€ 990-T	Exer	npt Organiza		sine	ss Inc	come 7	Γax Retur	n 1	OMB No 1545-0047
,	For calendar vo	(and pro er 2019 or other tax year beginni	oxy tax und				3C 31, 20	14	2019
	valorium ye	Go to www.irs.gov						<u></u>	
Department of the Treasury Internal Revenue Service	▶ Do not	t enter SSN numbers on th).	Open to Public Inspection 501(c)(3) Organizations Or
Check box if address changed	Name	of organization (Che	eck box if name i	changed	d and see in	structions.)		(Em)	ployer identification number ployees' trust, see ructions)
Exempt under section		SE Y. SAFRA	FOUNDAT	NOI					27-0521354
X 501(c)(3 93		er, street, and room or suite		X, see I	nstructions.				elated business activity code instructions)
408(e) 220(e)	767	FIFTH AVENU						-{	
408A530(a) 529(a)	NEW	····	0153	or foreig	n postal co	de —		523	3000
Book value of all assets at end of year		up exemption number (See		<u> </u>		F04()			
54,161,79		ck organization type nrelated trades or business		poration	<u> </u>	501(c) trust) trust	Other trust
trade or business here	•		es. P		-	_	the only (or first) u , complete Parts I-V		
1		e end of the previous senter	nce complete P:	arts I an	d II. comple	•	•		
business, then complete P		y one of the provided bonton	noo, complete i	u. 15 1 u.	11, 00mpi	u comodu	5 147 167 CAGIT AGGILLO	101 1100	
		a subsidiary in an affiliated	group or a pare	nt-subs	idiary contri	olled group?	>	Y	es X No
If "Yes," enter the name ar	nd identifying n	umber of the parent corpor	ration. 🕨						
		S HEALY C/O	M. SAFR	A &			none number 🕨 🕻		
ant:lয় Unrelated		business income			(A) I	ncome	(B) Expense	8	(C) Net
la Gross receipts or sales				_					
 b Less returns and allow Cost of goods sold (So 		c Bala	ince	1c 2			PORT OF THE PARTY	A STATE	MARKET CONTROL
Cost of goods sold (Sc Gross profit. Subtract I a Capital gain net income b Net gain (loss) (Form 4 c Capital loss deduction income (loss) from a p		-		3		 -		TAR	1. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1
a Capital gain net income				48	3	0,629.		No.	30,629
b Net gain (loss) (Form	=	ne 17) (attach Form 4797)		4b			PANAMANA	C.	
c Capital loss deduction		.,,		4c			COMPANY SECTION	1.211	
Income (loss) from a p	artnership or a	n S corporation (attach stat	tement)	5		1,201.	STMT	12点	1,201
Rent income (Schedule	e C)			6					
Unrelated debt-finance	•	•		7				_	
•		from a controlled organizat		1 8			 		
Investment income of a Exploited exempt activi)(7), (9), or (17) organization	on (Schedule G)	9					
Advertising income (So	•	oddio I)		11					
Other income (See inst	•	ı schedule)		12					
Total. Combine lines 3	3 through 12		<u></u>	13		1,830.			31,830
Partell Deduction	s Not Tak	en Elsewhere	instructions fo	r limita	tions on d	eductions)			
 		tly connected with the u	nrelated busin	ess inc	ome)			,	
•	ers, directors, a	and trustees (Sofiedule K)		T:n	0		ç	14	
Salaries and wages Repairs and maintenai	200		. 'A11	166	<u>ب</u>		,	15	/
Repairs and maintenal Bad debts	IICE			-	,			16 17	
interest (attach sched	ule) (see instru	ctions						18	
Taxes and licenses								19	
Depreciation (attach Fe	orm 4562)	/			•	20		200	
Less depreciation clair	med on Schegu	le A and elsewhere on retur	rn			21a		21b	
Depletion	/							22	
Contributions to defer	7	on plans						23	
Employee benefit prog	•							24	
Excess exempt expens Excess readership cos								25 26	
·	,							27	
Other deductions (atta-		gh 27						28	0
·			duction. Subtract	line 28	from line 1:	3		29	31,830
Total deductions. Add	kable income be	nord not operating lood doc							
Total deductions. Add Unrelated business tax		ng in tax years beginning or	n or after Januar	y 1, 201	ıø				
Total deductions. Add Unrelated business tax			n or after Januar	y 1, 201	18			30	<u>0.</u> 31,830.

