

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation GARY E MILGARD FAMILY FOUNDATION-CARI		A Employer identification number 81-1292744	
Number and street (or P.O. box number if mail is not delivered to street address) 1701 COMMERCE STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code TACOMA, WA 98402		B Telephone number (see instructions) (253) 274-0121	
G Check all that apply: <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here..... 2. Foreign organizations meeting the 85% test, check here and attach computation ...	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> 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) ▶ \$ 109,695,418		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) <u>MODIFIED CASH</u> <i>(Part I, column (d) must be on cash basis.)</i>			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	0			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	2,230,712	2,073,869		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	3,182,913			
	b Gross sales price for all assets on line 6a	45,356,230			
	7 Capital gain net income (from Part IV, line 2)		2,127,491		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	0	28,247		
	12 Total. Add lines 1 through 11	5,413,625	4,229,607		
	13 Compensation of officers, directors, trustees, etc.	117,308	0		117,308
	14 Other employee salaries and wages	215,415	0		215,415
	15 Pension plans, employee benefits	161,954	0		161,751
	16a Legal fees (attach schedule)	17,770	0		17,770
	b Accounting fees (attach schedule)	17,117	0		17,117
	c Other professional fees (attach schedule)	222,060	211,958		10,102
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	92,607	17,282		2,371
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	4,026	0		4,026
	21 Travel, conferences, and meetings	1,871	0		1,871
	22 Printing and publications	640	0		640
	23 Other expenses (attach schedule)	26,541	175,352		25,779
	24 Total operating and administrative expenses. Add lines 13 through 23	877,309	404,592		574,150
	25 Contributions, gifts, grants paid	3,003,000			3,003,000
	26 Total expenses and disbursements. Add lines 24 and 25	3,880,309	404,592		3,577,150
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	1,533,316			
	b Net investment income (if negative, enter -0-)		3,825,015		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	33,760	77,611	77,611
	2 Savings and temporary cash investments	65,776	210,428	210,428
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)	966,930	0	0
	b Investments—corporate stock (attach schedule)	88,820,802	98,545,222	98,545,222
	c Investments—corporate bonds (attach schedule)	1,656,815	0	0
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	11,804,924	10,862,157	10,862,157
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	103,349,007	109,695,418	109,695,418	
Liabilities	17 Accounts payable and accrued expenses	3,583	4,548	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	3,583	4,548	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	103,345,424	109,690,870	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	103,345,424	109,690,870	
30 Total liabilities and net assets/fund balances (see instructions) .	103,349,007	109,695,418		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	103,345,424
2 Enter amount from Part I, line 27a	2	1,533,316
3 Other increases not included in line 2 (itemize) ▶ _____	3	4,812,130
4 Add lines 1, 2, and 3	4	109,690,870
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	109,690,870

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a PUBLICLY TRADED SECURITIES		2019-01-01	2020-12-31
b INVESCO DB GOLD FUND		2019-01-01	2020-12-31
c HEDGEPREMIER/RIDA FUND LP		2019-01-01	2020-12-31
d CAPITAL GAINS DIVIDENDS	P		
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			3,200,696
b			10,096
c			-1,327,355
d			244,054
e			

2	Capital gain net income or (net capital loss)	<div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;">If gain, also enter in Part I, line 7</div> <div style="display: inline-block; vertical-align: middle;">If (loss), enter -0- in Part I, line 7</div> </div> </div>	2	2,127,491
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		3	

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved

Form **990-PF** (2020)

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.	1	53,168
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	53,168
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	53,168
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	79,110
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	79,110
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	8	0
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	25,942
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax 25,942 Refunded	11	0

Part VII-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	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
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? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
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	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) WA		
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? <i>If "No," attach explanation.</i>	8b	Yes
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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.GARYMILGARDFAMILYFOUNDATION.ORG</u>	13	Yes	
14	The books are in care of ► <u>TREV COOKSON</u> Telephone no. ► <u>(253) 274-0121</u>			

