines 16 and 17 of the preceding column | | | 27,383. | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 35,000. | 3,809. | 87,617. | 91,426. |
| 16 | If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | | 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 | | 27,383. | | |
| 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 | 3,809. | | 56,426. | |

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

| | | (a) | (b) | (c) | (d) |
|---|---|---|---|---|---|
| **19** 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 | | | | |
| **20** Number of days from due date of installment on line 9 to the date shown on line 19 | 20 | | | | |
| **21** Number of days on line 20 after 4/15/2025 and before 7/1/2025 | 21 | | | | |
| **22** Underpayment on line 17 x Number of days on line 21 / 365 x 7% (0.07) | 22 | $ | $ | $ | $ |
| **23** Number of days on line 20 after 6/30/2025 and before 10/1/2025 | 23 | | | | |
| **24** Underpayment on line 17 x Number of days on line 23 / 365 x 7% (0.07) | 24 | $ | $ | $ | $ |
| **25** Number of days on line 20 after 9/30/2025 and before 1/1/2026 | 25 | | | | |
| **26** Underpayment on line 17 x Number of days on line 25 / 365 x 7% (0.07) | 26 | $ | $ | $ | $ |
| **27** Number of days on line 20 after 12/31/2025 and before 4/1/2026 | 27 | SEE ATTACHED WORKSHEET | | | |
| **28** Underpayment on line 17 x Number of days on line 27 / 365 x 7% (0.07) | 28 | $ | $ | $ | $ |
| **29** Number of days on line 20 after 3/31/2026 and before 7/1/2026 | 29 | | | | |
| **30** Underpayment on line 17 x Number of days on line 29 / 365 x *% | 30 | $ | $ | $ | $ |
| **31** Number of days on line 20 after 6/30/2026 and before 10/1/2026 | 31 | | | | |
| **32** Underpayment on line 17 x Number of days on line 31 / 365 x *% | 32 | $ | $ | $ | $ |
| **33** Number of days on line 20 after 9/30/2026 and before 1/1/2027 | 33 | | | | |
| **34** Underpayment on line 17 x Number of days on line 33 / 365 x *% | 34 | $ | $ | $ | $ |
| **35** Number of days on line 20 after 12/31/2026 and before 3/16/2027 | 35 | | | | |
| **36** Underpayment on line 17 x Number of days on line 35 / 365 x *% | 36 | $ | $ | $ | $ |
| **37** Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 | $ | $ | $ | $ |

**38 Penalty.** Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns ..... **38** $ 483.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. 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 800-829-4933 to get interest rate information.

FORM 990-PF
**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

| Name(s) | | | | | Identifying Number |
|---|---|---|---|---|---|
| TAWANI CHARITABLE DISTRIBUTION FUND | | | | | 30-0040386 |
| (A) *Date | (B) Amount | (C) Adjusted Balance Due | (D) Number Days Balance Due | (E) Daily Penalty Rate | (F) Penalty |
| | | -0- | | | |
| 05/15/25 | 31,191. | 31,191. | | | |
| 05/15/25 | -35,000. | -3,809. | | | |
| 06/15/25 | 31,192. | 27,383. | 92 | .000191781 | 483. |
| 09/15/25 | 31,191. | 58,574. | | | |
| 09/15/25 | -115,000. | -56,426. | | | |
| 12/15/25 | 31,191. | -25,235. | | | |
| 12/15/25 | -35,000. | -60,235. | | | |
| 03/31/26 | 0. | -60,235. | 45 | .000164384 | |
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Penalty Due (Sum of Column F). ..... 483.

* Date of estimated tax payment, withholding credit date or installment due date.

512511
04-01-25

FORM 990-PF GAIN OR (LOSS) FROM SALE OF ASSETS STATEMENT 1

| (A) DESCRIPTION OF PROPERTY | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
|---|---|---|---|
| PUBLICLY TRADED SECURITIES | | | |

| (B) GROSS SALES PRICE | (C) COST OR OTHER BASIS | (D) EXPENSE OF SALE | (E) DEPREC. | (F) GAIN OR LOSS |
|---|---|---|---|---|
| 6,444,016. | 6,378,975. | 0. | 0. | 65,041. |

| (A) DESCRIPTION OF PROPERTY | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
|---|---|---|---|
| PUBLICLY TRADED SECURITIES | | | |

| (B) GROSS SALES PRICE | (C) COST OR OTHER BASIS | (D) EXPENSE OF SALE | (E) DEPREC. | (F) GAIN OR LOSS |
|---|---|---|---|---|
| 18,879,916. | 8,797,164. | 0. | 0. | 10,082,752. |

| | |
|---|---|
| CAPITAL GAINS DIVIDENDS FROM PART IV | 0. |
| TOTAL TO FORM 990-PF, PART I, LINE 6A | 10,147,793. |

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 2

| SOURCE | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|---|---|---|---|
| INTEREST INCOME | 1,087. | 1,087. | 0. |
| TOTAL TO PART I, LINE 3 | 1,087. | 1,087. | 0. |

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 3

| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME |
|---|---|---|---|---|---|
| DIVIDEND INCOME | 1,101,609. | 0. | 1,101,609. | 1,226,756. | 0. |
| INTEREST FROM SECURITIES | 383,677. | 0. | 383,677. | 277,020. | 0. |
| TO PART I, LINE 4 | 1,485,286. | 0. | 1,485,286. | 1,503,776. | 0. |

FORM 990-PF OTHER INCOME STATEMENT 4

| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME |
|---|---|---|---|
| INCOME FROM ALTERNATIVE INVESTMENTS | 0. | -827,703. | 0. |
| OTHER INCOME | 0. | 5,572. | 0. |
| SERVICE AGREEMENT REVENUE | 96,000. | 0. | 0. |
| TAX REFUNDS | 29,500. | 0. | 0. |
| INCOME FROM LPS | -28,276. | 0. | 0. |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 97,224. | -822,131. | 0. |

FORM 990-PF LEGAL FEES STATEMENT 5

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|---|---|---|---|
| LEGAL FEES | 14,230. | 0. | 0. | 14,230. |
| TO FM 990-PF, PG 1, LN 16A | 14,230. | 0. | 0. | 14,230. |

FORM 990-PF ACCOUNTING FEES STATEMENT 6

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|---|---|---|---|
| ACCOUNTING FEES | 40,489. | 7,386. | 0. | 31,059. |
| TO FORM 990-PF, PG 1, LN 16B | 40,489. | 7,386. | 0. | 31,059. |

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 7

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|---|---|---|---|
| CONSULTING SERVICE FEES | 290. | 0. | 0. | 290. |
| INVESTMENT MANAGEMENT FEES | 1,137,734. | 623,448. | 0. | 0. |
| TPM MANAGEMENT FEES | 10,362. | 0. | 0. | 10,400. |
| TEI MANAGEMENT FEES | 210,276. | 61,376. | 0. | 148,900. |
| TO FORM 990-PF, PG 1, LN 16C | 1,358,662. | 684,824. | 0. | 159,590. |

