| ٠.                     | , 990 <i>2</i> T                              | ``<br>  ~F                            | CHAN<br>Exempt Orgai   | ige of accou<br>nization Bus | _           |                |                      | ax Re        | turn       |   | OMB No                                | o 1545-0047             |
|------------------------|---|---------------------------------------|--|------------------------------|-------------|----------------|----------------------|--------------|------------|---|---------------------------------------|-------------------------|
|                        | 100   | (and proxy tax under section 6033(e)) |  |                              |             |                |                      |              |            |   | - 00.40                               |                         |
|                        |   | For ca                                | For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending DEC 31, 2019                           |                              |             |                |                      |              |            |   |                                       | 019                     |
| •                      | artment of the Treasury                       |                                       | Go to www.irs.gov/Form990T for instructions and the latest information.  |                              |             |                |                      |              |            |   |                                       |                         |
|                        | nal Revenue Service                           | <b></b>                               | Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). § 501(c)(3). |                              |             |                |                      |              |            |   |                                       |                         |
| A [                    | Check box if address changed                  |                                       | Name of organization ( Check box if name changed and see instructions.)  |                              |             |                |                      |              |            | D Employer identification number<br>(Employees' trust, see<br>instructions) |                                       |                         |
| В                      | Exempt under section                          | Print                                 | rint MOISE Y. SAFRA FOUNDATION   |                              |             |                |                      |              |            | 27-0521354  |                                       |                         |
| X                      | 501(c)(3 <b>03</b>                            | 10 Or                                 |  |                              |             |                |                      |              |            |   | ted busine<br>structions              | iss activity code<br>)  |
|                        | 408(e)220(e)                                  | Type                                  | 767 FIFTH AVENUE   |                              |             |                |                      |              |            |   |                                       |                         |
|                        | 408A530(a)<br>529(a)                          |                                       | City or town, state or prov<br>NEW YORK, N   |                              | r foreig    | n postal code  | )                    |              |            | 5230  | 000                                   |                         |
| C B                    | ook value of all assets<br>end of year        |                                       | F Group exemption numb   | <del>. \</del>               | <b>&gt;</b> |                |                      |              |            |   |                                       |                         |
|                        | 54,161,7                                      |                                       | G Check organization typi  |                              | oration     | n 5            | 01(c) trust          |              | 401(a)     | trust   |                                       | Other trust             |
|                        |   | -                                     | tion's unrelated trades or b   |                              | 1           |                | _                    | the only (or | •          |   |                                       |                         |
|                        |   |                                       | EE STATEMENT   |                              |             |                | . If only one,       |              |            |   |                                       | •                       |
|                        |   |                                       | ce at the end of the previou   | us sentence, complete Pa     | rts I an    | d II, complet  | e a Schedule         | M for each   | addition   | al trade (  | or                                    |                         |
|                        | usiness, then complete                        |                                       |  |                              |             |                |                      |              |            | <del></del>   |                                       | 7                       |
|                        |   |                                       | oration a subsidiary in an a   |                              | nt-subs     | idiary control | led group?           |              |            | Yes   | ; <u>[A</u>                           | No                      |
|                        |   |                                       | tifying number of the paren JAMES HEALY (  |                              | A C.        | <u></u>        | Tolonh               | one number   | <b>\</b> 2 | 12-   | 755-                                  | 9555                    |
|                        |   |                                       | le or Business Inc   |                              | n. «        |                | come                 |              | xpenses    |   |                                       | (C) Net                 |
|                        |   |                                       | ac or Business ino   | 0                            | T           | (^/ '''        | COMIC                | (0)          | . Aponoco  |   |                                       | 107.1012                |
|                        | Gross receipts or sale Less returns and alloy |                                       |  | c Balance                    | 10          |                |                      | •            | •          |   |                                       | į                       |
| · ·                    | Cost of goods sold (S                         |                                       | A line 7\  | C Dalatice                   | 2           |                |                      |              |            |   | · · · · · · · · · · · · · · · · · · · | <u>'</u>                |
| xc <sup>2</sup><br>~ 3 | Gross profit. Subtract                        |                                       | •  |                              | 3           |                |                      |              |            |   |                                       | <del></del>             |
|                        | Capital gain net incon                        |                                       |  |                              | 4a          | 30             | ,629.                |              |            |   |                                       | 30,629.                 |
| ш.                     | . •   | •                                     | art II, line 17) (attach Form  | ı 4797)                      | 4b          |                |                      |              |            |   |                                       |                         |
| ຸ້                     | Capital loss deduction                        |                                       |  |                              | 4c          |                |                      |              | •          |   |                                       |                         |
| _                      | •   |                                       | ship or an S corporation (at   | ttach statement)             | 5           | 1              | ,201.                | SI           | MT 1       | 2   |                                       | 1,201.                  |
