

EXTENDED TO MAY 16, 2022

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2020Open to Public
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****B** Check if applicable:Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending**C** Name of organization**MOSE & GARRISON SISKIN MEMORIAL FDN, INC**
D/B/A SISKIN CHILDREN'S INSTITUTE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1101 CARTER STREETCity or town, state or province, country, and ZIP or foreign postal code
CHATTANOOGA, TN 37402**F** Name and address of principal officer: **DEREK BULLARD**
SAME AS C ABOVE**D** Employer identification number**** - ***1637****E** Telephone number**(423) 648-1700****G** Gross receipts \$ **10,108,916.****H(a)** Is this a group returnfor subordinates? Yes ☒ No**H(b)** Are all subordinates included? Yes No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527**J** Website: ▶ **WWW.SISKIN.ORG****K** Form of organization: ☒ Corporation Trust Association Other ▶**L** Year of formation: **1950** **M** State of legal domicile: **TN****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE INSTITUTE IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR CHILDREN WITH SPECIAL NEEDS AND
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 20
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 20
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 202
	6	Total number of volunteers (estimate if necessary) 6 207
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a -64,078.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 2,134,819. 1,428,787.
	9	Program service revenue (Part VIII, line 2g) 3,283,584. 4,933,015.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 194,433. 1,702,312.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 183,249. 219,744.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,796,085. 8,283,858.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,599,337. 8,958,475.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 375,035.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,111,588. 2,264,435.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,710,925. 11,222,910.
19		Revenue less expenses. Subtract line 18 from line 12 -3,914,840. -2,939,052.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 53,905,934. 67,529,099.
	21	Total liabilities (Part X, line 26) 2,114,614. 6,189,805.
	22	Net assets or fund balances. Subtract line 21 from line 20 51,791,320. 61,339,294.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	DEREK BULLARD, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MATTHEW T. HISEY	Preparer's signature MATTHEW T. HISEY	Date 01/25/22	Check if self-employed <input type="checkbox"/>	PTIN P01293572
	Firm's name ▶ MAULDIN & JENKINS, LLC	Firm's EIN ▶ ** - ***2043	Phone no. 423-756-6133		
Firm's address ▶ 200 W M.L.K. BLVD, STE 1100 CHATTANOOGA, TN 37402-1239					

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE INSTITUTE IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES THROUGH EXCELLENCE IN EDUCATION, SUPPORT SERVICES, ADVOCACY, AND COMMUNITY PARTNERSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,418,958. including grants of \$) (Revenue \$ 3,075,275.)

SCHOOL PROGRAM: SISKIN CHILDREN'S INSTITUTE OPERATES A PRESCHOOL CENTER IN CHATTANOOGA WHERE CHILDREN WITH AND WITHOUT DISABILITIES LEARN TOGETHER IN AN INCLUSIVE ENVIRONMENT. AT THE SISKIN EARLY LEARNING CENTER, COMPREHENSIVE TEAMS OF TEACHERS, SPECIALIZED THERAPISTS AND OTHER PROFESSIONALS SERVE CHILDREN AGES 6 WEEKS TO 6 YEARS. THE SISKIN EARLY LEARNING CENTER CONTINUALLY RECEIVES DISTINGUISHED RECOGNITIONS, SUCH AS THE HIGHEST RATING POSSIBLE FROM THE TENNESSEE DEPARTMENT OF HUMAN SERVICES AND ACCREDITATION FROM THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC). THIS PROGRAM BENEFITED 146 INDIVIDUALS.

4b (Code:) (Expenses \$ 2,403,098. including grants of \$) (Revenue \$ 1,944,665.)

APPLIED BEHAVIORAL SERVICES IS AN EVIDENCE-BASED FORM OF THERAPY THAT FOCUSES ON INCREASING POSITIVE AND HELPFUL BEHAVIORS WHILE ALSO DECREASING UNWANTED BEHAVIORS. IT CAN HELP INCREASE LANGUAGE AND COMMUNICATION SKILLS, IMPROVE FOCUS, MEMORY, AND ACADEMIC PERFORMANCE, AND ENHANCE SOCIAL SKILLS WITH PEERS AND ADULTS. ABA IS OFTENTIMES A PRIMARY TOOL WHEN WORKING WITH CHILDREN WITH AUTISM SPECTRUM DISORDERS (ASD) AND OTHER DEVELOPMENTAL DISABILITIES. HOME AND COMMUNITY BASED EARLY INTERVENTION IS A SERVICE PROVIDED TO FAMILIES WITH CHILDREN AGES BIRTH TO THREE WITH SPECIAL NEEDS, ELIGIBLE FOR SERVICES THROUGH TENNESSEE'S EARLY INTERVENTION SYSTEM (TEIS). THIS INTERVENTION, PROVIDED IN THE HOME OR IN ANOTHER SETTING IN THE COMMUNITY, IS BASED ON COLLABORATIVE CONSULTATION WITH "CAREGIVERS," INCLUDING FAMILIES,

4c (Code:) (Expenses \$ 3,219,546. including grants of \$) (Revenue \$ 30,000.)

PEDIATRIC BEHAVIORAL AND DEVELOPMENTAL CLINIC: SISKIN CHILDREN'S INSTITUTE OPERATES A PEDIATRIC BEHAVIORAL AND DEVELOPMENTAL CLINIC THAT BENEFITED 2,355 INDIVIDUALS DURING THE YEAR.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,036,257. including grants of \$) (Revenue \$)

4e Total program service expenses ► 9,077,859.

MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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D/B/A SISKIN CHILDREN'S INSTITUTE

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 202		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	20	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b	20	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►TN**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
JEANINNE HOUCK - (423) 648-1700
1101 CARTER STREET, CHATTANOOGA, TN 37402

Form 990 (2020)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CINDY CHESTARO KEY EMPLOYEE	40.00				X			244,246.	0.	2,809.
(2) JAMES VEN DECAR KEY EMPLOYEE	32.00				X			229,314.	0.	4,626.
(3) DEREK BULLARD PRESIDENT	40.00			X				203,946.	0.	18,620.
(4) MELISSA GONZALEZ KEY EMPLOYEE	40.00				X			151,122.	0.	7,122.
(5) JEANINNE HOUCK CHIEF OPERATING OFFICER	40.00					X		139,337.	0.	979.
(6) MICHELLE KIMBALL NURSE PRACTITIONER	40.00					X		108,750.	0.	12,397.
(7) BETTY LBOVITZ SECRETARY	2.00	X		X				0.	0.	0.
(8) JOHN THOMAS TREASURER	2.00	X		X				0.	0.	0.
(9) DR. JIM SHIRE PROGRAM COMMITTEE	2.00	X						0.	0.	0.
(10) DR. EDNA VARNER CHAIRPERSON	2.00	X		X				0.	0.	0.
(11) LARRY PARKS DIRECTOR	2.00	X						0.	0.	0.
(12) PAUL LOFTIN FORMER CHAIRPERSON	2.00	X		X				0.	0.	0.
(13) LEE DAVIS DIRECTOR	2.00	X						0.	0.	0.
(14) ROBERT SISKIN DIRECTOR	2.00	X						0.	0.	0.
(15) SCOTT LEROY HUMAN RESOURCES COMMITTEE	2.00	X		X				0.	0.	0.
(16) DR. ANDREA GOINS DIRECTOR	2.00	X						0.	0.	0.
(17) STACY LIGHTFOOT DIRECTOR	2.00	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHEN RATTERMAN DIRECTOR	2.00	X						0.	0.	0.
(19) MATT RIVERS DIRECTOR	2.00	X						0.	0.	0.
(20) EDDIE RUSSELL DIRECTOR	2.00	X						0.	0.	0.
(21) ALAN CATES DIRECTOR	2.00	X						0.	0.	0.
(22) DR. ALLEN MYERS DIRECTOR	2.00	X						0.	0.	0.
(23) JOHN PREGULMAN DIRECTOR	2.00	X						0.	0.	0.
(24) DR. VALERIE RUTLEDGE VICE CHAIRPERSON	2.00	X						0.	0.	0.
(25) CAROLA MORGAN DIRECTOR	2.00	X		X				0.	0.	0.
(26) DR. TAMA VAN DECAR DIRECTOR	2.00	X		X				0.	0.	0.
1b Subtotal								1,076,715.	0.	46,553.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,076,715.	0.	46,553.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,190,746.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	238,041.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f			1,428,787.		
Program Service Revenue	2 a	APPLIED BEHAVIORAL	Business Code	611710	1,944,665.	1,944,665.	
	b	PRESCHOOL		611600	1,531,355.	1,531,355.	
	c	OUTREACH SERVICES		611710	1,426,995.	1,426,995.	
	d	PEDIATRIC BEHAVIORAL		611710	30,000.	30,000.	
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			4,933,015.		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			812,103.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	19,757.			
b		Less: rental expenses	(ii) Personal	0.			
c		Rental income or (loss)		19,757.			
d		Net rental income or (loss)			19,757.		19,757.
7 a		Gross amount from sales of assets other than inventory	(i) Securities	2,644,879.			
b		Less: cost or other basis and sales expenses	(ii) Other	1,754,670.			
c		Gain or (loss)		890,209.			
d		Net gain or (loss)			890,209.	25,466.	864,743.
8 a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		242,994.			
b		Less: direct expenses		70,388.			
c		Net income or (loss) from fundraising events			172,606.		172,606.
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER RELATED INCOME	Business Code	611710	116,925.	116,925.	
	b	UNRELATED INCOME FROM PASS THROUGH		523000	-89,544.	-89,544.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			27,381.		
	12	Total revenue. See instructions			8,283,858.	5,049,940.	-64,078.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	990,764.	826,962.	128,647.	35,155.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,691,767.	5,583,238.	867,690.	240,839.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,275,944.	1,074,448.	170,931.	30,565.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	10,529.		10,529.	
c Accounting	38,000.		38,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	269,619.		269,619.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	207,216.	162,549.	38,532.	6,135.
12 Advertising and promotion	70,896.	63,758.	1,520.	5,618.
13 Office expenses	329,570.	234,758.	62,962.	31,850.
14 Information technology				
15 Royalties				
16 Occupancy	421,960.	374,522.	39,063.	8,375.
17 Travel	92,030.	90,931.	658.	441.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	285,123.	243,895.	30,073.	11,155.
23 Insurance	89,721.	67,370.	21,135.	1,216.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	167,776.	167,776.		
b MISCELLANEOUS	133,860.	72,191.	61,651.	18.
c CONTRACTED MEDICAL FEES	80,000.	80,000.		
d STAFF TRAINING	35,080.	29,695.	4,149.	1,236.
e All other expenses	33,055.	5,766.	24,857.	2,432.
25 Total functional expenses. Add lines 1 through 24e	11,222,910.	9,077,859.	1,770,016.	375,035.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