FORM 990-PF TAXES STATEMENT 8

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|---|---|---|---|
| EXCISE TAXES | 188,265. | 0. | 0. | 0. |
| FOREIGN TAXES | 0. | 46,444. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 188,265. | 46,444. | 0. | 0. |

FORM 990-PF OTHER EXPENSES STATEMENT 9

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|---|---|---|---|
| INSURANCE | 8,037. | 0. | 0. | 8,365. |
| INFORMATION TECHNOLOGY | 10,187. | 1,166. | 0. | 9,236. |
| DUES & SUBSCRIPTIONS | 1,287. | 0. | 0. | 1,287. |
| BANK & CREDIT CARD FEES | 11,293. | 0. | 0. | 11,293. |
| LICENSES & PERMITS | 82. | 0. | 0. | 82. |
| SHIPPING & POSTAGE | 4. | 0. | 0. | 4. |
| OTHER EXPENSES | 13. | 0. | 0. | 13. |
| TO FORM 990-PF, PG 1, LN 23 | 30,903. | 1,166. | 0. | 30,280. |

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 10

| DESCRIPTION | U.S. GOV'T | OTHER GOV'T | BOOK VALUE | FAIR MARKET VALUE |
|---|---|---|---|---|
| U.S. GOVERNMENT OBLIGATIONS | X | | 6,499,969. | 6,499,969. |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | | | 6,499,969. | 6,499,969. |
| TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS | | | | |
| TOTAL TO FORM 990-PF, PART II, LINE 10A | | | 6,499,969. | 6,499,969. |

FORM 990-PF CORPORATE STOCK STATEMENT 11

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|---|---|---|
| CORPORATE STOCK | 73,523,214. | 73,523,214. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 73,523,214. | 73,523,214. |

FORM 990-PF CORPORATE BONDS STATEMENT 12

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|---|---|---|
| CORPORATE BONDS | 3,590,071. | 3,590,071. |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 3,590,071. | 3,590,071. |

FORM 990-PF OTHER INVESTMENTS STATEMENT 13

| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|---|---|---|---|
| INVESTMENT IN LPS | COST | 26,633,567. | 26,633,567. |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | | 26,633,567. | 26,633,567. |

FORM 990-PF OTHER LIABILITIES STATEMENT 14

| DESCRIPTION | BOY AMOUNT | EOY AMOUNT |
|---|---|---|
| DUE TO RELATED PARTY | 22,475. | 20,723. |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 22,475. | 20,723. |

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 15

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN-SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|---|---|---|---|
| COLONEL (IL) JENNIFER N. PRITZKER<br>104 S. MICHIGAN AVE, NO. 1025<br>CHICAGO, IL 60603 | PRESIDENT<br>0.25 | 0. | 0. | 0. |
| MARY F. FALCON<br>104 S. MICHIGAN AVE, NO. 1025<br>CHICAGO, IL 60603 | SECRETARY<br>0.25 | 0. | 0. | 0. |
| LEWIS M. COLLENS<br>104 S. MICHIGAN AVE, NO. 1025<br>CHICAGO, IL 60603 | DIRECTOR<br>0.25 | 0. | 0. | 0. |
| COLONEL DAVID R. PELIZZON, USA (RET)<br>104 S. MICHIGAN AVE, NO. 1025<br>CHICAGO, IL 60603 | DIRECTOR<br>0.25 | 0. | 0. | 0. |
| ANDREW PRITZKER<br>104 S. MICHIGAN AVE, NO. 1025<br>CHICAGO, IL 60603 | DIRECTOR<br>0.25 | 0. | 0. | 0. |
| TAL HAVA PRITZKER<br>104 S. MICHIGAN AVE, NO. 1025<br>CHICAGO, IL 60603 | DIRECTOR<br>0.25 | 0. | 0. | 0. |
| WILLIAM PRITZKER<br>104 S. MICHIGAN AVE, NO. 1025<br>CHICAGO, IL 60603 | DIRECTOR<br>0.25 | 0. | 0. | 0. |
| LESLIE GALIANO-SANCHEZ<br>104 S. MICHIGAN AVE, NO. 1025<br>CHICAGO, IL 60603 | TREASURER<br>0.25 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII | | 0. | 0. | 0. |

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT STATEMENT 16
PART VI-B, LINE 5D

GRANTEE'S NAME

PRITZKER MILITARY FOUNDATION

GRANTEE'S ADDRESS

104 S. MICHIGAN AVE, NO. 1025
CHICAGO, IL 60603

| GRANT AMOUNT | DATE OF GRANT | AMOUNT EXPENDED |
|---|---|---|
| 446,419. | 12/31/25 | 446,419. |

PURPOSE OF GRANT

SALARIES/BENEFITS & GENERAL OFFICE EXPENSES

DATES OF REPORTS BY GRANTEE

12/31/25

ANY DIVERSION BY GRANTEE

N/A

**2025 DEPRECIATION AND AMORTIZATION REPORT**

FORM 990-PF PAGE 1 990-PF

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |
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528111 04-01-25

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

EXTENDED TO NOVEMBER 16, 2026

Form **990-T**

# Exempt Organization Business Income Tax Return

**(and proxy tax under section 6033(e))**

For calendar year 2025 or other tax year beginning _____ , and ending _____ .

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

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

OMB No. 1545-0047

**2025**

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

Department of the Treasury
Internal Revenue Service

**A** ☐ Check box if address changed.

**B** Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Name of organization ( ☐ Check box if name changed and see instructions.)

TAWANI CHARITABLE DISTRIBUTION FUND

**D** Employer identification number: 30-0040386

Number and street. If a P.O. box, see instructions.: 104 S. MICHIGAN AVE

Room or suite no.: 1025

**E** Group exemption number (see instructions)

City or town: CHICAGO | State or province: IL | Country: | ZIP or foreign postal code: 60603

**C** Book value of all assets at end of year ..... 114,071,915.

**F** ☐ Check box if an amended return.

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

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

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

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

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

If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of SUSAN RIFKIN Telephone number 312-374-9455

## Part I Total Unrelated Business Taxable Income

| | | | |
|---|---|---|---|
| 1 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 21,307. |
| 2 | Reserved for future use | 2 | |
| 3 | Add lines 1 and 2 | 3 | 21,307. |
| 4 | Charitable contributions (see instructions for limitation rules) STMT 17 STMT 18 | 4 | 2,031. |
| 5 | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 19,276. |
| 6 | Deduction for net operating loss. See instructions | 6 | |
| 7 | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | 19,276. |
| 8 | Specific deduction (generally $1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 | **Trusts.** Section 199A deduction. See instructions | 9 | |
| 10 | **Total deductions.** Add lines 8 and 9 | 10 | 1,000. |
| 11 | **Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 18,276. |