| ¥ 6                    | Rent income (Schedu                           |                                       |  | ,                            | 6           |                |                      |              |            |   |                                       |                         |
| <b>≨</b> 7             | Unrelated debt-finance                        |                                       | ne (Schedule E)  |                              | 7           |                |                      |              |            |   |                                       |                         |
| SCANNED                | Interest, annuities, roy                      | yaltıes, a                            | nd rents from a controlled o   | organization (Schedule F)    | 8           |                |                      |              |            |   |                                       |                         |
| ر<br>رو                | Investment income of                          | f a sectio                            | on 501(c)(7), (9), or (17) o   | rganization (Schedule G)     | 9           |                |                      |              |            |   |                                       |                         |
| 10                     | Exploited exempt acti                         | ivity inco                            | me (Schedule I)  |                              | 10          |                |                      |              |            |   |                                       |                         |
| 11                     | Advertising income (S                         | Schedule                              | : J)   |                              | 11          |                |                      |              |            |   |                                       |                         |
| 12                     | Other income (See in:                         |                                       |  |                              | 12          | 24             | 0.3.0                |              |            |   |                                       | 21 020                  |
| 13                     | Total. Combine lines                          |                                       |  |                              | 13          | •              | 830.                 | <u> </u>     |            |   |                                       | 31,830.                 |
| <u>.Pa</u>             |   |                                       | ot Taken Elsewher<br>be directly connected wi  |                              |             |                | eductions.)          |              |            |   |                                       |                         |
| <del></del>            |   |                                       |  |                              | 11/1        | = 17           | <u> </u>             |              |            | 144   |                                       |                         |
| 14                     | ·   | ncers, a                              | rectors, and trustees (Sche  | dule K)                      | , 1 '4 .    | = <del></del>  | 1                    |              |            | 14  |                                       |                         |
| 15<br>16               | Salaries and wages Repairs and mainter        | 12000                                 |  | [5]                          | - 00        | )20 SE         | .1                   |              |            | 16  |                                       |                         |
| 17                     | Bad debts                                     | Idillo                                |  | NOV Z                        | 5 2         | 120 G          |                      |              |            | 17  |                                       |                         |
| 18                     | Interest (attach sche                         | edule) (s                             | ee instructions)   | m ·                          |             |                |                      |              |            | 18  |                                       |                         |
| 19                     | Taxes and licenses                            | 7                                     | ,  | OGDE                         | -Ń          | III            | 1                    |              |            | 19  |                                       |                         |
| 20                     | Depreciation (attach                          | Førm 4                                | 562)   | <u>UUUL</u>                  | -14,        |                | *[ <sup>3</sup> 20 ] |              |            |   |                                       |                         |
| 21                     |   | /                                     | n Schedule A and elsewher  | e on return                  |             |                | 218                  |              |            | 21b   |                                       |                         |
| 22                     | Depletion                                     |                                       |  |                              |             |                |                      |              |            | 22  |                                       |                         |
| 23                     | Contributions to def                          | erred co                              | mpensation plans   |                              |             |                |                      |              |            | 23  |                                       |                         |
| 24                     | Employee, benefit programs                    |                                       |  |                              |             |                |                      |              | 24         |   |                                       |                         |
| 25                     | Excess exempt expe                            | nses (S                               | chedule I)   |                              |             |                |                      |              |            | 25  |                                       |                         |
| 26                     | Excess readership costs (Schedule J)          |                                       |  |                              |             |                |                      |              |            | 26  |                                       |                         |
| 27                     | Other deductions (at                          | ttach sch                             | nedule)  |                              |             |                |                      |              |            | 27  |                                       |                         |
| 28                     | Total deductions. A                           |                                       |  |                              |             |                |                      |              |            | 28  |                                       | 0.                      |
| 29/                    |   |                                       | ncome before net operating   |                              |             |                | 3                    |              |            | 29  |                                       | 31,830.                 |
| 3,0                    |   | perating                              | loss arising in tax years be   | ginning on or after Janua    | ry 1, 20    | )18            |                      |              |            | 1 1   |                                       | ^                       |
|                        | (see instructions)                            |                                       | <u>.</u>   |                              |             |                |                      |              |            | 30  |                                       | $\frac{0.}{31,830.}$    |
| / <u>31</u>            |   |                                       | ncome. Subtract line 30 fro  |                              |             |                |                      |              |            | 31  |                                       | 31,830.<br>990-T (2019) |
| 9237                   | 01 01-27-20 LHA F                             | or Papei                              | work Reduction Act Notice  | e, see instructions.         | _           |                |                      | (            | 19         |   | rorm                                  | 330-1 (2019)            |