MOSE & GARRISON SISKIN MEMORIAL FDN, INC
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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	434,865.	1	432,594.
	2 Savings and temporary cash investments	336,405.	2	1,384,787.
	3 Pledges and grants receivable, net	398,961.	3	385,305.
	4 Accounts receivable, net	341,502.	4	435,776.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,614.	9	80,912.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	11,767,355.		
	b Less: accumulated depreciation	5,963,967.		
	11 Investments - publicly traded securities	14,845,500.	11	20,628,218.
	12 Investments - other securities. See Part IV, line 11	31,203,892.	12	38,067,258.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	299,635.	15	310,861.
16 Total assets. Add lines 1 through 15 (must equal line 33)	53,905,934.	16	67,529,099.	
Liabilities	17 Accounts payable and accrued expenses	989,131.	17	5,059,817.
	18 Grants payable		18	
	19 Deferred revenue	1,125,483.	19	1,129,988.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,114,614.	26	6,189,805.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	51,435,620.	27	61,083,801.
	28 Net assets with donor restrictions	355,700.	28	255,493.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	51,791,320.	32	61,339,294.
	33 Total liabilities and net assets/fund balances	53,905,934.	33	67,529,099.

Form **990** (2020)

MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,283,858.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,222,910.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,939,052.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51,791,320.
5	Net unrealized gains (losses) on investments	5	12,519,726.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-32,700.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	61,339,294.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **MOSE & GARRISON SISKIN MEMORIAL FDN, INC**
D/B/A SISKIN CHILDREN'S INSTITUTE

Employer identification number
****-***1637**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1** A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2** A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3** A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4** A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5** An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6** A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8** A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9** An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11** An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12** An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a** **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b** **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c** **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d** **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1772494.	1476314.	1632115.	2134819.	1428787.	8444529.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1772494.	1476314.	1632115.	2134819.	1428787.	8444529.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						366,484.
6 Public support. Subtract line 5 from line 4.						8078045.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1772494.	1476314.	1632115.	2134819.	1428787.	8444529.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	916,086.	1129804.	1314671.	950,859.	831,860.	5143280.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-12,816.	8,373.	-105,955.	-62,886.	-64,078.	-237,362.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						13350447.
12 Gross receipts from related activities, etc. (see instructions)					12	17,649,565.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	60.51 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	59.76 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		►
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.		
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
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 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020**Open to Public Inspection****Name of the organization** MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE**Employer identification number**
-*1637**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes	No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
Protection of natural habitat ☐ Preservation of a certified historic structure
Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$ 95,496.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☒ Public exhibition

d Loan or exchange program

b Scholarly research

e Other _____

c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes ☐ No ☒

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	87,435.	87,435.	87,435.	87,435.	87,435.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	87,435.	87,435.	87,435.	87,435.	87,435.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment 100 %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		900,000.		900,000.
b Buildings		8,770,130.	4,128,762.	4,641,368.
c Leasehold improvements				
d Equipment		2,097,225.	1,835,205.	262,020.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,803,388.

MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE

Schedule D (Form 990) 2020

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIP		
(B) INTERESTS	37,250,158.	END-OF-YEAR MARKET VALUE
(C) INSURANCE ANNUITY	817,100.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	38,067,258.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2020

MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE

Schedule D (Form 990) 2020

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	20,701,858.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	12,519,726.	
b	Donated services and use of facilities	2b	130,205.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-32,700.	
e	Add lines 2a through 2d	2e		12,617,231.
3	Subtract line 2e from line 1	3		8,084,627.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	269,619.	
b	Other (Describe in Part XIII.)	4b	-70,388.	
c	Add lines 4a and 4b	4c		199,231.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		8,283,858.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	11,153,884.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	130,205.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	70,388.	
e	Add lines 2a through 2d	2e		200,593.
3	Subtract line 2e from line 1	3		10,953,291.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	269,619.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		269,619.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		11,222,910.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

THE FOUNDATION MAINTAINS A COLLECTION OF RELIGIOUS ANTIQUITIES THAT ARE OPEN TO THE PUBLIC. IT IS A COLLECTION OF RELIGIOUS ARTIFACTS OF VARIOUS FAITHS. THIS INCLUDES ARTICLES USED IN WORSHIP, SILVER PLATES, CANDLE HOLDERS, POINTERS, BOOKS, STONE AND WOOD CARVINGS, FINE ART IN IVORY, SILVER AND PORCELAIN. THESE ARTIFACTS PRESERVE AN IMPORTANT PART OF THE HISTORY OF THE FOUNDATION'S FOUNDERS. THEY PROMOTE UNDERSTANDING OF PEOPLE AND THEIR DIFFERENCES, ONE OF THE PRINCIPLES FOR WHICH THE ORGANIZATION WAS FOUNDED.

PART X, LINE 2:

THE FOUNDATION FOLLOWS THE STATUTORY REQUIREMENTS FOR ITS INCOME TAX

Part XIII Supplemental Information (continued)

ACCOUNTING AND GENERALLY AVOIDS RISKS ASSOCIATED WITH POTENTIALLY
PROBLEMATIC TAX POSITIONS THAT MAY BE CHALLENGED UPON EXAMINATION.
MANAGEMENT BELIEVES ANY LIABILITY RESULTING FROM TAXING AUTHORITIES
IMPOSING ADDITIONAL INCOME TAXES FROM ACTIVITIES DEEMED TO BE UNRELATED TO
THE FOUNDATION'S NON-TAXABLE STATUS WOULD NOT HAVE A MATERIAL EFFECT ON
THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT
TO TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED CHANGE IN VALUE OF INSURANCE ANNUITIES -32,700.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES FROM FUNDRAISING ACTIVITIES -70,388.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FROM FUNDRAISING ACTIVITIES 70,388.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

► **Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

► **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE**

Employer identification number
****-***1637**

Part I

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3** Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II
-
-
-
- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.
-
-
-
- 5** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.
-
-
-
- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" on either line 6a or line 6b, explain on Part II.
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	X	

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

Schedule E (Form 990 or 990-EZ) 2020

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE FOUNDATION RECEIVES FEDERAL GRANTS THROUGH THE TEIS PROGRAM WITH THE UNITED STATES DEPARTMENT OF EDUCATION.