Located at ► 1701 COMMERCE STREET TACOMA WAZIP+4 ► 98402

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2020, 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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	No
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
c	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 2020?	1c	No
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 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
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.)	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. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2020 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
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 2020?	4b	No

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(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
CARI MILGARD 1701 COMMERCE STREET TACOMA, WA 98402	PRESIDENT & CEO 40.00	21,154	29,741	0
KASEY MILGARD 1701 COMMERCE STREET TACOMA, WA 98402	VICE PRESIDENT 40.00	48,077	7,051	0
KIRBY MILGARD 1701 COMMERCE STREET TACOMA, WA 98402	VICE PRESIDENT 40.00	48,077	6,792	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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
CHRISTINE ZEMANEK 1701 COMMERCE STREET TACOMA, WA 98402	PHILANTHROPIC ADVISO 13.80	117,133	20,579	0
Total number of other employees paid over \$50,000.				0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MORGAN STANLEY SMITH BARNEY HOLDINGS LLC	INVESTMENT MGMT	211,958
1 NEW YORK PLAZA 12TH FL		
NEW YORK, NY 10004		
Total number of others receiving over \$50,000 for professional services.		

Part IX-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.

1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

Part X 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	88,730,668
b	Average of monthly cash balances.	1b	281,822
c	Fair market value of all other assets (see instructions).	1c	11,804,924
d	Total (add lines 1a, b, and c).	1d	100,817,414
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	100,817,414
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,512,261
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	99,305,153
6	Minimum investment return. Enter 5% of line 5.	6	4,965,258

Part XI 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 X, line 6.	1	4,965,258
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	53,168
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	53,168
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	4,912,090
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	4,912,090
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 XIII, line 1.	7	4,912,090

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	3,577,150
b	Program-related investments—total from Part IX-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 V, line 8, and Part XIII, line 4	4	3,577,150
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	3,577,150

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				4,912,090
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			3,247,962	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 3,577,150				
a Applied to 2019, but not more than line 2a			3,247,962	
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 2020 distributable amount.				329,188
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2020. (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:	0			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				4,582,902
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 2015 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	0			
10 Analysis of line 9:				
a Excess from 2016.				
b Excess from 2017.				
c Excess from 2018.				
d Excess from 2019.				
e Excess from 2020.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling.					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
b 85% of line 2a	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, 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 XV 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).)
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.
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: EXCLUSIVELY ACCEPTED ONLINE VIA WWW 1701 COMMERCE STREET TACOMA, WA 98402 (253) 274-0121
b The form in which applications should be submitted and information and materials they should include: A LETTER OF INQUIRY IS THE FIRST STEP IN THE GRANT APPLICATION PROCESS. THE LETTER OF INQUIRY IS REVIEWED, AND IF APPROVED, THE APPLICANT WILL BE REQUESTED TO PROVIDE A FULL APPLICATION.
c Any submission deadlines: THERE IS NO DEADLINE FOR SUBMITTING A LETTER OF INQUIRY.
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: ALL APPLICANT ORGANIZATIONS MUST QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER THE INTERNAL REVENUE CODE. CERTAIN PROPOSALS ARE INELIGIBLE FOR FUNDING, SUCH AS: ANNUAL FUNDS, GALAS, OR OTHER SPECIAL EVENT FUNDRAISING ACTIVITIES; SECTARIAN RELIGIOUS ACTIVITIES, DEBT REDUCTION, POLITICAL LOBBYING, OR LEGISLATIVE ACTIVITIES; AND ORGANIZATIONS THAT DISCRIMINATE ON THE BASIS OF AGE, RACE, NATIONAL ORIGIN, ETHNICITY, GENDER, POLITICAL AFFILIATION OR RELIGIOUS BELIEF.

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	3,003,000
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
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					
4 Dividends and interest from securities. . . .			14	2,230,712	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	3,182,913	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). .		0		5,413,625	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13	5,413,625	0

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions:				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
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.				