| _      | 0-17(2019) MOISE Y. SAFRA FOUNDATION   | 2                    | 7 - 0521            | 354              | Page 2         |
|--------|--|----------------------|---------------------|------------------|----------------|
| Part   | Total Unrelated Business Taxable Income  | <del></del>          |                     |                  |                |
| 32     | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   | 32                   |                     | 1,8              | <u>30.</u>     |
| 33     | Amounts paid for disallowed fringes  | 33                   |                     |                  |                |
| 34     | Charitable contributions (see instructions for limitation rules)   | 34                   |                     |                  | 0.             |
| 35     | Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and  | 33 <b>5</b> 35       | 3:                  | 1,8              | 30.            |
| 36     | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  | 36                   |                     |                  |                |
| 37     | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35  | 7 37                 | 3:                  | 1,8              | 30.            |
| 38     | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  | 8 38                 |                     | 1,00             |                |
| 39     | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,  |                      |                     |                  |                |
| 33     | enter the smaller of zero or line 37   |                      | 1 3                 | 0,8              | 30.            |
| Dart   | Tax Computation  | - 1 33               |                     | ,,,,             | <del></del>    |
|        |  | ► 1 Ab               | 7 -                 | 5,4'             | 7.1            |
| 40     | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)  | 40                   | <u> </u>            | J , <del>I</del> | / 4 •          |
| 41     | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:   |                      |                     |                  |                |
|        | Tax rate schedule or Schedule D (Form 1041)  | 41                   |                     |                  |                |
| 42     | Proxy tax. See instructions  | <b>►</b> 42          |                     |                  |                |
| 43     | Alternative minimum tax (trusts only)  | 43                   |                     |                  |                |
|        | Tax on Noncompliant Facility Income. See instructions  | _ 44                 |                     |                  |                |
|        | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  | 7 45                 |                     | 5,4'             | <u>/4.</u>     |
| Part   | Tax and Payments   |                      |                     |                  |                |
| 46 a   | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a   |                      |                     |                  |                |
| b      | Other credits (see instructions)   |                      | ľ                   |                  |                |
| С      | General business credit. Attach Form 3800  |                      |                     |                  |                |
| d      | Credit for prior year minimum tax (attach Form 8801 or 8827)   |                      |                     |                  |                |
|        | Credit for prior year minimum tax (attach Form 8801 or 8827)  Total credits. Add lines 46a through 46d   | 466                  | :                   |                  |                |
| 47     | Subtract line 46c from line 45   | 47                   |                     | 5,4'             | <del>74.</del> |
| 48     | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched  |                      |                     |                  |                |
|        | Total tax. Add lines 47 and 48 (see instructions)  | 4 49                 |                     | 5,4              | 74.            |
| 50     | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | 50                   |                     | - , -            | 0.             |
|        |  | 1                    | <del>-</del>        |                  | <del></del>    |
|        | Payments: A 2018 overpayment credited to 2019  | <b>   </b>           |                     |                  |                |
|        | 2019 estimated tax payments 51b  |                      |                     |                  |                |
|        | Tax deposited with Form 8868   | <b></b>              |                     |                  |                |
|        | Foreign organizations; Tax paid or withheld at source (see instructions)  516  | —— I                 |                     |                  |                |
|        | Backup withholding (see instructions) 51e  | <b></b>              |                     |                  |                |
|        | Credit for small employer health insurance premiums (attach Form 8941)  51f  | I                    |                     |                  |                |
| g      | Other credits, adjustments, and payments: Form 2439  |                      |                     |                  |                |
|        | Form 4136 Other Total ▶ <b>51g</b>   |                      |                     |                  |                |
| 52     | Total payments. Add lines 51a through 51g  | 52                   |                     |                  |                |
| 53     | Estimated tax penalty (see instructions). Check if Form 2220 is attached   | 53                   |                     |                  |                |
| 54     | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  | <b>▶</b> 9 <u>54</u> | (                   | 5,4°             | <u>74.</u>     |
| 55     | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  | <b>▶</b> 55          |                     |                  |                |
| 56     | Enter the amount of line 55 you want. Credited to 2020 estimated tax   | <b>▶</b> 56          |                     |                  |                |
| Part   | VI Statements Regarding Certain Activities and Other Information (see instructions)  | ,                    |                     |                  |                |
| 57     | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority  |                      |                     | Yes              | No             |
|        | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  |                      | İ                   |                  |                |
|        | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country  |                      | į                   |                  |                |
|        | here CAYMAN ISLANDS  |                      |                     | х                |                |
| 50     | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  |                      | —— I                |                  | X              |
|        |  |                      | ŀ                   |                  | <del></del>    |
|        | If "Yes," see instructions for other forms the organization may have to file.  |                      |                     | ]                |                |
| 59     | Enter the amount of tax-exempt interest received or accrued during the tax year  Under peoplities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k | nowledge en          | d belief it is true | 1                |                |
| Sign   | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  |                      |                     |                  |                |
| Here   |  |                      | IRS discuss this    |                  | ith            |
| 11010  | THE TRUBERS  | <b>- B</b>           | arer shown below    |                  |                |
|        | Signature of office Date Title   |                      | ons)? X Ye          | S                | No             |
|        | Print/Type/preparer's name Preparer's signature Date Check   | ıf P                 | TIN                 |                  |                |
| Paid   | self-empl  |                      |                     |                  |                |
|        | parer SARAH AVERY SA U 11/16/20  |                      | P01470              |                  |                |
| •      | Only Firm's name ► FRIEDMAN LLP Firm's El  | N ▶ :                | 13-1610             | 1809             | 9              |
|        | ONE LIBERTY PLAZA, 165 BROADWAY, 21ST  |                      |                     | _                |                |
|        | Firm's address ► NEW YORK, NY 10006 Phone no   | <u>. (21</u>         | <u>2) 842-</u>      |                  |                |
| 202244 | 01-27-20   |                      | Form 99             | 0-T              | 2019)          |