MOSE & GARRISON SISKIN MEMORIAL FDN, INC

Schedule G (Form 990 or 990-EZ) 2020 D/B/A SISKIN CHILDREN'S INSTITUTE

-*1637 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts		STARNIGHT 195,307.	2 47,687.	242,994.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)		195,307.	47,687.	242,994.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		47,065.	23,323.	70,388.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				70,388.
	11 Net income summary. Subtract line 10 from line 3, column (d)				172,606.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

MOSE & GARRISON SISKIN MEMORIAL FDN, INC

Schedule G (Form 990 or 990-EZ) 2020 D/B/A SISKIN CHILDREN'S INSTITUTE

-*1637 Page 3

- 11** Does the organization conduct gaming activities with nonmembers? **Yes** **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **Yes** **No**

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party:

Name ►

Address ►

- 16** Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer

Employee

Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **Yes** **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
----------------	--

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

**MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE**

Employer identification number

**** - ***1637**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

Compensation committee

Independent compensation consultant

Form 990 of other organizations

Written employment contract

Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

MOSE & GARRISON SISKIN MEMORIAL FDN, INC

D/B/A SISKIN CHILDREN'S INSTITUTE

-*1637

Schedule J (Form 990) 2020

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CINDY CHESTARO	(i)	244,246.	0.	0.	0.	2,809.	247,055.	0.
KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES VEN DECAR	(i)	229,314.	0.	0.	0.	4,626.	233,940.	0.
KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEREK BULLARD	(i)	203,946.	0.	0.	0.	18,620.	222,566.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MELISSA GONZALEZ	(i)	151,122.	0.	0.	0.	7,122.	158,244.	0.
KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE

Employer identification number
-*1637

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEIR FAMILIES THROUGH EXCELLENCE IN EDUCATION, SUPPORT SERVICES,
ADVOCACY, AND COMMUNITY PARTNERSHIPS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILD CARE PROVIDERS AND OTHER PEOPLE WHO SPEND SIGNIFICANT TIME WITH
CHILDREN WITH DISABILITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HOME AND COMMUNITY BASED EARLY INTERVENTION PROGRAM. THIS PROGRAM
PROVIDES SERVICES TO FAMILIES WITH CHILDREN AGES BIRTH TO THREE WITH
SPECIAL NEEDS. THIS INTERVENTION IS PROVIDED IN THE HOME OR IN ANOTHER
SETTING IN THE COMMUNITY WITH "CAREGIVERS" INCLUDING FAMILIES AND CHILD
CARE PROVIDERS. THIS PROGRAM BENEFITED 832 INDIVIDUALS
EXPENSES \$ 1,036,257. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT 990 TAX RETURN IS FORWARDED TO ALL GOVERNING BOARD MEMBERS AND
FINANCE COMMITTEE MEMBERS FOR THEIR REVIEW AND APPROVAL BEFORE THE TAX
RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

AT THE BEGINNING OF EACH BOARD OR COMMITTEE MEETING, AGENDA ITEMS ARE
APPROVED AND CHAIR OF THE MEETING REQUESTS THAT ANYONE WITH A KNOWN
CONFLICT OF INTEREST WITH ANY AGENDA ITEM ABSTAIN FROM DISCUSSION OF OR
VOTING ON THAT ITEM.

Name of the organization	MOSE & GARRISON SISKIN MEMORIAL FDN, INC D/B/A SISKIN CHILDREN'S INSTITUTE	Employer identification number **-***1637
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FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS SETS THE SALARY OF THE CEO. ALL OTHERS ARE
DETERMINED BY ADMINISTRATORS WITH CEO APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

FORMS 990 AND 990-T ARE AVAILABLE FROM THE WEBSITE OF GUIDESTAR.ORG FOR A
PERIOD OF FIVE YEARS AND ARE ALSO AVAILABLE BY REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF INSURANCE ANNUITIES -32,700.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

Name MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE

Employer Identification Number
-*1637

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - UNRELATED DEBT-FINANC	239,816.
FEDERAL PRE-2018 NET OPERATING LOSS	127,842.
FEDERAL CONTRIBUTION - 50% CASH	38.
NY NET OPERATING LOSS	68,163.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020For calendar year 2020 or other tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.▶ Go to **www.irs.gov/Form990T** for instructions and the latest information.

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

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

A Check box if address changed.	Print or Type	Name of organization (Check box if name changed and see instructions.) MOSE & GARRISON SISKIN MEMORIAL FDN, INC D/B/A SISKIN CHILDREN'S INSTITUTE	D Employer identification number ** - ***1637
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) 408(e) 220(e) 408A 530(a) 529(a) 529S		Number, street, and room or suite no. If a P.O. box, see instructions. 1101 CARTER STREET	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code CHATTANOOGA, TN 37402	F Check box if an amended return.
		C Book value of all assets at end of year ▶ 67,529,099.	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity			
H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶			
J Enter the number of attached Schedules A (Form 990-T) ▶ 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes <input checked="" type="checkbox"/> No			
If "Yes," enter the name and identifying number of the parent corporation. ▶			
L The books are in care of ▶ JEANINNE HOUCK Telephone number ▶ (423) 648-1700			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-68,163.
2 Reserved	2	
3 Add lines 1 and 2	3	-68,163.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-68,163.
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-68,163.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶	11		

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	PRESIDENT	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MATTHEW T. HISEY	MATTHEW T. HISEY	01/25/22		P01293572
	Firm's name ▶ MAULDIN & JENKINS, LLC	Firm's EIN ▶ ** - *** 2043			
	Firm's address ▶ 200 W M.L.K. BLVD, STE 1100 CHATTANOOGA, TN 37402-1239	Phone no. 423-756-6133			

Form **990-T** (2020)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

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

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

ENTITY 1

OMB No. 1545-0047

2020

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

A Name of the organization MOSE & GARRISON SISKIN MEMORIAL FDN, IN D/B/A SISKIN CHILDREN'S INSTITUTE	B Employer identification number **-***1637
C Unrelated business activity code (see instructions) ▶ 900000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **UNRELATED DEBT-FINANCED INCOME**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a 25,466.		25,466.
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1		5 -89,544.		-89,544.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 -64,078.		-64,078.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement) (see instructions)	5	
6 Taxes and licenses	6	4,085.
7 Depreciation (attach Form 4562) (see instructions)	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	4,085.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-68,163.
17 Deduction for net operating loss (see instructions)	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-68,163.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation ►

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

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

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

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

Nonexempt Controlled Organizations

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

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

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

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

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

Part IX	Advertising Income
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- 1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

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

A	B	C	D

- 2 Gross advertising income
Add columns A through D. Enter here and on Part I, line 11, column (A) 0.

a

- | | | | | | |
|---|--|--|--|--|----|
| 3 | Direct advertising costs by periodical | | | | |
| a | Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0. |

a

- | | | | | | |
|---|---|--|--|--|--|
| 4 | Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | | | | |
|---|---|--|--|--|--|

- | | | | | | |
|---|------------------------|--|--|--|--|
| 5 | Readership costs | | | | |
|---|------------------------|--|--|--|--|

- | | | | | | |
|---|--------------------|--|--|--|--|
| 6 | Circulation income | | | | |
|---|--------------------|--|--|--|--|

- | | | | | |
|---|--|--|--|--|
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
|---|--|--|--|--|

- | | | | | | | |
|---|--|--|--|--|--|--|
| 8 | Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | | |
|---|--|--|--|--|--|--|

- a** Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on
Part II, line 13 **0.**

Part II, line 13

Part X	Compensation of Officers, Directors, and Trustees (see instructions)
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1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

- Total.** Enter here and on Part II, line 1 0.

Part XI	Supplemental Information (see instructions)
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[illegible]

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
MIT PRIVATE EQUITY FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)		-7,544.
MIT PRIVATE EQUITY FUND III, LP - INTEREST INCOME		742.
MIT PRIVATE EQUITY FUND III, LP - OTHER INCOME (LOSS)		-1,846.
HEADLANDS CAPITAL SECONDARY FUND II - ORDINARY BUSINESS INCOME (LOSS)		643.
HEADLANDS CAPITAL SECONDARY FUND II - NET RENTAL REAL ESTATE INCOME		31.
HEADLANDS CAPITAL SECONDARY FUND II - INTEREST INCOME		15.
HEADLANDS CAPITAL SECONDARY FUND II - DIVIDEND INCOME		23.
HEADLANDS CAPITAL SECONDARY FUND II - OTHER PORTFOLIO INCOME (LOSS)		94.
HEADLANDS CAPITAL SECONDARY FUND II - OTHER INCOME (LOSS)		-4,249.
MTP ENERGY OPPORTUNITIES FUND II - ORDINARY BUSINESS INCOME (LOSS)		-72,467.
MTP ENERGY OPPORTUNITIES FUND II - NET RENTAL REAL ESTATE INCOME		112.
MTP ENERGY OPPORTUNITIES FUND II - OTHER INCOME (LOSS)		-25,472.
THE ENERGY & MINERALS GROUP FUND IV - ORDINARY BUSINESS INCOME (LOSS)		12,391.
THE ENERGY & MINERALS GROUP FUND IV - OTHER INCOME (LOSS)		-30,825.
AGHAP FEEDER, LLC - ORDINARY BUSINESS INCOME (LOSS)		59,633.
AGHAP FEEDER, LLC - INTEREST INCOME		2,282.
AGHAP FEEDER, LLC - DIVIDEND INCOME		14.
AGHAP FEEDER, LLC - OTHER PORTFOLIO INCOME (LOSS)		188.
AGHAP FEEDER, LLC - OTHER INCOME (LOSS)		-23,309.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-89,544.