## Part II Tax Computation

| | | | |
|---|---|---|---|
| 1 | **Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) | 1 | 3,838. |
| 2 | **Trusts taxable at trust rates.** 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 instructions | 3 | |
| 4a | Amount from Form 4255, Part I , line 3, column (q) | 4a | |
| b | Other tax amounts. See instructions | 4b | |
| 5 | Alternative minimum tax | 5 | |
| 6 | **Tax on noncompliant facility income.** See instructions | 6 | |
| 7 | **Total.** Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 3,838. |

## Part III Tax and Payments

| | | | | | |
|---|---|---|---|---|---|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | | |
| b | Other credits (see instructions) | 1b | | | |
| c | General business credit. Attach Form 3800 (see instructions) | 1c | 430. | | |
| d | Credit for prior-year minimum tax (attach Form 8801 or 8827) | 1d | | | |
| e | **Total credits.** Add lines 1a through 1d | | | 1e | 430. |
| 2 | Subtract line 1e from Part II, line 7 | | | 2 | 3,408. |
| 3a | Amount from Form 4255, Part I, line 3, column (r) (see instructions) | 3a | | | |
| b | Amount due from Form 8611 | 3b | | | |
| c | Amount due from Form 8697 | 3c | | | |
| d | Amount due from Form 8866 | 3d | | | |
| e | Other amounts due (see instructions) | 3e | | | |
| f | Total amounts due. Add lines 3a through 3e | | | 3f | 0. |
| 4 | **Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here | | | 4 | 3,408. |

**Part III Tax and Payments** *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| 5 a | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | | | 5a | 0. |
| b | First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15 | | | 5b | |
| 6 a | Payments: Preceding year's overpayment credited to the current year | 6a | 29,500. | | |
| b | Current year's estimated tax payments. Check if section 643(g) election applies ☐ | 6b | | | |
| c | Tax deposited with Form 8868 | 6c | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | | |
| e | Backup withholding (see instructions) | 6e | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | | | |
| g | Elective payment election amount from Form 3800 | 6g | | | |
| h | Payment from Form 2439 | 6h | | | |
| i | Credit from Form 4136 | 6i | | | |
| j | Other (see instructions) | 6j | | | |
| k | Section 1062 applicable net tax liability. Enter amount from 1062, line 14 | 6k | | | |
| 7 | **Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k | | | 7 | 29,500. |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ | | | 8 | |
| 9 | **Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed | | | 9 | |
| 10 | **Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid | | | 10 | 26,092. |
| 11 | Enter the amount of line 10 you want: **Credited to 2026 estimated tax** 26,092. **Refunded** For Refunded amount, also complete and attach Form 8050. See instructions. | | | 11 | 0. |

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

| | | Yes | No |
|---|---|---|---|
| 1 | At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year $ | | |
| 4 | Enter available pre-2018 NOL carryovers here $ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions. | | |

| Business Activity Code | Available post-2017 NOL carryover |
|---|---|
| 901101 | $ 171,687. |
| | $ |
| | $ |
| | $ |

| | | | |
|---|---|---|---|
| 6 a | Reserved for future use | | |
| b | Reserved for future use | | |

**Part V Supplemental Information**

Provide any additional information. See instructions.

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | Title: CHIEF NON-PROFIT OFFICER

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

**Paid Preparer Use Only**

| Enter preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| DAVID LOWENTHAL | DAVID LOWENTHAL | 11/16/26 | | P00378651 |

Firm's name PLANTE & MORAN, PLLC — Firm's EIN 33-1498605

Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 — Phone no. (312) 207-1040

Form **990-T** (2025)

523711 01-13-26

FORM 990-T CONTRIBUTIONS STATEMENT 17

| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
|---|---|---|
| CONTRIBUTIONS | N/A | 12,465,523. |
| LPS CONTRIBUTIONS | N/A | 178. |
| TOTAL TO FORM 990-T, PART I, LINE 4 | | 12,465,701. |

FORM 990-T CONTRIBUTIONS SUMMARY STATEMENT 18

| | | | |
|---|---|---|---|
| QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT | | | |
| QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT | | | |
| CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS | | | |
| FOR TAX YEAR 2020 | 8,679,193 | | |
| FOR TAX YEAR 2021 | 8,521,137 | | |
| FOR TAX YEAR 2022 | 8,042,878 | | |
| FOR TAX YEAR 2023 | 7,867,517 | | |
| FOR TAX YEAR 2024 | 9,068,574 | | |
| TOTAL CARRYOVER | | 42,179,299 | |
| TOTAL CURRENT YEAR 10% CONTRIBUTIONS | | 12,465,701 | |
| TOTAL CONTRIBUTIONS AVAILABLE | | 54,645,000 | |
| TAXABLE INCOME LIMITATION AS ADJUSTED | | 2,031 | |
| EXCESS CONTRIBUTIONS | | 54,642,969 | |
| EXCESS 100% CONTRIBUTIONS | | 0 | |
| TOTAL EXCESS CONTRIBUTIONS | | 54,642,969 | |
| ALLOWABLE CONTRIBUTIONS DEDUCTION | | | 2,031 |
| TOTAL CONTRIBUTION DEDUCTION | | | 2,031 |

**SCHEDULE A (Form 990-T)**

Department of the Treasury
Internal Revenue Service

# Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

**2025**

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

**A** Name of the organization: TAWANI CHARITABLE DISTRIBUTION FUND

**B** Employer identification number: 30-0040386

**C** Unrelated business activity code (see instructions): 901101

**D** Sequence: 1 of 1

**E** Describe the unrelated trade or business: INVESTMENT IN QUALIFYING PARTNERSHIP INTEREST

## Part 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 | | | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | 208,948. | | 208,948. |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | -3,722. | | -3,722. |
| c | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 19 | 5 | -77,453. | | -77,453. |
| 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 | 127,773. | | 127,773. |

## 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 | Less depreciation claimed in Part III and elsewhere on return | 8a | | 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) SEE STATEMENT 20 | | | 14 | 21,236. |
| 15 | **Total deductions.** Add lines 1 through 14 | | | 15 | 21,236. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | | 16 | 106,537. |
| 17 | Deduction for net operating loss. See instructions STMT 21 STMT 24 | | | 17 | 85,230. |
| 18 | **Unrelated business taxable income.** Subtract line 17 from line 16 | | | 18 | 21,307. |

**For Paperwork Reduction Act Notice, see instructions.** **Schedule A (Form 990-T) 2025**

LHA 523741 01-13-26

## Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

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

A ☐
B ☐
C ☐
D ☐

| | | A | B | C | D |
|---|---|---|---|---|---|
| 2 | Rent received or accrued | | | | |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

| | | | | | |
|---|---|---|---|---|---|
| 4 | Deductions directly connected with the income in lines 2a and 2b (attach statement) | | | | |

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

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

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

A ☐
B ☐
C ☐
D ☐

| | | A | B | C | D |
|---|---|---|---|---|---|
| 2 | Gross income from or allocable to debt-financed property | | | | |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

| | | | | | |
|---|---|---|---|---|---|
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends - received deductions** included in line 10 0.