| Schedule A - Cost of Good  | s Sold. Enter     | method of inver               | ntory valuation N/A  |  |  |  | <u> </u>                                      |                |
|--|-------------------|-------------------------------|--|--|--|--|---|----------------|
| 1 Inventory at beginning of year   | 1                 |                               | 6 Inventory at end of year   |  | 6  |  |   |                |
| 2 Purchases  | 2                 |                               | 7 Cost of goods sold. St   | ubtract t  | ine 6  |  |   |                |
| 3 Cost of labor  | 3                 |                               | from line 5. Enter here  |  |  |  |   |                |
| 4 a Additional section 263A costs  |                   |                               | line 2   |  |  |  |   |                |
| (attach schedule)  | 4a                |                               | 8 Do the rules of section 263A (with respect to  |  |  |  |   |                |
| <b>b</b> Other costs (attach schedule)   | 4b                |                               | property produced or a   | acquired   | for resale) apply to   |  | <u>-</u>                                      |                |
| 5 Total. Add lines 1 through 4b  | 5                 |                               | the organization?  |  |  |  |   | L              |
| Schedule C - Rent Income (see instructions)  | (From Real I      | Property and                  | l Personal Property L  | .ease  | d With Real Prop   | erty)  |   |                |
| 1. Description of property   |                   |                               |  |  |  |  |   |                |
| (1)  |                   |                               |  |  |  |  |   |                |
| (2)  |                   |                               |  |  |  |  |   |                |
| (3)  |                   |                               |  |  |  |  |   |                |
| (4)  |                   |                               |  |  |  |  |   |                |
|  | 2. Rent receive   | ed or accrued                 |  |  |  |  |   |                |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%)   | a than            | ` of rent for p               | and personal property (if the percental<br>personal property exceeds 50% or if<br>nt is based on profit or income) | ge   | 3(a) Deductions directly columns 2(a) a  | connecti<br>nd 2(b) (at                              | ed with the income in<br>tach schedule)       | <b>n</b>       |
| (1)  |                   |                               |  |  |  | ,  |   |                |
| (2)  |                   |                               |  |  |  |  |   |                |
| (3)  |                   |                               |  |  |  |  |   |                |
| (4)  |                   |                               |  |  |  |  |   |                |
| Total  | 0.                | Total                         |  | 0.   |  |  |   |                |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column   | n (A)             | <b>&gt;</b>                   |  | 0.   | (b) Total deductions.<br>Enter here and on page 1,<br>Part I, line 6, column (B) | <b>&gt;</b>  |   | 0.             |
| Schedule E - Unrelated Del   | ot-Financed       | Income (see                   | instructions)  |  |  |  |   |                |
| •  |                   |                               | 2. Gross income from   |  | 3. Deductions directly conto debt-finance  |  |   |                |
| 1 0  |                   |                               | or allocable to debt-  | (a)  | Straight line depreciation   |  | (b) Other deductions                          |                |
| Description of debt-fi   | папсеа ргорегту   |                               | financed property  |  | (attach schedule)  | (attach schedule)                                    |   |                |
| (1)  |                   |                               |  |  |  |  |   |                |
| (2)  |                   |                               |  |  |  |  |   |                |
| (3)  |                   |                               |  |  |  |  |   |                |
| (4)  |                   |                               |  |  |  |  |   |                |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule) |                   | illocable to<br>nced property | 6. Column 4 divided<br>by column 5   | 7. Gross income<br>reportable (column<br>2 x column 6) |  | 8. Allocable de<br>(column 6 x total c<br>3(a) and 3 |   | ions<br>olumns |
| (1)  | 1                 |                               | %  |  |  |  |   |                |
| (2)  |                   |                               | %  |  |  |  |   |                |
| (3)  |                   |                               | %  |  |  |  |   |                |
| (4)  |                   |                               | %  |  |  |  |   |                |
|  |                   |                               |  |  | nter here and on page 1,<br>Part I, line 7, column (A)                           |  | nter here and on pag<br>Part I line 7, column |                |
| Totals   |                   |                               | •  |  | 0  |  |   | 0.             |
| Total dividends-received deductions  | ncluded in column | 18                            |  |  | <u> </u>   | -  |   | 0.             |
|  |                   |                               | · · · · · · · · · · · · · · · · · · ·  |  | <i>_</i>   |  | Form 000 T                                    |                |