**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

2020

Name MOSE & GARRISON SISKIN MEMORIAL FDN, INC D/B/A SISKIN CHILDREN'S INSTITUTE	Employer identification number **-***1637
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ▶ ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**See instructions for how to figure the amounts to enter on the lines below.**

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B 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				-2,500.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-2,500.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**See instructions for how to figure the amounts to enter on the lines below.**

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B 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 Form(s) 8949 with Box F checked				27,268.
11 Enter gain from Form 4797, line 7 or 9			11	698.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	27,966.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	25,466.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	25,466.

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

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2020

Attachment Sequence No. **12A**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE

Social security number or taxpayer identification no.

-*1637

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


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

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

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

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) 

<2,500.>

Note: If you checked Box A 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.

-*1637

D/B/A SISKIN CHILDREN'S INSTITUTE

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

☒ (F) Long-term transactions not reported to you on Form 1099-B

Form **8949** (2020)

**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

2020

Name

**MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE**

Employer identification number

**** - ***1637**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**See instructions for how to figure the amounts to enter on the lines below.**

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B 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				-2,500.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-2,500.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**See instructions for how to figure the amounts to enter on the lines below.**

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B 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 Form(s) 8949 with Box F checked				27,268.
11 Enter gain from Form 4797, line 7 or 9			11	698.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	27,966.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	25,466.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	25,466.

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

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2020

Attachment
Sequence No. **12A**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE

Social security number or taxpayer identification no.

-*1637

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

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

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

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

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box A 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.

-*1637

D/B/A SISKIN CHILDREN'S INSTITUTE

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

☒ (F) Long-term transactions not reported to you on Form 1099-B

Form **8949** (2020)

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

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

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

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

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

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
MIT PRIVATE EQUITY FUND III, LP						500.
HEADLANDS CAPITAL SECONDARY FUND II						616.
AGHAP FEEDER, LLC						-418.
TOTAL TO 4797, PART I, LINE 2						698.

Form **4797**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2020Attachment
Sequence No. **27****MOSE & GARRISON SISKIN MEMORIAL FDN, INC**
D/B/A SISKIN CHILDREN'S INSTITUTE

Identifying number

**** - ***1637****1** Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20**1****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)						
3	Gain, if any, from Form 4684, line 39						3						
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4						
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5						
6	Gain, if any, from line 32, from other than casualty or theft						6						
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 698.						
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.													
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.													
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8						
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 698.						

Part II Ordinary Gains and Losses (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

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

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

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

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

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

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

2020

California Exempt Organization Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020 , and ending (mm/dd/yyyy) 06/30/2021	
Corporation/Organization name MOSE & GARRISON SISKIN MEMORIAL FDN, INC D/B/A SISKIN CHILDREN'S INSTITUTE	California corporation number 8245072
Additional information. See instructions.	FEIN ** - ***1637
Street address (suite or room) 1101 CARTER STREET	PMB no.
City CHATTANOOGA	State TN ZIP code 37402
Foreign country name	Foreign province/state/county Foreign postal code

A First return Yes <input checked="" type="checkbox"/> No B Amended return Yes <input checked="" type="checkbox"/> No C IRC Section 4947(a)(1) trust Yes <input checked="" type="checkbox"/> No D Final information return? • <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) Merged/Reorganized Enter date: (mm/dd/yyyy) E Check accounting method: (1) Cash (2) <input checked="" type="checkbox"/> Accrual (3) Other F Federal return filed? (1) • <input checked="" type="checkbox"/> 990T (2) • 990PF (3) • Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series G Is this a group filing? See instructions Yes <input checked="" type="checkbox"/> No H Is this organization in a group exemption Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes <input checked="" type="checkbox"/> No J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes <input checked="" type="checkbox"/> No K Is the organization exempt under R&TC Section 23701g? • Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ L Is the organization a limited liability company? Yes <input checked="" type="checkbox"/> No M Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes No N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes <input checked="" type="checkbox"/> No O Is federal Form 1023/1024 pending? Yes <input checked="" type="checkbox"/> No Date filed with IRS
--	--

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	8,680,129	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,428,787	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	10,108,916	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	1,754,670	00
	7 Total costs. Add line 5 and line 6	7	1,754,670	00
	8 Total gross income. Subtract line 7 from line 4	8	8,354,246	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	11,008,175	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-2,653,929	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and Interest. See General Information J	15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result <input checked="" type="radio"/>	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title PRESIDENT	Date	• Telephone (423) 648-1700
Paid Preparer's Use Only	Preparer's signature MATTHEW T. HISEY	Date 01/25/22	Check if self-employed	• PTIN P01293572
	Firm's name (or yours, if self-employed) and address MAULDIN & JENKINS, LLC 200 W M.L.K. BLVD, STE 1100 CHATTANOOGA, TN 37402-1239			• Firm's FEIN ** - ***2043
				• Telephone 423-756-6133
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes No			

MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE

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Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	242,994	00
	2	Interest	•	2		00
	3	Dividends	•	3	812,103	00
	4	Gross rents	•	4	19,757	00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6	2,644,879	00
	7	Other income	•	7	4,960,396	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	8,680,129	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	990,764	00
	12	Other salaries and wages	•	12	6,691,767	00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15	421,960	00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other expenses and disbursements	•	17	2,903,684	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	11,008,175	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		771,270	•	1,817,381
2 Net accounts receivable		341,502	•	435,776
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments	STMT 6	46,049,392	•	58,695,476
10 a Depreciable assets	10,810,404		10,867,355	
b Less accumulated depreciation	(5,678,844)	5,131,560	(5,963,967)	4,903,388
11 Land		900,000	•	900,000
12 Other assets	STMT 7	712,210	•	777,078
13 Total assets		53,905,934		67,529,099
Liabilities and net worth				
14 Accounts payable		989,131	•	5,059,817
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities	STMT 8	1,125,483		1,129,988
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		51,791,320	•	61,339,294
22 Total liabilities and net worth		53,905,934		67,529,099

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• -2,653,929	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	-2,653,929
6 Total. Add line 1 through line 5	-2,653,929		

CA 199		CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
TENNESSEE DEPARTMENT OF HUMAN SERVICES	400 DEADERICK STREET NASHVILLE, TN 37243		105,712.
TENNESSEE DEPARTMENT OF EDUCATION	710 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243-0375		1,085,034.
TOTAL INCLUDED ON LINE 3			1,190,746.

CA 199		GROSS AMOUNT FROM SALE OF ASSETS		STATEMENT 2
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,754,670.	0.	0.	2,644,879.
TOTAL TO FORM 199, PAGE 2, LN 6	1,754,670.	0.	0.	2,644,879.

CA 199		OTHER INCOME	STATEMENT 3
DESCRIPTION	AMOUNT		
OTHER RELATED INCOME	116,925.		
UNRELATED INCOME FROM PASS THROUGH ENTITIES	-89,544.		
PRESCHOOL	1,531,355.		
APPLIED BEHAVIORAL	1,944,665.		
PEDIATRIC BEHAVIORAL	30,000.		
OUTREACH SERVICES	1,426,995.		
TOTAL TO FORM 199, PART II, LINE 7	4,960,396.		

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
CINDY CHESTARO 1101 CARTER STREET CHATTANOOGA, TN 37402	KEY EMPLOYEE 40.00	0.
JAMES VEN DECAR 1101 CARTER STREET CHATTANOOGA, TN 37402	KEY EMPLOYEE 32.00	0.
DEREK BULLARD 1101 CARTER STREET CHATTANOOGA, TN 37402	PRESIDENT 40.00	0.

MOSE & GARRISON SISKIN MEMORIAL FDN, INC

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MELISSA GONZALEZ 1101 CARTER STREET CHATTANOOGA, TN 37402	KEY EMPLOYEE 40.00	0.
JEANINNE HOUCK 1101 CARTER STREET CHATTANOOGA, TN 37402	CHIEF OPERATING OFFICER 40.00	0.
MICHELLE KIMBALL 1101 CARTER STREET CHATTANOOGA, TN 37402	NURSE PRACTITIONER 40.00	0.
BETTY LEBOVITZ 1101 CARTER STREET CHATTANOOGA, TN 37402	SECRETARY 2.00	0.
JOHN THOMAS 1101 CARTER STREET CHATTANOOGA, TN 37402	TREASURER 2.00	0.
DR. JIM SHIRE 1101 CARTER STREET CHATTANOOGA, TN 37402	PROGRAM COMMITTEE 2.00	0.
DR. EDNA VARNER 1101 CARTER STREET CHATTANOOGA, TN 37402	CHAIRPERSON 2.00	0.
LARRY PARKS 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.
PAUL LOFTIN 1101 CARTER STREET CHATTANOOGA, TN 37402	FORMER CHAIRPERSON 2.00	0.
LEE DAVIS 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.
ROBERT SISKIN 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.
SCOTT LEROY 1101 CARTER STREET CHATTANOOGA, TN 37402	HUMAN RESOURCES COMMITTEE 2.00	0.