[illegible]

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

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.		
	*****	2021-11-02	*****
	_____ 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	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SARAH B HUANG		2021-11-02		P00745974
	Firm's name ▶ CLARK NUBER PS				Firm's EIN ▶ 91-1194016
	Firm's address ▶ 10900 NE 4TH STREET SUITE 1400 BELLEVUE, WA 98004				Phone no. (425) 454-4919

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE RESCUE MISSION PO BOX 1912 TACOMA, WA 98401		PC: 509(A) (1) OR (A)	A PATHWAY HOME	250,000
COURAGE CLASSIC PO BOX 5296 TACOMA, WA 98415		PC: 509(A) (1) OR (A)	IN HONOR OF PETER NORMAN	2,000
MULTICARE GOOD SAMARITAN FOUNDATION 402 15TH AVE SE STE 101 PUYALLUP, WA 98372		PC: 509(A) (1) OR (A)	JOHN & ANSJE DEGOEDE ENDOWMENT FUND	250,000
Total ▶ 3a				3,003,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRANKE TOBEY JONES 5340 NORTH BRISTOL TACOMA, WA 98407		PC: 509(A) (1) OR (A)	HEALTH CARE & MEMORY CARE BUILDING	500,000
THE GREATER TACOMA COMMUNITY FOUNDATION 950 PACIFIC AVENUE SUITE 1100 TACOMA, WA 98402		PC: 509(A) (1) OR (A)	COVID-19 EMERGENCY FUND PIERCE COUNTY	150,000
WESTERN RIVERS CONSERVANCY 71 SW OAK STREET SUITE 100 PORTLAND, OR 97204		PC: 509(A) (1) OR (A)	NISQUALLY RIVER CONSERVATION PROJECT	21,000
Total ▶ 3a				3,003,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OLIVE CREST 2500 116TH AVE NE SUITE 1 BELLEVUE, WA 98004		PC: 509(A) (1) OR (A)	FOSTER CARE EXPANSION	75,000
YWCA PIERCE COUNTY405 BROADWAY TACOMA, WA 98402		PC: 509(A) (1) OR (A)	LEGAL SERVICES AND CHILDREN'S PROGRAMS	75,000
UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVENUE 4TH FLR TACOMA, WA 98401		PC: 509(A) (1) OR (A)	CENTER FOR STRONG FAMILIES & COVID-19 SUPPORT	75,000
Total ► 3a				3,003,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TACOMAPIERCE COUNTY HABITAT FOR HUMANITY HABITAT FOR HUMANITY 4824 SOUTH TACOMA WA TACOMA, WA 98409		PC: 509(A) (1) OR (A)	AGING IN PLACE PROGRAM & COVID-19 CLIENT MORTGAGE RELIEF	150,000
LINDQUIST DENTAL CLINIC FOR CHILDREN 130 131ST STREET SOUTH TACOMA, WA 98444		PC: 509(A) (1) OR (A)	DENTAL CARE FOR PIERCE CO CHILDREN IN NEED	100,000
HOPESPARKS6424 N 9TH STREET TACOMA, WA 98406		PC: 509(A) (1) OR (A)	WENDY'S WONDERFUL KIDS PIERCE CO	100,000
Total			3a	3,003,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CASCADE REGIONAL BLOOD SERVICES PO BOX 2113 220 SOUTH I STREET TACOMA, WA 98401		PC: 509(A) (1) OR (A)	URGENT PLASMA COVID-19 RESPONSE	60,000
YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201 TACOMA, WA 98405		PC: 509(A) (1) OR (A)	COMMUNITY LEARNING EXPANSION 20/21	250,000
AMARA 5907 MARTIN LUTHER KING JR WAY SOUTH SEATTLE, WA 98118		PC: 509(A) (1) OR (A)	EMERGENCY SANCTUARY	100,000
Total ▶ 3a				3,003,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS & GIRLS CLUB OF SOUTH PUGET SOUND 3875 S 66TH STREET SUITE 101 TACOMA, WA 98409		PC: 509(A) (1) OR (A)	GENERAL OPERATIONS	300,000
SOUTH SOUND CARE FOUNDATION PO BOX 1314 TACOMA, WA 98401		PC: 509(A) (1) OR (A)	CANCER RESEARCH & CLINICAL TRIALS	10,000
PEOPLE FOR ANIMAL CARE AND KINDNESS 3411 6TH AVENUE SUITE B TACOMA, WA 98406		PC: 509(A) (1) OR (A)	PIERCE COUNTY CANINE COMPASSION PROJECT	100,000
Total			▶ 3a	3,003,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOAR74991 JONI DR PALM DESERT, CA 92261		PC: 509(A) (1) OR (A)	SPAY & NEUTER MOBILE UNIT & MEDICAL CARE	10,000
EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY 3318 92ND STREET SOUTH TACOMA, WA 98499		PC: 509(A) (1) OR (A)	CO-OP FOOD PURCHASING PROGRAM	100,000
LUTHERAN COMMUNITY SERVICES NW 223 NORTH YAKIMA AVE TACOMA, WA 98403		PC: 509(A) (1) OR (A)	AGING WITH GRACE PIERCE CO. HUB	300,000
Total ► 3a				3,003,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
TOY RESCUE MISSION 607 SO WINNIFRED ST TACOMA, WA 98464		PC: 509(A) (1) OR (A)	HOLIDAY DONATION	10,000
EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY 3318 92ND STREET SOUTH TACOMA, WA 98499		PC: 509(A) (1) OR (A)	HOLIDAY DONATION	15,000
Total ▶ 3a				3,003,000