## Form 990-T (2019) MOISE Y. SAFRA FOUNDATION 27-05213 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical       |   | 2. Gross<br>advertising<br>income                        | 3. Direct advertising costs                              | 4, Advertising gain<br>or (loss) (col 2 minus<br>col 3) If a gain, compute<br>cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|---|--|--|--|-----------------------|---------------------|--|
| (1)                         |   |  |  |  |                       |                     |  |
| (2)                         |   | ·  |  | ,  |                       |                     |  |
| (3)                         |   | ·  |  |  |                       |                     |  |
| (4)                         |   |  |  |  |                       |                     |  |
| Totals from Part I          | ▶ | 0.   | 0.   |  | •                     |                     | 0.   |
|                             |   | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) | ,  | .`                    | •                   | Enter here and<br>on page 1,<br>Part II, line 26                                 |
| Totals, Part II (lines 1-5) | ▶ | 0.   | 0.   |  |                       | -                   | 0.   |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|--|----------|--|---|
| (1)  |          | %                                      |   |
| (2)  |          | %                                      |   |
| (3)  |          | %                                      |   |
| (4)  |          | %                                      |   |
| otal. Enter here and on page 1, Part II, line 14 |          | ▶                                      |   |

Form 990-T (2019)

| FORM 990-T        | DESCRIPTION OF ORGANIZATION'S PRIMARY UN | RELATED STATEMENT 11 |  |  |  |  |  |  |  |
|-------------------|--|----------------------|--|--|--|--|--|--|--|
| BUSINESS ACTIVITY |  |                      |  |  |  |  |  |  |  |