MOSE & GARRISON SISKIN MEMORIAL FDN, INC

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DR. ANDREA GOINS 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.
STACY LIGHTFOOT 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.
STEPHEN RATTERMAN 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.
MATT RIVERS 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.
EDDIE RUSSELL 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.
ALAN CATES 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.
DR. ALLEN MYERS 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.
JOHN PREGULMAN 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.
DR. VALERIE RUTLEDGE 1101 CARTER STREET CHATTANOOGA, TN 37402	VICE CHAIRPERSON 2.00	0.
CAROLA MORGAN 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.
DR. TAMA VAN DECAR 1101 CARTER STREET CHATTANOOGA, TN 37402	DIRECTOR 2.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
PROGRAM SUPPLIES		167,776.
MISCELLANEOUS		133,860.
CONTRACTED MEDICAL FEES		80,000.
STAFF TRAINING		35,080.
DIRECT EXPENSES OF FUNDRAISING EVENTS		70,388.
OTHER EMPLOYEE BENEFITS		1,275,944.
LEGAL FEES		10,529.
ACCOUNTING FEES		38,000.
INVESTMENT MANAGEMENT FEES		269,619.
OTHER PROFESSIONAL FEES		207,216.
ADVERTISING AND PROMOTION		70,896.
OFFICE EXPENSES		329,570.
TRAVEL		92,030.
INSURANCE		89,721.
ALL OTHER EXPENSES		33,055.
TOTAL TO FORM 199, PART II, LINE 17		2,903,684.

CA 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LIMITED PARTNERSHIP INTERESTS	30,350,992.	37,250,158.
INSURANCE ANNUITY	852,900.	817,100.
OTHER PUBLICLY TRADED SECURITIES	14,845,500.	20,628,218.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	46,049,392.	58,695,476.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	398,961.	385,305.
PREPAID EXPENSES AND DEFERRED CHARGES	13,614.	80,912.
OTHER ASSETS	299,635.	310,861.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	712,210.	777,078.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	1,125,483.	1,129,988.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,125,483.	1,129,988.

CA 199	FUND BALANCES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	51,435,620.	61,083,801.
NET ASSETS WITH DONOR RESTRICTIONS	355,700.	255,493.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	51,791,320.	61,339,294.

2020

Underpayment of Estimated Tax
by Corporations

5806

For calendar year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020 and ending (mm/dd/yyyy) 06/30/2021

Corporation name MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTECalifornia corporation number
8245072**Part I** Figure the Underpayment

1 Current year's tax. See instructions				1	1,052
		(a)	(b)	(c)	(d)
2 Installment due dates. See instructions	2	10/15/20	12/15/20	03/15/21	06/15/21
3 Percentage required. See instructions	3	30% (not less than min.)	70% less 1st	70% less prior	100% less prior
4 Amount due. See instructions	4	316	420		316
5 a Amount paid or credited for each installment	5a	225	225	225	223
b Overpayment from previous installment	5b				225
6 Add line 5a and line 5b	6	225	225	225	448
7 Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.	7	91	195	225	132

Part II Exceptions to the Penalty. See instructions. If Exception A, line 8a is met for all four installments, **do not** attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

(check the applicable boxes)		Yes	No	Yes	No	Yes	No	Yes	No
8 a	Exception A - Regular Corporations, line 26, met?	8a		X		X		X	
b	Exception A - Large Corporations, line 30, met?	8b							
9	Exception B (line 42) met?	9							
10	Exception C (line 64) met?	10							

Part III Figure the Penalty. If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

11	Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instr.	11				
12	Number of days from date shown on line 2 to date shown on line 11	12				
13	Number of days on line 12 before 7/01/20, or the payment date, whichever is earlier	13				
14	Number of days on line 12 after 6/30/20 and before 1/01/21, or the payment date, whichever is earlier	14				
15	Number of days on line 12 after 12/31/20 and before 7/01/21, or the payment date, whichever is earlier. Calendar yr corps. , see instr.	15				
16	For fiscal yr corps. only. Number of days on line 12 after 6/30/21 and before 1/01/22. See instr.	16				
17	For fiscal year corps. only. Number of days on line 12 after 12/31/21 and before 2/15/22	17				
18	Number of days on line 13 Number of days in taxable year x 5% x line 7	18				
19	Number of days on line 14 Number of days in taxable year x 5% x line 7	19				
20	Number of days on line 15 Number of days in taxable year x 3% x line 7	20				
21	Number of days on line 16 Number of days in taxable year x % (see instr.) x line 7	21				
22	Number of days on line 17 Number of days in taxable year x % (see instr.) x line 7	22	SEE ATTACHED WORKSHEET			
22a	Add amounts for each column from line 18 through line 22	22a				
22b	Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 42a; or Form 109, line 27	22b				2

Part IV Exceptions Worksheets. Even if line 7 shows an underpayment for any installment, the Franchise Tax Board will **not** assess a penalty if timely payments were made and they equal or exceed the amount determined under any of the three exceptions for the same installment period.**Exception A - Prior Year's Tax - Regular Corporations**

23	Prior year's tax (the return must have been for a full 12 months)	23	800					
	(a)	(b)	(c)	(d)				
	30% (not less than min.)	70%	70%	100%				
24	Enter line 23 x the percentage shown	24	240	560	560	800		
25	Amount paid by the installment due date (cumulative)	25	225	450	675	898		
26	If line 25 is greater than line 24, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 8a. If line 24 is greater than line 25, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 8a.	26	Yes	No	Yes	No	Yes	No

Exception A - Prior Year's Tax - Large Corporations

Use this exception only if prior year tax is less than current year tax.

27	Current year's tax	27				
		1st Installment	2nd Installment			
28 a	Installment due. Enter line 23 x 30%	28a				
b	Installment due. Enter line 27 x 70%	28b				
29	Amount paid by the installment due date (cumulative)	29				
30	If line 29 is greater than line 28 for both installments, the exception is met. Check "Yes" here for each installment and check the applicable "Yes" box in Part II, line 8b. The exception to the penalty applies only if line 29 is greater than line 28 for both installments. If line 28 is greater than line 29 for either installment, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 8b.	30	Yes	No	Yes	No

See instructions regarding amounts to use for installment 3 and installment 4.

Exception B - Tax on Annualized Current Year Income

Enter number of months for each period. See instrs. ▶

	(a)	(b)	(c)	(d)				
31	Enter taxable income for each annualization period	31						
32	Annualization amounts. See instructions	32						
33 a	Annualized taxable income. Multiply line 31 by line 32	33a						
b	R&TC Section 23802(e) deduction (S corporations only)	33b						
c	Net income. Subtract line 33b from line 33a	33c						
34	Tax. Multiply line 33c by the current tax rate	34						
35	Tax credits for each payment period	35						
36	Subtract line 35 from line 34	36						
37	Other taxes *	37						
38	Total tax. Add line 36 and line 37	38						
39	Applicable percentage. For short period returns (taxable year of less than 12 months), see the instructions for Part I, line 3	39	30%	70%	70%	100%		
	(not less than min.)							
40	Installment due. Multiply line 38 by line 39	40						
41	Amount paid by the installment due date (cumulative)	41						
42	If line 41 is greater than line 40, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 9. If line 40 is greater than line 41, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 9.	42	Yes	No	Yes	No	Yes	No

* Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, the QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

Part IV Exceptions Worksheets (Continued)