	90-T (2019) MOISE Y. SAFRA FOUNDATION	27-0521354 Page 2
· Par	Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 31,830.
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 335	24 222
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	3x 31,830.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	
38		38 1,000.
// 39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	30 030
)\	enter the smaller of zero or line 37	39 30,830.
		6 474
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 6,474.
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	42
43	Alternative minimum tax (trusts only)	43
1 44	Tax on Noncompliant Facility Income. See instructions	44
11 45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 6,474.
Part	Tax and Payments	
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a] [
b	Other credits (see instructions)] .
c	General business credit. Attach Form 3800 46c]
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d]'
е	Total credits. Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	47 6,474.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
49	Total tax. Add lines 47 and 48 (see instructions)	49. 6,474.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51 a		30
	2019 estimated tax payments 51b	1
	· · · · · · · · · · · · · · · · · · ·	
	Tax deposited with Form 8868 51c	
	Foreign organizations: Tax paid or withheld at source (see instructions) 514	
	Backup withholding (see instructions) 51e	
	Credit for small employer health insurance premiums (attach Form 8941)	i - [
g	Other credits, adjustments, and payments: Form 2439	
	Form 4136 Other Total ▶ 51g	
52	Total payments. Add lines 51a through 51g	52
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 6,474.
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)	
	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	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	.
	here CAYMAN ISLANDS	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.	i 1
_59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
-	Under pelalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge	ge and belief it is true,
Sign		the IRS discuss this return with
Here		preparer shown below (see
	Signature of office Date Title insti	ructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check if	PTIN
D~:4		
Paid	GARAY AMERY GA 11/16/20	P01470673
Prep	G A ED TEDWAN I I D	13-1610809
Use	ONE LIBERTY PLAZA, 165 BROADWAY, 21ST	
		212) 842-7000
923711 0		Form 990-T (2019)
250111 0	27	, 5 1 (2013)

Schedule A - Cost of Good	Is Sold. Enter	method of inver	ntory valuation N/Z	A		·-
1 Inventory at beginning of year	11		6 Inventory at end of ye			6
2 Purchases	2		7 Cost of goods sold. S		line 6	3.0
3 Cost of labor	3		from line 5. Enter her		j.	
4a Additional section 263A costs			line 2		· [7
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	•	•	\$ 1.3 1.5 min.
5 Total. Add lines 1 through 4b	5		the organization?		, app.,	74,100
Schedule C - Rent Income		Property and		Lease	d With Real Prope	erty)
(see instructions)						· ·
Description of property						
(1)						
(2)						
(3)						
(4)						
<u></u>	2. Rent receiv	ed or accrued				
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	onnected with the income in I 2(b) (attach schedule)
(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		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Det		Income (see	instructions)		· · · · · · · · · · · · · · · · · · ·	
			2. Gross income from		3. Deductions directly conne to debt-finance	
1. Description of debt-fi	nanced property		or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				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)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(e) and 3(b))	
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					ater here and on page 1, art I, line 7, column (A)	Enter here and on page 1 Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions in	ncluded in column	8	•		•	0.
						Form 990-T (2019)

Schedule F - Interest,	Annuities, Roya	Ities, and Ren	s From Co	ntrolle	ed Organiza	itions (see in	structions	s)
		Exemp	t Controlled O	rganiza	tions	· - · · · · · · · · · · · · · · · · · ·		
Name of controlled organizat	ident	mployer fication (loss) (interview (loss) (interview (loss) (interview (loss))	urrelated income see Instructions)	4. To pay	otal of specified yments made	5. Part of column 4 included in the con organization's gross	trofling	6. Deductions directly connected with income in column 5
(1)						<u></u>		
(2)								
(3)								
(4)								
Nonexempt Controlled Organi	zations							
7. Taxable Income	8. Net unrelated inco (see instruction		tal of specified payr made	nents	in the controlli	nn 9 that is included ng organization's i income		luctions directly connected income in column 10
(1)								
(2)						· · · · · · · · · · · · · · · · · · ·		
(3)								
(4)		, "						
	-				Enter here and	ons 5 and 10 on page 1, Part I, olumn (A)	Enter he	i columns 6 and 11 re and on page 1, Part I ine 8 column (B)
Totals			 		<u> </u>	0.	<u> </u>	0.
Schedule G - Investme		Section 501(c)	(7), (9), or (⁻	17) Or	ganization			
	iption of income		2. Amount of	ncome	3. Deduction directly connec	ted 4. Set	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)			<u> </u>		(artacii scriedi	110)		(cor 3 plus cor 4)
(2)			-					
(3)			· · · · · ·					<u> </u>
(4)	····	-			 			<u> </u>
Totals			Enter here and o Part I, line 9, col					Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited I		Income, Othe	r Than Adv		ng Income	STARTER TO UT HE LANGUAGE	10/2/146-72	,
(see instru	2. Gross urrelated business income from trade or business	3. Expenses directly connected with production of urrelated business income	4. Net incomfrom unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inconfrom activity the is not unrelate business inconf	at attribut	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)						Enter here and on page 1, Part II, line 25
Schedule J - Advertisin							\	
Part Income From P	eriodicals Rep	orted on a Con	solidated E	Basis			-	,
1. Name of periodical.	2. Gross advertising income	3. Direct advertising costs	4. Advertis or (loss) (col col 3) If a gai cols 5 thre	2 minus n, compute	5. Circulatio	on 6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				A PER	(%)		<u> </u>	ANTENNA PARTE
(2)								
(3)					3			
(4)					Š.			
Totals (carry to Part II, line (5))	<u> </u>	0.] 0).]		ــــــــــــــــــــــــــــــــــــــ			0. Form 990-T (2019)

Form 990-T (2019) MOISE Y. SAFRA FOUNDATION 27-05213

Part III 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 advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute 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.	a.	1		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	>	0.	0.		Carlot Contract	73 m - 12 m	0.