## INVESTMENT IN PARTNERSHIP PASS-THROUGH

TO FORM 990-T, PAGE 1

| FORM 990-T               | INCOME ( | LOSS) | FROM | PARTNERSHI | PS | STATEMENT 12            |  |  |
|--------------------------|----------|-------|------|------------|----|-------------------------|--|--|
| DESCRIPTION              |          |       |      | •          | 4  | NET INCOME<br>OR (LOSS) |  |  |
| INVESTMENT - DIVIDEND IN | ICOME    |       |      |            |    | 1,201.                  |  |  |
| TOTAL INCLUDED ON FORM 9 | 90-T, PA | GE 1, | LINE | 5          |    | 1,201.                  |  |  |

## 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

Name

Employer identification number

| MOISE Y. SAFRA FOUR   | <b>.</b>                         | 27-0521354                      |  |     |   |  |
|---|----------------------------------|---------------------------------|--|-----|---|--|
| Did the corporation dispose of any investmen  |                                  | Yes X No                        |  |     |   |  |
| If "Yes," attach Form 8949 and see its instruc  |                                  |                                 |  |     |   |  |
| Part I   Short-Term Capital Gai   |                                  |                                 | <u> </u>   |     |   |  |
| See instructions for how to figure the amounts  | •                                | <u> </u>                        | (2)  |     | (1)   |  |
| to enter on the lines below.  This form may be easier to complete if you  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gail<br>or loss from Form(s) 894<br>Part I, line 2, column (g | 9,  | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |  |
| round off cents to whole dollars.   |                                  | <del></del>                     | <u></u>  |     |   |  |
| 1a Totals for all short-term transactions reported on Form 1099-B 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 1b |                                  |                                 |  |     |   |  |
| 1b Totals for all transactions reported on  |                                  |                                 |  |     |   |  |
| Form(s) 8949 with Box A checked   |                                  |                                 |  |     |   |  |
| 2 Totals for all transactions reported on   |                                  |                                 |  |     |   |  |
| Form(s) 8949 with Box B checked   |                                  |                                 |  |     |   |  |
| 3 Totals for all transactions reported on   |                                  |                                 |  |     |   |  |
| Form(s) 8949 with Box C checked   |                                  |                                 |  | 1,6 |   |  |
| 4 Short-term capital gain from installment sales  | from Form 6252, line 26 or 37    | 7                               |  | 4   |   |  |
| 5 Short-term capital gain or (loss) from like-kind  | d exchanges from Form 8824       | ••                              |  | 5   |   |  |
| 6 Unused capital loss carryover (attach computa   | ition)                           |                                 |  | 6   | )   |  |
| 7 Net short-term capital gain or (loss). Combine  | e lines 1a through 6 in column   | h                               |  | 7   |   |  |
| Part II Long-Term Capital Gair  |                                  |                                 |  |     |   |  |
| See instructions for how to figure the amounts  | (4)                              | (e)                             | (g) Adjustments to gain  |     | (h) Gain or (loss) Subtract   |  |
| to enter on the lines below.  This form may be easier to complete if you  | Proceeds Cost oilóss fro         |                                 | or loss from Form(s) 894<br>Part II, line 2, column (g                           | 9   | column (e) from column (d) and<br>combine the result with column (g)                          |  |
| This form may be easier to complete if you round off cents to whole dollars.  | (Sales price)                    | (a other basis)                 | Fait II, Ilite 2, Columnit (g  |     | COMBINO BIOTESER WILL COLOUR (g)  |  |
| 8a Totals for all long-term transactions reported on Form 1099-B 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 checked   |                                  |                                 |  |     |   |  |
| 9 Totals for all transactions reported on   |                                  |                                 |  |     |   |  |
| Form(s) 8949 with Box E checked   |                                  | -                               |  |     | ·   |  |
| 10 Totals for all transactions reported on  |                                  |                                 |  |     | 30 600  |  |
| Form(s) 8949 with <b>Box F</b> checked  | <u>-</u>                         |                                 |  | ſ   | 30,629.   |  |
| 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    | 7                               |  | 12  | •   |  |
| 13 Long-term capital gain or (loss) from like-kind  | d exchanges from Form 8824       |                                 |  | 13  |   |  |
| 14 Capital gain distributions   |                                  |                                 |  | 14  | *   |  |
| 15 Net long-term capital gain or (loss). Combine  |                                  | <u>n h</u>                      |  | 15  | 30,629.   |  |
| Part III Summary of Parts I and   |                                  |                                 |  |     | I   |  |
| 16 Enter excess of net short-term capital gain (lir   | 16                               | 20 600                          |  |     |   |  |
| 17 Net capital gain. Enter excess of net long-term  |                                  |                                 | e 7)   | 17  | 30,629.   |  |
| 18 Add lines 16 and 17. Enter here and on Form  |                                  | pper line on other returns      |  | 18  | 30,629.   |  |
| Note: If losses exceed gains, see Capital Los   | ses in the instructions.         |                                 |  |     |   |  |