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

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

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

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

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

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

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

## Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

| | | A | B | C | D |
|---|---|---|---|---|---|
| 2 | Gross advertising income | | | | |
| a | Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0. |
| 3 | Direct advertising costs by periodical | | | | |
| a | Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0. |
| 4 | Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- 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 less than line 6, enter -0- | | | | |
| 8 | Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a | Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 | | | | 0. |

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|---|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on Part II, line 1 | | | 0. |

## Part XI Supplemental Information (see instructions)

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 19

| DESCRIPTION | NET INCOME OR (LOSS) |
|---|---|
| BPEA III, LP - ORDINARY BUSINESS INCOME (LOSS) | 4,742. |
| BPEA IV, LP - ORDINARY BUSINESS INCOME (LOSS) | 711. |
| BPEA V LP - ORDINARY BUSINESS INCOME (LOSS) | -75,720. |
| BPEA VI LP - ORDINARY BUSINESS INCOME (LOSS) | -723. |
| BPEA STRATEGIC HEALTHCARE I-B, LP - ORDINARY BUSINESS INCOME (LOSS) | -6,463. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | -77,453. |

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 20

| DESCRIPTION | AMOUNT |
|---|---|
| TAX PREP FEES | 21,236. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | 21,236. |

FORM 990-T (A) POST 2017 NOL SCHEDULE STATEMENT 21

| PRIOR YEAR POST 2017 NOL | NOL DEDUCTION | CARRYFORWARD OF POST 2017 NOL |
|---|---|---|
| 171,687. | 85,230. | 86,457. |

FORM 990-T SCHEDULE A DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY STATEMENT 22

INVESTMENT IN QUALIFYING PARTNERSHIP INTERESTS

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 23

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|---|---|---|---|---|
| 12/31/23 | 5,049. | 0. | 5,049. | 5,049. |
| 12/31/24 | 166,638. | 0. | 166,638. | 166,638. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 171,687. | 171,687. |

SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 24

| | |
|---|---|
| TAXABLE INCOME FROM ALL ENTITIES | 106,537. |
| THIS ENTITIES PORTION OF TAXABLE INCOME | 106,537. |
| THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS | 100.00% |
| THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS | 0. |
| TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS | 106,537. |
| 80% INCOME LIMITATION | 85,230. |
| POST-2017 AVAILABLE | 171,687. |
| LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION | 85,230. |

**SCHEDULE D (Form 1120)**

Department of the Treasury
Internal Revenue Service

# Capital Gains and Losses

**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.**
**Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No. 1545-0123

**2025**

Name

TAWANI CHARITABLE DISTRIBUTION FUND

**Employer identification number**

30-0040386

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

## Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|
| **1a** Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instr). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** or **Box G** checked | | | | |
| **2** Totals for all transactions reported on Form(s) 8949 with **Box B** or **Box H** checked | | | | |
| **3** Totals for all transactions reported on Form(s) 8949 with **Box C** or **Box I** checked | | | | 4,880. |

| | | |
|---|---|---|
| **4** Short-term capital gain from installment sales from Form 6252, line 26 or 37 | **4** | |
| **5** Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | **5** | |
| **6** Unused capital loss carryover (attach computation) | **6** | ( ) |
| **7** Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | **7** | 4,880. |

## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|
| **8a** Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| **8b** Totals for all transactions reported on Form(s) 8949 with **Box D** or **Box J** checked | | | | |
| **9** Totals for all transactions reported on Form(s) 8949 with **Box E** or **Box K** checked | | | | |
| **10** Totals for all transactions reported on Form(s) 8949 with **Box F** or **Box L** checked | | | | 204,068. |

| | | |
|---|---|---|
| **11** Enter gain from Form 4797, line 7 or 9 | **11** | |
| **12** Long-term capital gain from installment sales from Form 6252, line 26 or 37 | **12** | |
| **13** Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | **13** | |
| **14** Capital gain distributions | **14** | |
| **15** Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | **15** | 204,068. |

## Part III Summary of Parts I and II

| | | |
|---|---|---|
| **16** Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | **16** | 4,880. |
| **17** Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | **17** | 204,068. |
| **18** Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | **18** | 208,948. |

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

Form **8949**

Department of the Treasury
Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

**File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**
**Go to www.irs.gov/Form8949 for instructions and the latest information.**

OMB No. 1545-0074

**2025**

Attachment Sequence No. **12A**

Name(s) shown on return

TAWANI CHARITABLE DISTRIBUTION FUND

Social security number or taxpayer identification no.

30-0040386

*Before you check Box A, B, C, G, H, or I below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B and Form(s) 1099-DA showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, C, G, H, or I below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(A)** Short-term transactions reported on **Form(s) 1099-B** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(B)** Short-term transactions reported on **Form(s) 1099-B** showing basis **was not** reported to the IRS
- ☒ **(C)** Short-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
- ☐ **(G)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(H)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
- ☐ **(I)** Short-term digital asset transactions not reported to you on **Form 1099-DA** or **Form 1099-B**

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). **See instructions.** (f) Code(s) | (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) | |
|---|---|---|---|---|---|---|---|---|
| BPEA IV, LP | | | | | | | 4,880. | C |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: TAWANI CHARITABLE D

Social security number or taxpayer identification no.: 30-0040386

*Before you check Box D, E, F, J, K, or L below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part II** **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B and Form(s) 1099-DA showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, F, J, K, or L below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(D)** Long-term transactions reported on **Form(s) 1099-B** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on **Form(s) 1099-B** showing basis **was not** reported to the IRS
- ☒ **(F)** Long-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
- ☐ **(J)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(K)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
- ☐ **(L)** Long-term digital asset transactions not reported to you on **Form 1099-DA** or **Form 1099-B**

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s) | (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) | |
|---|---|---|---|---|---|---|---|---|
| BPEA III, LP | | | | | | | 92. | C |
| BPEA IV, LP | | | | | | | 203,976. | C |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | |

Form **4797**

Department of the Treasury
Internal Revenue Service

# Sales of Business Property

**(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))**

**Attach to your tax return.**

**Go to www.irs.gov/Form4797 for instructions and the latest information.**

OMB No. 1545-0184

**2025**

Attachment Sequence No. **27**

Name(s) shown on return: TAWANI CHARITABLE DISTRIBUTION FUND

**Identifying number:** 30-0040386

| | | |
|---|---|---|
| **1a** Enter the gross proceeds from sales or exchanges reported to you for 2025 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 | 1a | |
| **b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets | 1b | |
| **c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets | 1c | |

## Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| 2 (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|---|---|---|---|---|---|
| SEE STATEMENT 25 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| **3** | Gain, if any, from Form 4684, line 39 | 3 | |
| **4** | Section 1231 gain from installment sales from Form 6252, line 26 or 37 | 4 | |
| **5** | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | 5 | |
| **6** | Gain, if any, from line 32, from other than casualty or theft | 6 | |
| **7** | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows | 7 | -3,722. |
| | **Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. | | |
| | **Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | | |
| **8** | Nonrecaptured net section 1231 losses from prior years. See instructions | 8 | |
| **9** | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions | 9 | |

## Part II Ordinary Gains and Losses (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | |
|---|---|---|---|---|---|---|
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| | | | |
|---|---|---|---|
| **11** | Loss, if any, from line 7 | 11 | ( 3,722.) |
| **12** | Gain, if any, from line 7 or amount from line 8, if applicable | 12 | |
| **13** | Gain, if any, from line 31 | 13 | |
| **14** | Net gain or (loss) from Form 4684, lines 31 and 38a | 14 | |
| **15** | Ordinary gain from installment sales from Form 6252, line 25 or 36 | 15 | |
| **16** | Ordinary gain or (loss) from like-kind exchanges from Form 8824 | 16 | |
| **17** | Combine lines 10 through 16 | 17 | -3,722. |
| **18** | For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. | | |
| **a** | If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions | 18a | |
| **b** | Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 | 18b | |

**Part III** **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|---|---|
| A | | |
| B | | |
| C | | |
| D | | |

| | These columns relate to the properties on lines 19A through 19D. | | Property A | Property B | Property C | Property D |
|---|---|---|---|---|---|---|
| 20 | Gross sales price (**Note:** See line 1a before completing.) | 20 | | | | |
| 21 | Cost or other basis plus expense of sale | 21 | | | | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | | | | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | | | | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | | | | |
| 25 | **If section 1245 property:** | | | | | |
| a | Depreciation allowed or allowable from line 22 | 25a | | | | |
| b | Enter the **smaller** of line 24 or 25a | 25b | | | | |
| 26 | **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | | |
| a | Additional depreciation after 1975. See instructions | 26a | | | | |
| b | Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions | 26b | | | | |
| c | Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | | |
| d | Additional depreciation after 1969 and before 1976 | 26d | | | | |
| e | Enter the **smaller** of line 26c or 26d | 26e | | | | |
| f | Section 291 amount (corporations only) | 26f | | | | |
| g | Add lines 26b, 26e, and 26f | 26g | | | | |
| 27 | **If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | | | |
| a | Soil, water, and land clearing expenses | 27a | | | | |
| b | Line 27a multiplied by applicable percentage | 27b | | | | |
| c | Enter the **smaller** of line 24 or 27b | 27c | | | | |
| 28 | **If section 1254 property:** | | | | | |
| a | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | | | |
| b | Enter the **smaller** of line 24 or 28a | 28b | | | | |
| 29 | **If section 1255 property:** | | | | | |
| a | Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | | | |
| b | Enter the **smaller** of line 24 or 29a. See instructions | 29b | | | | |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

| | | | |
|---|---|---|---|
| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

**Part IV** **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

| | | | (a) Section 179 | (b) Section 280F(b)(2) |
|---|---|---|---|---|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 | | |
| 34 | Recomputed depreciation. See instructions | 34 | | |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | | |

Form **3800**

Department of the Treasury
Internal Revenue Service

# General Business Credit

**Go to www.irs.gov/Form3800 for instructions and the latest information.**
**You must include all pages of Form 3800 with your return.**

OMB No. 1545-0074

**2025**

Attachment Sequence No. **22**

Name(s) shown on return

TAWANI CHARITABLE DISTRIBUTION FUND

**Identifying number**

30-0040386

**A** **Corporate Alternative Minimum Tax (CAMT) and Base Erosion Anti-Abuse Tax (BEAT).** Are you both (a) an "applicable corporation" within the meaning of section 59(k)(1) for the CAMT, and (b) an "applicable taxpayer" within the meaning of section 59A(e) for the BEAT? See instr. ☐ Yes ☒ No

**B** **(i)** Did you make an entry in Part III, column (f)? ☐ Yes ☒ No

**(ii)** If "Yes," enter the number of transfer election statements attached to your return

## Part I Credits Not Allowed Against Tentative Minimum Tax (TMT)

Complete applicable portions of Parts III and IV before Parts I and II. See instructions.

| | | | |
|---|---|---|---|
| 1 | Credits not subject to the passive activity limit from Part III, line 2: combine column (e) with non-passive amounts from column (f) | 1 | |
| 2 | Credits subject to the passive activity limit. Combine Part III, line 2, column (d), and passive amounts included in line 2, column (f); and Part IV, line 6, column (d) | 2 | |
| 3 | Enter the portion of line 2 allowed for 2025 | 3 | |
| 4 | Enter the portion of Part IV, line 6, column (f), that is from carryforwards to 2025 | 4 | 430. |
| | Check this box if the carryforward was changed or revised from the original reported amount ☐ | | |
| 5 | Enter the portion of Part IV, line 6, column (f), that is from carrybacks from 2026 | 5 | |
| 6 | Add lines 1, 3, 4, and 5 | 6 | 430. |

## Part II Figuring Credit Allowed After Limitations

### Section A - Figuring Credit Allowed After Section 38(c)(1) Limitation Based on Amount of Tax

| | | | | |
|---|---|---|---|---|
| 7 | Regular tax before credits:<br>• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16; and Schedule 2 (Form 1040), line 1z.<br>• Corporations. Enter the amount from Form 1120, Schedule J, line 2 (excluding the base erosion minimum tax entered on line 1f); or the applicable line of your return.<br>• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a, 1b, and 1d, plus any Form 8978 amount included on line 1e; or the amount from the applicable line of your return. | | 7 | 3,838. |
| 8 | Alternative minimum tax:<br>• Individuals. Enter the amount from Form 6251, line 11.<br>• Corporations. Enter the amount from Form 4626, Part II, line 13.<br>• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54. | | 8 | 0. |
| 9 | Add lines 7 and 8 | | 9 | 3,838. |
| 10a | Foreign tax credit | 10a | | |
| b | Certain allowable credits (see instructions) | 10b | | |
| c | Add lines 10a and 10b | | 10c | |
| 11 | **Net income tax.** Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 | | 11 | 3,838. |
| 12 | **Net regular tax.** Subtract line 10c from line 7. If zero or less, enter -0- | 12 | 3,838. | |
| 13 | Enter 25% (0.25) of the excess, if any, of line 12 (line 11 for corporations) over $25,000. See instructions | 13 | | |
| 14 | Tentative minimum tax:<br>• Individuals. Enter the amount from Form 6251, line 9.<br>• Corporations. Enter -0-.<br>• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52. | 14 | | |
| 15 | Enter the greater of line 13 or line 14 | | 15 | |
| 16 | Subtract line 15 from line 11. If zero or less, enter -0- | | 16 | 3,838. |
| 17 | Enter the **smaller** of line 6 or line 16. This is the amount of your credit allowed after the limitation of section 38(c)(1) | | 17 | 430. |
| | **C corporations:** See the line 17 instructions if there has been an ownership change, acquisition, or reorganization. | | | |