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT 11
	BUSINESS ACTIVITY	

INVESTMENT IN PARTNERSHIP PASS-THROUGH

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME		FROM	PARTNERSHIPS	STATEMENT 12		
DESCRIPTION						INCOME (LOSS)	
INVESTMENT - DIVIDEND	INCOME					1,201.	
TOTAL INCLUDED ON FOR	м 990-т, і	PAGE 1,	LIŅE	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 FOU	NDATION			27-	0521354
Did the corporation dispose of any investmen		nity fund during the tax y	rear?		Yes X No
If "Yes," attach Form 8949 and see its instru					
Rantil Short-Term Capital Ga					
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gas or loss from Form(s) 894	n 19	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	i) 	combine the result with column (g)
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		1			
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					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	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	•			6_	
7 Net short-term capital gain or (loss). Combine			<u></u> <u>-</u>		<u></u>
ि Part।।। Long-Term Capital Gai	ns and Losses (See I	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	_ (d)	(e) Cost	(0) Adjustments to gain or loss from Form(s) 894	, 1	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (seles price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,).	column (e) from column (d) and combine the result with column (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		<u></u>			
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on				- 1	
Form(s) 8949 with Box F checked	<u> </u>	·	<u> </u>		30,629.
11 Enter gain from Form 4797, line 7 or 9			1	11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12	1
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824		L	13	
14 Capital gain distributions			ļ	14	•
15 Net long-term capital gain or (loss). Combine		<u>h</u>		15	30,629.
16 Enter excess of net short-term capital gain (line		loss /line 15)		16	
17 Net capital gain. Enter excess of net long-term			, ₇₁	16	30,629.
18 Add lines 16 and 17. Enter here and on Form 1			'''	18	30,629.
Note: If losses exceed gains, see Capital Loss		Per une ou ouier returns	Ĺ	10 1	30,022.
I HA For Penerwork Reduction Act Notice e		1120	····		hadula D (Farm 1120) 2010

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

·	tame(e) and the entropy	e contantant		,	onown on page .		taxpayer ide	ntification no.
	MOISE Y. SAFRA	FOUNDAT	ION				27-0	521354
S	Before you check Box D, E, or F belo tatement will have the same inform proker and may even tell you which	ow, see whether ation as Form 10 box to check	you received any 99-B Either will	show whether you	r basis (usually you	r cost) was re	ported to the IF	S by your
;	Part II Long-Term. Transacti	ons involving capite	al assets you held i	more than 1 year are	generally long-term (s	ee instructions). For short-term t	ansactions,
	Note: You may aggregate all codes are required. Enter the	li long-term transact e totals directly on S	ions reported on F Schedule D, line 8s	form(s) 1099-B show a, you aren't required	ing basis was reported to report these trans	d to the IRS and actions on Form	d for which no adj n 8949 (see <u>ins</u> tru	ustments or ctions)
	ou must check Box D, E, or F below. you have more long-term transactions than will	Check only one bo	x. If more than one b	ox applies for your long	term transactions, compl	ete a separate For		
į	(D) Long-term transactions re	ported on Form(s) 1099-B showin	g basis was repor	ted to the IRS (see	Note above)	
[(E) Long-term transactions rep	• •		•	ported to the IRS			
_	X (F) Long-term transactions no		·	1	T	Adjustment i	f any, to gain or	//->
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you e	enter an amount , enter a code in	(h) Gain or (loss).
	(Example 100 sh. XYZ Co.)	(Mo , day, yr.)	disposed of	(sales price)	basis. See the		ee instructions.	Subtract column (e) from column (d) &
			(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
	ENSOR ENDOWMENT							
Ī	TD-INVESTMENT				ļ			30,629.
_		_					_	
_								
-								
-		 				-		
_								
Ξ								
_								
_				 				
_	·					-		
_								
-								
_	·							
_								
_								
_				· · · · · · · · · · · · · · · · · · ·				
-					· · · · · · ·			
_								
_								
Ξ								
_								
_	 	,						
_								
_								
-						- -		
-								
_								
2	Totals. Add the amounts in colum	nns (d), (e), (g), an	d (h) (subtract		,	7		
	negative amounts). Enter each tot		• 1	ļ	Į.			
	Schedule D, line 8b (If Box D abo	· ·	· 1	ĵ	Ì	3.美国。		20 622
	above is checked), or line 10 (if B	ox F above is che	ecked)			<u> </u>		30,629.

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

923012 12-11-19

Form 8949 (2019)