Exception C - Tax on Annualized Seasonal Income

	(a)	(b)	(c)	(d)					
43 Enter taxable income for the following periods:	1st 3 months	1st 5 months	1st 8 months	1st 11 months					
a Taxable year beginning in 2017	43a								
b Taxable year beginning in 2018	43b								
c Taxable year beginning in 2019	43c								
44 Enter taxable income for each period for the taxable year beginning in 2020	44								
45 Enter taxable income for the following periods:	1st 4 months	1st 6 months	1st 9 months	Entire year					
a Taxable year beginning in 2017	45a								
b Taxable year beginning in 2018	45b								
c Taxable year beginning in 2019	45c								
46 Divide the amount in each column on line 43a by the amount in column (d) on line 45a	46								
47 Divide the amount in each column on line 43b by the amount in column (d) on line 45b	47								
48 Divide the amount in each column on line 43c by the amount in column (d) on line 45c	48								
49 Add line 46 through line 48	49								
50 Divide line 49 by 3	50								
51 a Divide line 44 by line 50	1st 4 months	1st 6 months	1st 9 months	Entire year					
b R&TC Section 23802(e) deduction. (S corporations only)	51a								
c Net income. Subtract line 51b from line 51a	51b								
52 Tax. Multiply line 51c by the current tax rate ...	51c								
53 Divide the amounts in column (a) through column (c) on line 45a by the amount in column (d) on line 45a	52								
54 Divide the amounts in column (a) through column (c) on line 45b by the amount in column (d) on line 45b	53								
55 Divide the amounts in column (a) through column (c) on line 45c by the amount in column (d) on line 45c	54								
56 Add line 53 through line 55	55								
57 Divide line 56 by 3	56								
58 Multiply the amounts in column (a) through column (c) of line 52 by the amounts in the corresponding column of line 57. In column (d), enter the amount from line 52, column (d)	57								
59 Tax credits for each payment period	58								
60 Subtract line 59 from line 58	59								
61 Other taxes *	60								
	61								
	(not less than min.)								
62 Total tax. Add line 60 and line 61	62								
63 Amount paid by the installment due date (cumulative)	63								
64 If line 63 is greater than line 62, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 10. If line 62 is greater than line 63, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 10.	64	Yes	No	Yes	No	Yes	No	Yes	No

* Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

CA

[illegible]

Penalty Due (Sum of Column F).

2. |

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

* EXCEPTION MET

012511
04-01-20

2020

California Exempt Organization Business Income Tax Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021Corporation/Organization name **MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE**California corporation number
8245072

Additional information. See instructions.

FEIN
**** - ***1637**

Street address (suite/room no.)

1101 CARTER STREET

PMB no.

City (If the corporation has a foreign address, see instructions.)

CHATTANOOGA

State

TN

ZIP code

37402

Foreign country name

Foreign province/state/county

Foreign postal code

A First return filed? Yes ☒ NoB Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ NoC Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ NoD Final return? ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date (mm/dd/yyyy)

E Amended return? ☐ Yes ☒ NoF Accounting method used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ OtherG Nature of trade or business **SEE STATEMENT 10**H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☐ Yes ☒ No

I Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement

Area (MEA) tax benefits? ☐ Yes ☒ NoJ Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ☐ Yes ☒ NoK Unrelated Business Activity (UBA) code **900000**L Is this a hospital? ☐ Yes ☒ No

If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1	11,897	00
	2	Mult. In 1 by the avg. appt. pctg _____ % from the Sch. R, Appt. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2		00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	11,897	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	•	5	11,897	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	•	6		00
	7	Net Operating Loss deduction. See General Information N	•	7		00
	8	Add line 6 and line 7	•	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	11,897	00
	10	Tax 8.84 % x line 9. See General Information J	•	10	1,052	00
	11	Tax credits from Schedule B. See instructions	•	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12	1,052	00
	13	Alternative minimum tax. See General Information O	•	13		00
	14	Total tax. Add line 12 and line 13	•	14	1,052	00
Payments	15	Overpayment from a prior year allowed as a credit	•	15		00
	16	2020 estimated tax payments. See instructions	•	16		00
	17	Withholding (Form 592-B and/or 593). See instructions	•	17	898	00
	18	Amount paid with extension (form FTB 3539)	•	18	500	00
	19	Total payments and credits. Add line 15 through line 18	•	19	1,398	00
Use Tax/ Tax Due/ Overpay- ment	20	Use tax. See instructions	•	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21	1,398	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24	344	00
	25	Enter amount of line 24 to be applied to 2021 estimated tax	•	25		00

MOSE & GARRISON SISKIN MEMORIAL FDN, INC
D/B/A SISKIN CHILDREN'S INSTITUTE

-*1637

028971 12-21-20

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	344	00
	a Fill in the account information to have the refund directly deposited. Routing number			
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number			
	27 Penalties and interest. See General Information M	27	2	00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29		00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c		00
2 Cost of goods sold and/or operations (Schedule A, line 7)			2		00
3 Gross profit. Subtract line 2 from line 1c			3		00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a		00
b Net gain (loss) from Part II, Schedule D-1			4b		00
c Capital loss deduction for trusts			4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5	12,927	00
6 Rental income (Schedule C)			6		00
7 Unrelated debt-financed income (Schedule D)			7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9		00
10 Exploited exempt activity income (Schedule G)			10		00
11 Advertising income (Schedule H, Part III, Column A)			11		00
12 Other income. Attach schedule			12		00
13 Total unrelated trade or business income. Add line 3 through line 12			13	12,927	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14		00
15 Salaries and wages	15		00
16 Repairs	16		00
17 Bad debts	17		00
18 Interest	18		00
19 Taxes	19		00
20 Contributions	20	30	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00	
b Less: depreciation claimed on Schedule A	21b	00	
22 Depletion	22		00
23 a Contributions to deferred compensation plans	23a		00
b Employee benefit programs	23b		00
24 Other deductions	24		00
25 Total deductions. Add line 14 through line 24	25	30	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	12,897	00
27 Excess advertising costs (Schedule H, Part III, Column B)	27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	12,897	00
29 Specific deduction	29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	11,897	00

Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title PRESIDENT	Date	• Telephone (423) 648-1700
Paid Preparer's Use Only	Preparer's signature	MATTHEW T. HISEY	Date 01/25/22	• PTIN P01293572
	Firm's name (or yours, if self-employed)	MAULDIN & JENKINS, LLC		• Firm's FEIN **-***2043
	and address	200 W M.L.K. BLVD, STE 1100 CHATTANOOGA, TN 37402-1239		• Telephone 423-756-6133
	May the FTB discuss this return with the preparer shown above? See instructions			• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1		00
2	Purchases	2		00
3	Cost of labor	3		00
4	a Additional IRC Section 263A costs. Attach schedule	4a		00
	b Other costs. Attach schedule	4b		00
5	Total. Add line 1 through line 4b	5		00
6	Inventory at end of year	6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7		00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

Schedule B Tax Credits.

1	Enter credit name	code	1		00
2	Enter credit name	code	2		00
3	Enter credit name	code	3		00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11		4		00

Schedule K Add-On Taxes or Recapture of Tax.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a		00
	b Method for non-dealer installment obligations	2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3		00
4	Credit recapture. Credit name	4		00
5	Total. Combine the amounts on line 1 through line 4	5		00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.**Part A. Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1	Description of property	2	Rent received or accrued	3	Percentage of rent attributable to personal property
					%
					%
					%
4	Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5	Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property	(c) Net income includible, column 5(a) less column 5(b)	

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation	(b) Other deductions
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

			Exempt Controlled Organizations		
1 Name of controlled organizations	2 Employer identification number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, line 10							

CA 109	NATURE OF TRADE OR BUSINESS	STATEMENT 10
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UNRELATED BUSINESS CONDUCTED THROUGH INVESTMENT PARTNERSHIPS

TO FORM 109, PAGE 1

CA 109	CASH CHARITABLE CONTRIBUTIONS	STATEMENT 11
--------	-------------------------------	--------------

DESCRIPTION	AMOUNT
MIT ENERGY	12.
CHARITABLE CONTRIBUTIONS - HEADLANDS CAPITAL SECONDARY FUND II	5.
CHARITABLE CONTRIBUTIONS - MTP ENERGY OPPORTUNITIES FUND II	12.
CHARITABLE CONTRIBUTIONS - AGHAP FEEDER, LLC	1.
TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20	30.

Louisiana Department of Revenue

Post Office Box 91011

Baton Rouge, LA 70821-9011

Enter your LA Revenue Account
Number here (Not FEIN):

1897134-001

For office
use only.

Mark box if:

LA Corporation Income Tax Return for 2020	LA Corporation Franchise Tax Return for 2021
<input type="checkbox"/> Mark box for calendar year	
Or Fiscal Year (Enter dates)	
Begun <u>07/01</u> , 2020	Begun <u>07/01</u> , 2021
Ended <u>06/30</u> , 2021	Ended <u>06/30</u> , 2022
Calendar year returns are due May 15. See instructions for fiscal years.	
Final return	Mark the appropriate box for Short period or Final return.
Short period return	

Name change.

Amended return.

Entity is not required
to file franchise tax.Entity is not required
to file income tax.First time filing of
this form.