92 105 1 12-16-19

LHA

Schedule D (Form 1120) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

|  |   |   |   |  |  |  | minoation no.                            |
|--|---|---|---|--|--|--|--|
| MOISE Y. SAFRA   | 27-0521354                                    |   |   |  |  |  |  |
| Before you check Box D, E, or F belo<br>statement will have the same informa<br>broker and may even tell you which b | ow, see whether y                             | you received any<br>99-B Either will s        | Form(s) 1099-B o<br>show whether you              | or substitute statem<br>or basis (usually you          | ent(s) from y<br>r cost) was re                  | our broker A su<br>eported to the IF   | bstitute<br>IS by your                   |
| Part II Long-Term. Transaction   |   | l assets you hald n                           | nore than 1 year are                              | generally long-term (s                                 | ee instructions                                  | s) For short-term to                   | ransactions                              |
| see page 1   |   |   |   |  |  |  |  |
| Note: You may aggregate all codes are required. Enter the  | totals directly on S                          | Schedule D, line 8a                           | , you aren't required                             | to report these trans                                  | actions on For                                   | m 8949 (see instru                     | ctions)                                  |
| You must check Box D, E, or F below. Of you have more long-term transactions than will                               | Check only one bo<br>fit on this page for one | X. If more than one b<br>or more of the boxes | ox applies for your long<br>complete as many form | -term transactions, compl<br>ns with the same box chec | ete a separate Fo<br>ked as you need             | orm 8949, page 2 for (<br>Í            | each applicable box                      |
| (D) Long-term transactions rep   |   |   |   |  |  |  |  |
| (E) Long-term transactions rep   |   |   | -   |  |  |  |  |
| (F) Long-term transactions not   | • •   | •   | -   | •  |  |  |  |
| 1 (a)  | (b)   | (c)   | (d)   | (e)  | Adjustment,                                      | if any, to gain or                     | (h)                                      |
| Description of property  | Date acquired                                 | Date sold or                                  | Proceeds  | Cost or other  | loss. If you                                     | enter an amount<br>)), enter a code in | Gain or (loss).                          |
| (Example 100 sh XYZ Co)  | (Mo , day, yr )                               | disposed of                                   | (sales price)                                     | basis See the  | column (f).                                      | See instructions.                      | Subtract column (e)<br>from column (d) & |
|  |   | (Mo , day, yr )                               |   | Note below and see Column (e) in                       | (f)  | (g)                                    | combine the result                       |
|  |   |   |   | the instructions                                       | Code(s)  | Amount of adjustment                   | with column (g)                          |
| TENSOR ENDOWMENT   |   |   | <del></del>                                       | · · · · · · · · · · · · · · · · · · ·                  |  |  |  |
| LTD-INVESTMENT   |   | -   |   | ·  | †       †         †                              |  | 30,629.                                  |
| BID INVESTMENT   |   |   |   |  |  |  |  |
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|  |   |   |   |  |  |  |  |
| 2 Totals. Add the amounts in colur   | mns (d), (e), (g), a                          | nd (h) (subtract                              |   |  |  |  |  |
| negative amounts) Enter each to  |   |   |   |  |  |  |  |
| Schedule D, line 8b (if Box D abo  |   | ="  |   |  |  |  |  |
| above is checked), or line 10 (if E  | •   | *   |   |  |  |  | 30,629.                                  |
|  |   |   | <b></b> .   | ·  | <del></del>                                      |  | •  |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019)