TY 2020 Accounting Fees Schedule**Name:** GARY E MILGARD FAMILY FOUNDATION-CARI**EIN:** 81-1292744

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	17,117	0		17,117

TY 2020 General Explanation Attachment

Name: GARY E MILGARD FAMILY FOUNDATION-CARI

EIN: 81-1292744

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	SELF DEALING	PART VII-B, LINE 1B	<p>DURING THE YEAR, AN INADVERTENT ACT OF SELF-DEALING WAS DISCOVERED IN 2017 AND 2018 FOR A DISQUALIFIED PERSON RECEIVING FOUNDATION CREDIT FOR PERSONAL EXPENDITURES. THE FOUNDATION HAS A CELL PHONE PLAN THAT PROVIDES EMPLOYEES WITH CELL PHONES FOR FOUNDATION BUSINESS. THE CELL PHONE PLAN WAS ALSO OFFERED TO FAMILY MEMBERS OF THESE INDIVIDUALS, WHERE THE FOUNDATION EMPLOYEES REIMBURSED THE FOUNDATION THROUGH A RECURRING PAYROLL REIMBURSEMENT FOR THE ADDITIONAL PLAN CHARGES FOR THEIR FAMILY MEMBERS. ONE OF THESE FOUNDATION EMPLOYEES PARTICIPATING IN THE CELL PHONE PLAN IS A DISQUALIFIED PERSON OF THE FOUNDATION. AS A RESULT, THE REIMBURSEMENT OF MONTHLY CELL PHONE CHARGES FOR THE PHONE LINES OF FAMILY MEMBERS OF A DISQUALIFIED PERSON RESULTS IN AN ACT OF SELF-DEALING. THE PHONE CHARGES FOR FAMILY MEMBERS WERE REPAID TO THE FOUNDATION ON A BI-WEEKLY BASIS THROUGH A STANDARD PAYROLL DEDUCTION. SINCE THE TRANSACTION IS FOR THE USE OF MONEY, SELF-DEALING IS ON THE GREATER OF THE AMOUNT PAID FOR SUCH USE OR THE FAIR MARKET VALUE OF SUCH USE FOR THE PERIOD FOR WHICH THE MONEY IS USED (REG. 53.4941(E)-1(B)(2)(II)). NO INTEREST WAS CHARGED BY THE FOUNDATION FOR THESE FUNDS, THEREFORE THE SHORT TERM AFR RATES FOR THE APPLICABLE MONTHS HAVE BEEN USED TO CALCULATE THE AMOUNT INVOLVED FOR SELF-DEALING PURPOSES. DUE TO THE AMOUNTS BEING SMALL, THE BALANCES OUTSTANDING FOR A SHORT NUMBER OF DAYS, AND THE AFR RATES BEING LOW, THE AMOUNT INVOLVED IS ZERO FOR THE DISQUALIFIED PERSON IN BOTH 2017 AND 2018. THE 10% EXCISE TAX ON THE AMOUNT INVOLVED RESULTS IN SELF-DEALING TAXES OF ZERO. AS A RESULT, NO FORMS 4720 HAVE BEEN FILED BY THE FOUNDATION OR THE DISQUALIFIED PERSON FOR 2017 OR 2018 AS NO TAX IS DUE FOR THE YEAR. THE DISQUALIFIED PERSON UNDERSTANDS SUCH TRANSACTIONS MADE BY THE FOUNDATION ARE IMPERMISSIBLE. THE FOUNDATION CELL PHONE PLAN HAS SINCE BEEN TERMINATED AND EACH EMPLOYEE IS NOW REQUIRED TO OBTAIN THEIR OWN PERSONAL PHONE PLAN. AS A RESULT, THIS TRANSACTION WILL NOT OCCUR IN THE FUTURE.</p>