**Part II** **Figuring Credit Allowed After Limitations** *(continued)*

## Section B - Figuring Section 38(c)(2) Empowerment Zone and Renewal Community Employment Credit Allowed

**Note:** If you are not required to report any amounts on line 22 or line 24 below, skip lines 18 through 25 and enter -0- on line 26.

| | | | |
|---|---|---|---|
| **18** | Multiply line 14 by 75% (0.75). See instructions | **18** | |
| **19** | Enter the greater of line 13 or line 18 | **19** | |
| **20** | Subtract line 19 from line 11. If zero or less, enter -0- | **20** | |
| **21** | Subtract line 17 from line 20. If zero or less, enter -0- | **21** | |
| **22** | Combine the amounts from Part III, line 3, column (e), with the amount from Part IV, line 3, column (f) | **22** | |
| **23** | Passive activity credit from Part III, line 3, column (d), plus the amount from Part IV, line 3, column (d) — **23** | | |
| **24** | Enter the applicable passive activity credit allowed for 2025. See instructions | **24** | |
| **25** | Add lines 22 and 24 | **25** | |
| **26** | Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 | **26** | 0. |

## Section C - Figuring the Specified Credit Amount Allowed Under Section 38(c)(4)

| | | | |
|---|---|---|---|
| **27** | Subtract line 13 from line 11. If zero or less, enter -0- | **27** | 3,838. |
| **28** | Add lines 17 and 26 | **28** | 430. |
| **29** | Subtract line 28 from line 27. If zero or less, enter -0- | **29** | 3,408. |
| **30** | Enter the general business credit from line 5 of Part III: combine column (e) with non-passive amounts in column (f). See instructions | **30** | |
| **31** | Reserved | **31** | |
| **32** | Passive activity credits from line 5 of Part III: combine column (d) with passive amounts in column (f). Also include passive specified credit carryovers from Part IV, line 5, column (d). See instructions — **32** | | |
| **33** | Enter the applicable passive activity credits allowed for 2025. See instructions | **33** | |
| **34** | Carryforward of business credit to 2025. If completing Part IV and carrying forward a business credit(s), see instructions | **34** | |
| | Check this box if the carryforward was changed or revised from the original reported amount ☐ | | |
| **35** | Carryback of business credit from 2026. If completing Part IV and carrying back a business credit(s), see instructions | **35** | |
| **36** | Add lines 30, 33, 34, and 35 | **36** | |
| **37** | Enter the **smaller** of line 29 or line 36. This is the amount allowed for specified credits | **37** | |

## Section D - Credits Allowed After Limitations

| | | | |
|---|---|---|---|
| **38** | **Credit allowed for the current year.** Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36; see instructions) as indicated below or on the applicable line of your return.<br>• Individuals. Schedule 3 (Form 1040), line 6a.<br>• Corporations. Form 1120, Schedule J, line 5c.<br>• Estates and trusts. Form 1041, Schedule G, line 2b. | **38** | 430. |

**Part IV Carryovers of General Business Credits (GBCs)** (see instructions)

| Credits carried over to tax year 2025 | (a) No. of items | (b) Originating tax year | (c) Pass-through entity EIN | Carryover: Subject to the passive activity limits (d) **Before** the passive activity limitations | Carryover: Subject to the passive activity limits (e) **After** the passive activity limitations | Carryover: (f) Not subject to passive activity limits | Carryover: (g) Amount of columns (e) and (f) applied against tax in Part II | (h) Amount of columns (e) and (f) recaptured or otherwise adjusted | (i) Carryforward to 2026. Subtract the sum of columns (g) and (h) from the sum of columns (e) and (f) |
|---|---|---|---|---|---|---|---|---|---|
| **1a** Form 3468, Part II | | | | | | | | | |
| **b** Form 7207 | | | | | | | | | |
| **c** Form 6765 | 5 | 2024 | 47-0975911 | | | 338. | 338. | | |
| **d** Form 3468, Part III | | | | | | | | | |
| **e** Form 8826 | | | | | | | | | |
| **f** Form 8835, Part II | | | | | | | | | |
| **g** Form 7210 | | | | | | | | | |
| **h** Form 8820 | | | | | | | | | |
| **i** Form 8874 | | | | | | | | | |
| **j** Form 8881, Part I | | | | | | | | | |
| **k** Form 8882 | | | | | | | | | |
| **l** Form 8864 | | | | | | | | | |
| **m** Form 8896 | | | | | | | | | |
| **n** Form 8906 | | | | | | | | | |
| **o** Form 3468, Part IV | | | | | | | | | |
| **p** Form 8908 | | | | | | | | | |
| **q** Form 7218, Part II | | | | | | | | | |
| **r** Reserved | | | | | | | | | |
| **s** Form 8911 | | | | | | | | | |
| **t** Form 8830 | | | | | | | | | |
| **u** Form 7213, Part II | | | | | | | | | |
| **v** Form 3468, Part V | | | | | | | | | |
| **w** Form 8932 | | | | | | | | | |
| **x** Form 8933 | | | | | | | | | |
| **y** Form 8936, Part II | | | | | | | | | |
| **z** Reserved | | | | | | | | | |
| **aa** Form 8936, Part V | | | | | | | | | |
| **bb** Form 8904 | | | | | | | | | |
| **cc** Form 7213, Part I | | | | | | | | | |
| **dd** Form 8881, Part II | | | | | | | | | |
| **ee** Form 8881, Part III | | | | | | | | | |
| **ff** Form 8864 | | | | | | | | | |
| **gg** Form 7211, Part II | | | | | | | | | |
| **hh** Reserved | | | | | | | | | |
| **ii** Reserved | | | | | | | | | |
| **jj** Reserved | | | | | | | | | |
| **zz** Other | | | | | | | | | |