Legal Name MOSE GARRISON SISKIN MEMORIAL		
Trade Name		
Mailing Address 1101 CARTER STREET		
Unit Type	Unit Number	
City CHATTANOOGA	State TN	ZIP 37402
Foreign Nation, if not United States (do not abbreviate)		

A. Federal Employer Identification Number	** - ***1637
B. Federal taxable income	X 64078
C. Federal income tax	0
D. Income tax apportionment percentage	100.00 %
E. Gross revenues	0
F. Total assets	13625012

G. NAICS code	525990
H. Enter the state abbreviation for location of the principal place of business.	TN
I. Does the income of this corporation include the income of any disregarded entities?	Yes No X
J. Was the income of this corporation included in a consolidated federal income tax return?	Yes No X
K. If answered yes to J, enter FEIN of consolidated federal income tax return.	
L. Do the books of the corporation contain intercompany debt?	Yes No X
M. Enter the code for the federal form filed.	1
N. Enter the code for the type of entity.	1
O. Pass-through Entity Tax Election	

Computation of Income Tax - See instructions.	
1A. Louisiana net income before loss adjustments and federal income tax deduction.	2094
1B. Subchapter S corporation exclusion	0
1C. Loss carryforward [\$ 0 .00] less federal tax refund applicable to loss [\$ 0 .00] Attach schedule.	0
1C1. Loss carryforward utilized	0
1D. Federal income tax deduction	0
1D1. Federal Disaster Relief Credits	0
1E. Louisiana taxable income	2094
2. Louisiana income tax	84
3. Nonrefundable income tax credits from Schedule NRC-P1	0
4. Income tax after priority 1 credits	84

Computation of Franchise Tax - See instructions.	
5A. Total capital stock, surplus, & undivided profits	15628757
5B. Franchise tax apportionment percentage	.03 %
5C. Franchise taxable base	4689
6. Amount of assessed value of real and personal property in Louisiana in 2020	0
7. Louisiana franchise tax	7
8. Nonrefundable franchise tax credits from Schedule NRC-P1	0
9. <input checked="" type="checkbox"/> Franchise tax after priority 1 credits	7

IMPORTANT!

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**



FOR OFFICE USE ONLY

Field
Flag054401
02-11-21DEV ID **2249**

22141

Net Amount Due					
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total		
10. Tax liability after priority 1 credits	10. 84	10. 7			
11. Refundable credits from Schedule RC-P2	11. 0	11. 0			
12. Tax liability after priority 2 credits	12. 84	12. 7			
13. Overpayment after priority 2 credits	13. 0	13. 0			
14. Nonrefundable credits from Schedule NRC-P3	14. 0	14. 0			
15. Tax liability after priority 3 credits	15. 84	15. 7	15. 91		
16A. Overpayment after priority 2 credits	16A. 0	16A. 0			
16B. Refundable credits from Schedule RC-P4	16B. 0	16B. 0			
16C. Credit carryforward from prior year return	16C. 0	16C. 0			
16D. Estimated payments	16D. 0				
16E. Payment made with extension	16E. 300	16E. 0			
16F. Total refundable credits and payments	16F. 300	16F. 0			
17. Overpayment	17. 216	17. 0	17. 0		
18. Tax due	18. 0	18. 7			
19. Amount of Income tax overpayment applied to franchise tax		19. 216			
20. Net Tax due		20. 0			
21. Interest	21. 0	21. 0			
22. Delinquent filing penalty	22. 0	22. 0			
23. Delinquent payment penalty	23. 0	23. 0			
24. Additional donation to The Military Family Assistance Fund	24. 0	24. 0			
25. Total amount due	25. 0	25. 0		25. 0	

▼ PAY THIS AMOUNT ▼

IMPORTANT!

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**



Enter your LA Revenue Account Number here. ►

1897134-001

Net Amount Due				
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total	
26. Net overpayment		26. 209	26. 209	■
27. Amount of overpayment you want to donate to The Military Family Assistance Fund			27. 0	
28. Amount of overpayment to be refunded			28. 209	
29. Amount of overpayment to be credited to 2021			29. 0	■

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: www.revenue.louisiana.gov/LaTap.

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, 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 he has any knowledge.

Signature of Officer	Title of Officer PRESIDENT	
Print Name of Officer	Telephone (423) 648-1700	Date (mm/dd/yyyy)

PAID PREPARER USE ONLY	Print Preparer's Name MATTHEW T. HISEY	Preparer's Signature MATTHEW T. HISEY	Date (mm/dd/yyyy) 01252022	Check <input type="checkbox"/> if Self-employed
	Firm's Name ► MAULDIN & JENKINS, LLC	Firm's FEIN ► ** _ * * * * *		
	Firm's Address ► 200 W M.L.K. BLVD, STE 1100, CH	Telephone ► 423-756-6133		

IMPORTANT!

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**

PTIN, FEIN, or LDR Account
Number of Paid Preparer

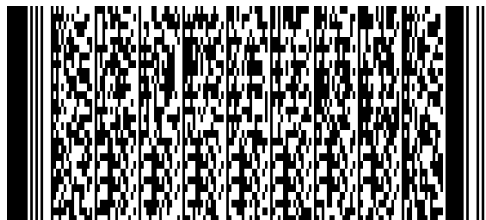
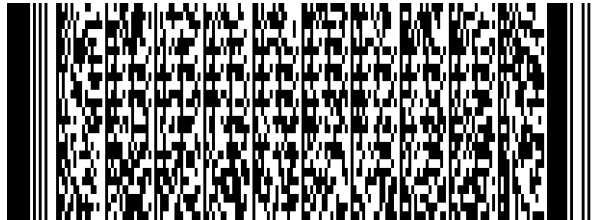
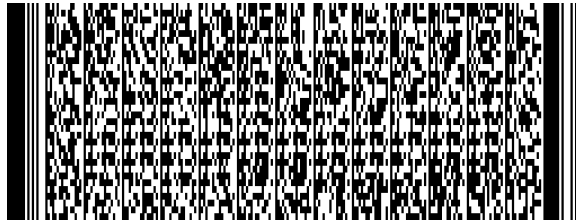


054421 02-11-21

22143

Enter your LA Revenue Account Number here. ►

1897134-001



IMPORTANT!

All four (4) pages of this return **MUST** be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**



All applicable schedules must be completed.

Schedule A - Required Information

<p>1. At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership?</p> <p>If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>FEIN</p>	<p>Percentage</p>
<p>2. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock?</p> <p>If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>FEIN/SSN</p>	<p>Percentage</p>
<p>3. If you answered yes to Line 1 on CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>FEIN</p>	<p>Percentage</p>

Schedule B - Computation of Income Tax Apportionment Percentage

Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise and/or charges for services			
A. Sales	0	0	
B. Charges for services	0	0	
C. Other gross apportionable income	0	0	
D. Total - Add the amounts in Columns 1 and 2.	0	0	100.00 %
2. For certain oil & gas businesses only. Wages, salaries, and other personal service compensation paid during the year (see instructions). If ratio not used, check box. <input checked="" type="checkbox"/>	0	0	%
3. For certain oil & gas businesses only (see instructions). Income tax property ratio - Enter percentage from Schedule C, Line 24. If ratio not used, check box. <input checked="" type="checkbox"/>			%
4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions).			%
5. Total of percents in Column 3			100.00 %
6. Average of percents - Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D.			100.00 %

054425
02-11-21

FOR OFFICE USE ONLY

Field
Flag

22150

Schedule D - Computation of Louisiana Net Income

See instructions if separate accounting method is used and check box.



	Totals			Totals	
1A. Gross receipts	0	.00	22. Other employee benefit plans	0	.00
1B. Less returns and allowances	0	.00	23. Other deductions - Attach schedule.	0	.00
1C. Balance. Subtract Line 1B from Line 1A.	0	.00	24. Total deductions - Add Lines 10 through 23.	0	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.	0	.00	25. Net income from all sources - Subtract Line 24 from Line 9.	2094	.00
3. Gross profit - Subtract Line 2 from Line 1C.	0	.00	26. Allocable income from all sources:		
4. Gross rents	0	.00	26A. Net rents and royalties from immovable or corporeal movable property	0	.00
5. Gross royalties	0	.00	26B. Royalties from the use of patents, trademarks, etc.	0	.00
6. Income from estates, trusts, partnerships	2094	.00	26C. Income from estates, trusts, and partnerships	0	.00
7. Income from construction, repair, etc.	0	.00	26D. Income from construction, repair, etc.	0	.00
8. Other income - Attach schedule.	0	.00	26E. Other allocable income	0	.00
9. Total income - Add Lines 3 through 8.	2094	.00	26F. Allocable expenses	(0)	.00
10. Compensation of officers	0	.00	26G. Net allocable income from all sources	0	.00
11. Salaries and wages (not deducted elsewhere)	0	.00	27. Net income subject to apportionment - Subtract Line 26G from Line 25.	2094	.00
12. Repairs	0	.00	28. Net income apportioned to Louisiana	2094	.00
13. Bad debts	0	.00	29. Allocable income from Louisiana sources:		
14. Rent	0	.00	29A. Net rents and royalties from immovable or corporeal movable property	0	.00
15. Taxes and licenses - Attach schedule.	0	.00	29B. Royalties from the use of patents, trademarks, etc.	0	.00
16. Interest	0	.00	29C. Income from estates, trusts, and partnerships	0	.00
17. Charitable Contributions	0	.00	29D. Income from construction, repair, etc.	0	.00
18. Depreciation - Attach schedule.	0	.00	29E. Other allocable income	2094	.00
19. Depletion - Attach schedule.	0	.00	29F. Allocable expenses	(0)	.00
20. Advertising	0	.00	29G. Net allocable income from Louisiana sources	2094	.00
21. Pension, profit sharing, stock bonus, and annuity plans	0	.00	30. Louisiana net income before loss adjustments and federal income tax deduction - Add Line 28 and Line 29G.	2094	.00