TY 2020 Investments Corporate Stock Schedule**Name:** GARY E MILGARD FAMILY FOUNDATION-CARI**EIN:** 81-1292744**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY - CORPORATE STOCK	98,545,222	98,545,222

TY 2020 Investments - Other Schedule**Name:** GARY E MILGARD FAMILY FOUNDATION-CARI**EIN:** 81-1292744**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
HEDGEPREMIER/RIDA LP	FMV	3,550,428	3,550,428
PINEHURST INSTITUTIONAL, LTD	FMV	7,311,729	7,311,729

TY 2020 Legal Fees Schedule**Name:** GARY E MILGARD FAMILY FOUNDATION-CARI**EIN:** 81-1292744

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	17,770	0		17,770

TY 2020 Other Expenses Schedule**Name:** GARY E MILGARD FAMILY FOUNDATION-CARI**EIN:** 81-1292744**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	9,324	0		9,324
COMPUTER EXPENSE	4,346	0		4,346
OFFICE EXPENSE	7,293	0		6,531
REPAIRS & MAINTENANCE	4,456	0		4,456
EQUIPMENT RENTAL	984	0		984
DUES AND MEMBERSHIPS	138	0		138
DEDUCTIONS FROM PARTNERSHIP INVESTMENTS	0	175,352		0

TY 2020 Other Income Schedule

Name: GARY E MILGARD FAMILY FOUNDATION-CARI

EIN: 81-1292744

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
INCOME FROM PARTNERSHIP INVESTMENTS		28,247	

TY 2020 Other Increases Schedule**Name:** GARY E MILGARD FAMILY FOUNDATION-CARI**EIN:** 81-1292744**Other Increases Schedule**

Description	Amount
UNREALIZED GAINS	4,812,130

TY 2020 Other Professional Fees Schedule**Name:** GARY E MILGARD FAMILY FOUNDATION-CARI**EIN:** 81-1292744

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	211,958	211,958		0
OTHER CONSULTANTS	10,102	0		10,102

TY 2020 Taxes Schedule**Name:** GARY E MILGARD FAMILY FOUNDATION-CARI**EIN:** 81-1292744**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	79,000	0		0
FOREIGN TAXES	11,236	17,282		0
STATE TAXES	2,371	0		2,371