**Part IV Carryovers of General Business Credits (GBCs)** (see instructions) *(continued)*

| Credits carried over to tax year 2025<br>**Note:** Credits on lines 2a through 2x are expired. Only carryforwards are allowed. | (a) No. of items | (b) Originating tax year | (c) Pass-through entity EIN | Carryover: Subject to the passive activity limits (d) **Before** the passive activity limitations | Carryover: Subject to the passive activity limits (e) **After** the passive activity limitations | Carryover: (f) Not subject to passive activity limits | (g) Amount of columns (e) and (f) applied against tax in Part II | (h) Amount of columns (e) and (f) recaptured or otherwise adjusted | (i) Carryforward to 2026. Subtract the sum of columns (g) and (h) from the sum of columns (e) and (f) |
|---|---|---|---|---|---|---|---|---|---|
| **2a** Form 5884-A | | | | | | | | | |
| **b** Form 8586 (pre-2008) | | | | | | | | | |
| **c** Form 8845 | | | | | | | | | |
| **d** Form 8907 | | | | | | | | | |
| **e** Form 8909 | | | | | | | | | |
| **f** Form 8923 | | | | | | | | | |
| **g** Form 8834 | | | | | | | | | |
| **h** Form 8931 | | | | | | | | | |
| **i** Form 1065-B | | | | | | | | | |
| **j** Form 5884 (pre-2007) | | | | | | | | | |
| **k** Form 6478 (pre-2005) | | | | | | | | | |
| **l** Form 8846 (pre-2007) | | | | | | | | | |
| **m** Form 8900 (pre-2008) | | | | | | | | | |
| **n** Trans-Alaska pipeline liability | | | | | | | | | |
| **o** Form 5884-A, Section A | | | | | | | | | |
| **p** Form 5884-A, Section B | | | | | | | | | |
| **q** Form 5884-A, Section A | | | | | | | | | |
| **r** Form 5884-A, Section B | | | | | | | | | |
| **s** Form 5884-B | | | | | | | | | |
| **t** Form 8847 | | | | | | | | | |
| **u** Form 8861 | | | | | | | | | |
| **v** Form 8884 | | | | | | | | | |
| **w** Form 8942 | | | | | | | | | |
| **x** Form 8910 | | | | | | | | | |
| **y** Reserved | | | | | | | | | |
| **z** Reserved | | | | | | | | | |
| **zz** Other credits (see inst.) | | 2023 | | | | 92. | 92. | | |
| **3** Form 8844 | | | | | | | | | |

Form **3800** (2025)

**Part IV Carryovers of General Business Credits (GBCs)** (see instructions) *(continued)*

| Credits carried over to tax year 2025 | (a) No. of items | (b) Originating tax year | (c) Pass-through entity EIN | Carryover: Subject to the passive activity limits (d) **Before** the passive activity limitations | Carryover: Subject to the passive activity limits (e) **After** the passive activity limitations | Carryover (f) Not subject to passive activity limits | Carryover (g) Amount of columns (e) and (f) applied against tax in Part II | (h) Amount of columns (e) and (f) recaptured or otherwise adjusted | (i) Carryforward to 2026. Subtract the sum of columns (g) and (h) from the sum of columns (e) and (f) |
|---|---|---|---|---|---|---|---|---|---|
| **4 Specified credits:** | | | | | | | | | |
| **a** Form 3468, Part VI | | | | | | | | | |
| **b** Form 5884 | | | | | | | | | |
| **c** Form 6478 | | | | | | | | | |
| **d** Form 8586 (post-2007) | | | | | | | | | |
| **e** Form 8835 | | | | | | | | | |
| **f** Form 8846 | | | | | | | | | |
| **g** Form 8900 | | | | | | | | | |
| **h** Form 8941 | | | | | | | | | |
| **i** Form 6765 ESB credit | | | | | | | | | |
| **j** Form 8994 | | | | | | | | | |
| **k** Form 3468, Part VII (post-2007) | | | | | | | | | |
| **l** Reserved | | | | | | | | | |
| **m** Reserved | | | | | | | | | |
| **y** ESBC (see inst.) | | | | | | | | | |
| **z** Other specified credits | | | | | | | | | |
| **5** Add lines 4a - 4z | | | | | | | | | |
| **6** Add lines 1a through 2zz | | | | | | 430. | 430. | | |
| **7** Add lines 3, 5, and 6 | | | | | | 430. | 430. | | |

Form **3800** (2025)

## Part VI Breakdown of Aggregate Amounts in Part IV (see instructions)

| | (a) Line number from Part IV | (b) Originating tax year | (c) Pass-through entity EIN | Carryover: Subject to the passive activity limits (d) **Before** the passive activity limitations | Carryover: Subject to the passive activity limits (e) **After** the passive activity limitations | (f) Not subject to passive activity limits | (g) Amount of columns (e) and (f) applied against tax in Part II | (h) Amount of columns (e) and (f) recaptured or otherwise adjusted | (i) Carryforward to 2026. Subtract the sum of columns (g) and (h) from the sum of columns (e) and (f) |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1C | 2024 | 47-0975911 | | | 27. | 27. | 0. | 0. |
| 2 | 1C | 2024 | 35-2586977 | | | 66. | 66. | 0. | 0. |
| 3 | 1C | 2024 | 83-3987697 | | | 194. | 194. | 0. | 0. |
| 4 | 1C | 2024 | 87-2604787 | | | 30. | 30. | 0. | 0. |
| 5 | 1C | 2024 | 82-3699606 | | | 21. | 21. | 0. | 0. |
| 6 | | | | | | | | | |
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| 35 | | | | | | | | | |

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 25

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
|---|---|---|---|---|---|---|
| BPEA III, LP | | | | | | -455. |
| BPEA IV, LP | | | | | | -4,472. |
| BPEA V LP | | | | | | 3. |
| BPEA STRATEGIC HEALTHCARE I-B, LP | | | | | | 1,202. |
| TOTAL TO 4797, PART I, LINE 2 | | | | | | -3,722. |

**SCHEDULE D (Form 1120)**

Department of the Treasury
Internal Revenue Service

# Capital Gains and Losses

**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.**
**Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No. 1545-0123

**2025**

Name

TAWANI CHARITABLE DISTRIBUTION FUND

**Employer identification number**

30-0040386

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

## Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|
| **1a** Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instr). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** or **Box G** checked | | | | |
| **2** Totals for all transactions reported on Form(s) 8949 with **Box B** or **Box H** checked | | | | |
| **3** Totals for all transactions reported on Form(s) 8949 with **Box C** or **Box I** checked | | | | 4,880. |

| | | |
|---|---|---|
| **4** Short-term capital gain from installment sales from Form 6252, line 26 or 37 | 4 | |
| **5** Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | 5 | |
| **6** Unused capital loss carryover (attach computation) | 6 | ( ) |
| **7** Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | 7 | 4,880. |

## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|
| **8a** Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| **8b** Totals for all transactions reported on Form(s) 8949 with **Box D** or **Box J** checked | | | | |
| **9** Totals for all transactions reported on Form(s) 8949 with **Box E** or **Box K** checked | | | | |
| **10** Totals for all transactions reported on Form(s) 8949 with **Box F** or **Box L** checked | | | | 204,068. |

| | | |
|---|---|---|
| **11** Enter gain from Form 4797, line 7 or 9 | 11 | |
| **12** Long-term capital gain from installment sales from Form 6252, line 26 or 37 | 12 | |
| **13** Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | 13 | |
| **14** Capital gain distributions | 14 | |
| **15** Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | 15 | 204,068. |

## Part III Summary of Parts I and II

| | | |
|---|---|---|
| **16** Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | 4,880. |
| **17** Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 204,068. |
| **18** Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 208,948. |

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

Form **8949**

Department of the Treasury
Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

**File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**
**Go to www.irs.gov/Form8949 for instructions and the latest information.**

OMB No. 1545-0074

**2025**

Attachment Sequence No. **12A**

Name(s) shown on return

TAWANI CHARITABLE DISTRIBUTION FUND

Social security number or taxpayer identification no.

30-0040386

*Before you check Box A, B, C, G, H, or I below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B and Form(s) 1099-DA showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, C, G, H, or I below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(A)** Short-term transactions reported on **Form(s) 1099-B** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(B)** Short-term transactions reported on **Form(s) 1099-B** showing basis **was not** reported to the IRS
- ☒ **(C)** Short-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
- ☐ **(G)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(H)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
- ☐ **(I)** Short-term digital asset transactions not reported to you on **Form 1099-DA** or **Form 1099-B**

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See instructions.** (f) Code(s) | (g) Amount of adjustment | (h) **Gain or (loss)** Subtract column (e) from column (d) & combine the result with column (g) |
|---|---|---|---|---|---|---|---|
| BPEA IV, LP | | | | | | | 4,880. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: TAWANI CHARITABLE D

Social security number or taxpayer identification no.: 30-0040386

*Before you check Box D, E, F, J, K, or L below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part II** **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B and Form(s) 1099-DA showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, F, J, K, or L below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(D)** Long-term transactions reported on **Form(s) 1099-B** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on **Form(s) 1099-B** showing basis **was not** reported to the IRS
- ☒ **(F)** Long-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
- ☐ **(J)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(K)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
- ☐ **(L)** Long-term digital asset transactions not reported to you on **Form 1099-DA** or **Form 1099-B**

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s) | (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|---|---|---|---|---|---|---|
| BPEA III, LP | | | | | | | 92. |
| BPEA IV, LP | | | | | | | 203,976. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | |

Form **4797**

Department of the Treasury
Internal Revenue Service

# Sales of Business Property

**(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))**

**Attach to your tax return.**

**Go to www.irs.gov/Form4797 for instructions and the latest information.**

OMB No. 1545-0184

**2025**

Attachment Sequence No. **27**

Name(s) shown on return: TAWANI CHARITABLE DISTRIBUTION FUND

**Identifying number:** 30-0040386

| | | |
|---|---|---|
| **1a** Enter the gross proceeds from sales or exchanges reported to you for 2025 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 | 1a | |
| **b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets | 1b | |
| **c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets | 1c | |

## Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| 2 (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|---|---|---|---|---|---|
| SEE STATEMENT 26 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| **3** | Gain, if any, from Form 4684, line 39 | 3 | |
| **4** | Section 1231 gain from installment sales from Form 6252, line 26 or 37 | 4 | |
| **5** | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | 5 | |
| **6** | Gain, if any, from line 32, from other than casualty or theft | 6 | |
| **7** | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows | 7 | -3,722. |
| | **Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. | | |
| | **Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | | |
| **8** | Nonrecaptured net section 1231 losses from prior years. See instructions | 8 | |
| **9** | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions | 9 | |

## Part II Ordinary Gains and Losses (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| **11** | Loss, if any, from line 7 | 11 | ( 3,722.) |
| **12** | Gain, if any, from line 7 or amount from line 8, if applicable | 12 | |
| **13** | Gain, if any, from line 31 | 13 | |
| **14** | Net gain or (loss) from Form 4684, lines 31 and 38a | 14 | |
| **15** | Ordinary gain from installment sales from Form 6252, line 25 or 36 | 15 | |
| **16** | Ordinary gain or (loss) from like-kind exchanges from Form 8824 | 16 | |
| **17** | Combine lines 10 through 16 | 17 | -3,722. |
| **18** | For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. | | |
| **a** | If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions | 18a | |
| **b** | Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 | 18b | |

**Part III** **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|---|---|
| A | | |
| B | | |
| C | | |
| D | | |

| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B | Property C | Property D |
|---|---|---|---|---|---|
| 20 Gross sales price (**Note:** See line 1a before completing.) | 20 | | | | |
| 21 Cost or other basis plus expense of sale | 21 | | | | |
| 22 Depreciation (or depletion) allowed or allowable | 22 | | | | |
| 23 Adjusted basis. Subtract line 22 from line 21 | 23 | | | | |
| 24 Total gain. Subtract line 23 from line 20 | 24 | | | | |
| 25 **If section 1245 property:** | | | | | |
| a Depreciation allowed or allowable from line 22 | 25a | | | | |
| b Enter the **smaller** of line 24 or 25a | 25b | | | | |
| 26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | | |
| a Additional depreciation after 1975. See instructions | 26a | | | | |
| b Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions | 26b | | | | |
| c Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | | |
| d Additional depreciation after 1969 and before 1976 | 26d | | | | |
| e Enter the **smaller** of line 26c or 26d | 26e | | | | |
| f Section 291 amount (corporations only) | 26f | | | | |
| g Add lines 26b, 26e, and 26f | 26g | | | | |
| 27 **If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | | | |
| a Soil, water, and land clearing expenses | 27a | | | | |
| b Line 27a multiplied by applicable percentage | 27b | | | | |
| c Enter the **smaller** of line 24 or 27b | 27c | | | | |
| 28 **If section 1254 property:** | | | | | |
| a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | | | |
| b Enter the **smaller** of line 24 or 28a | 28b | | | | |
| 29 **If section 1255 property:** | | | | | |
| a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | | | |
| b Enter the **smaller** of line 24 or 29a. See instructions | 29b | | | | |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

| | | |
|---|---|---|
| 30 Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

**Part IV** **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

| | | (a) Section 179 | (b) Section 280F(b)(2) |
|---|---|---|---|
| 33 Section 179 expense deduction or depreciation allowable in prior years | 33 | | |
| 34 Recomputed depreciation. See instructions | 34 | | |
| 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | | |

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 26

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
|---|---|---|---|---|---|---|
| BPEA III, LP | | | | | | -455. |
| BPEA IV, LP | | | | | | -4,472. |
| BPEA V LP | | | | | | 3. |
| BPEA STRATEGIC HEALTHCARE I-B, LP | | | | | | 1,202. |
| TOTAL TO 4797, PART I, LINE 2 | | | | | | -3,722. |