Schedule E - Reconciliation of Income Per Books with Income Per Return

1. Net income per books	- 68163	6. Total - Add Lines 1 through 5c.	- 68163
2. Louisiana income tax	0	7. Income recorded on books this year, but not included in this return - Attach Schedule.	0
3. Excess of capital loss over capital gains	0	8. Deductions in this tax return not charged against book income this year:	
4. Taxable income not recorded on books this year - Attach schedule	0	a. Depreciation	0
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	0
a. Depreciation	0	c. Other - Attach Schedule	0
b. Depletion	0	9. Total - Add Lines 7 through 8c.	0
c. Other - Attach schedule.	0	10. Net income from all sources per return - Subtract Line 9 from Line 6.	- 68163

Schedule G - Liabilities and Capital from Balance Sheet

Liabilities and Capital	1. Beginning of year	2. End of year
1. Accounts payable	0	0
2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred	0	0
3. Other current liabilities - Attach schedule.	0	0
4. Loans from stockholders - Attach schedule.	0	0
5. Due to subsidiaries and affiliates	0	0
6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred	0	0
7. Other liabilities - Attach schedule.	0	0
8. Capital stock: a. Preferred stock	0	0
b. Common stock	0	0
9. Paid-in or capital surplus	0	0
10. Surplus reserves - Attach schedule.	0	0
11. Earned surplus and undivided profits	15696920	15628757
12. Excessive reserves or undervalued assets	0	0
13. Totals - Add Lines 1 through 12.	15696920	15628757



All applicable schedules must be completed.

Schedule F - Reconciliation of Federal and Louisiana Net Income	
See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.	
	Column 1
1. Enter the total net income calculated under federal law before special deductions.	-64078
2. Additions to federal net income:	
a. Louisiana income tax	0
b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
c. Donation to School Tuition Organization Credit (see instructions).	0
d. Other additions - Attach schedule. SEE STATEMENT 1	66172
e. Total additions - Add Lines 2a through 2d.	66172
3. Subtractions from federal net income:	
a. Bank dividends (see instructions).	0
b. All other dividends	0
c. Interest	0
d. Road Home - The amount included in federal taxable income	0
e. Louisiana depletion in excess of federal depletion	0
f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	0
g. Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
h. Compensation for disaster services (see instructions).	0
i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E.	0
j. Other subtractions - Attach schedule.	0
k. Total subtractions - Add Lines 3a through 3j.	0
4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 25.	2094



See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

Schedule G-1 Computation of Franchise Tax Base	
1. Capital Stock:	
1A. Common Stock - Include paid-in or Capital Surplus	0
1B. Preferred Stock - Include paid-in or Capital Surplus	0
2. Total Capital stock - Add Lines 1A and 1B.	0
3. Surplus and undivided profits	0
4. Surplus reserves - Include any excessive reserves or undervalued assets	0
5. Total - Add Lines 2, 3, and 4	0
6. Due to subsidiaries and affiliates (Do not net with receivables)	0
7. Deposit liabilities to affiliates - Included in the amount on Line 6	0
8. Accounts payable less than 180 days old - Included in the amount on Line 6	0
9. Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6	0
10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.	0
10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.	0
11. Additional Surplus and Undivided Profits - See instructions	0
Total Franchise Taxable Base	
12. Capital Stock: Common Stock	0
Preferred Stock	0
13. Paid-in or capital surplus - Include items of paid-in capital in excess of par value	0
14. Surplus reserves - Attach schedule	0
15. Earned surplus and undivided profits	15628757
16. Excessive reserves or undervalued assets	0
17. Additional surplus and undivided profits - From Line 11 above	0
18. Allowable deductions - See instructions	0
19. Total capital, surplus and undivided profits - Add Lines 12 through 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar.	15628757

Note: All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus or undivided profits. All items of capital, surplus and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.



Schedule H - Computation of Corporate Franchise Tax Property Ratio

	LOCATED EVERYWHERE	LOCATED IN LOUISIANA
	1. End of year	2. End of year
1. Cash	0	0
2. Notes and accounts receivable	0	0
3. Reserve for bad debts	(0)	(0)
4. Investment in U.S. gov. obligations	0	0
5. Stock and obligations of subsidiaries	0	0
6. Other investments - Attach schedule	13625012	4044
7. Loans to stockholders	0	0
8. Other intangible assets - Attach schedule	0	0
9. Accumulated depreciation	(0)	(0)
10. Total intangible assets - Add Lines 1-9	13625012	4044
11. Inventories	0	0
12. Bldgs. and other depreciable assets	0	0
13. Accumulated depreciation	(0)	(0)
14. Depletable assets	0	0
15. Accumulated depletion	(0)	(0)
16. Land	0	0
17. Other real & tangible assets - Attach schedule	0	0
18. Excessive reserves, assets not reflected on books, or undervalued assets	0	0
19. Total real and tangible assets - Add Lines 11 through 18	0	0
20. Total Assets - Add Lines 10 and 19	13625012	4044
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		.03 %



Schedule I - Computation of Corporate Franchise Tax Apportionment Percentage

Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise, charges for services, and other revenues			
A. Sales	0	0	
B. Charges for services	0	0	
C. Other Revenues:			
(i) Rents and royalties	0	0	
(ii) Dividends and interest from subsidiaries	0	0	
(iii) Other dividends and interest	0	0	
(iv) All other revenues	0	0	
D. Total - If the ratio is not used, check the box. <input checked="" type="checkbox"/>	0	0	%
2. Franchise tax property ratio - Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. <input type="checkbox"/>			.03 %
3. Total of applicable percents in Column 3			.03 %
4. Average of percents - Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B.			.03 %



Schedule J - Calculation of Income Tax

1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. <input type="checkbox"/>			2094
2. Calculation of tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$25,000 of net taxable income	2094	x 4% =	84
b. Next \$25,000	0	x 5% =	0
c. Next \$50,000	0	x 6% =	0
d. Next \$100,000	0	x 7% =	0
e. Over \$200,000	0	x 8% =	0
3. Add the amounts in Column 1, Lines 2a through 2e and enter the result.	2094		
4. Add the amounts in Column 2, Lines 2a through 2e. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			84

Schedule J-1 - Pass-Through Entity Tax Election Calculation of Income Tax

1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. <input type="checkbox"/>			
2. Calculation of Tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$25,000 of net taxable income		x 2% =	
b. Next \$75,000		x 4% =	
c. Over \$100,000		x 6% =	
3. Add the amounts in Column 1, Lines 2a through 2c and enter the result.			
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			

Schedule K - Summary of Estimated Tax Payments

	Check number	Date	Amount
1. Credit from prior year return			0
2. First quarter estimated payment			0
3. Second quarter estimated payment			0
4. Third quarter estimated payment			0
5. Fourth quarter estimated payment			0
6. Payment made with extension request			300



Schedule L - Calculation of Franchise Tax

1. Enter the amount from CIFT-620, Line 5C or Line 6, whichever is greater. Short period filers mark this box <input type="checkbox"/> and see the instructions.	4689
2. Enter the amount of Line 1 or \$300,000, whichever is less.	4689
3. Multiply the amount on Line 2 by \$1.50 for each \$1,000 or major fraction and enter the result.	7
4. Subtract Line 2 from Line 1 and enter the result.	0
5. Multiply the amount on Line 4 by \$3.00 for each \$1,000 or major fraction and enter the result.	0
6. Add Lines 3 and 5. Round to the nearest dollar. Enter the result here and on CIFT-620, Line 7.	7

Schedule M - Analysis of Schedule G, Line 11, Column 2 - Earned surplus and undivided profits per books

1. Balance at beginning of year	15696920	b. Stock	0
2. Net income per books	-68163	c. Property	0
3. Other increases - Attach schedule.	0	6. Other decreases - Attach schedule.	0
4. Total - Add Lines 1, 2, and 3.	15628757	7. Total - Add Lines 5a through 6.	0
5. Distributions: a. Cash	0	8. Balance at end of year - Subtract Line 7 from Line 4.	15628757

Schedule N - Additional Information Required

1. Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere. Louisiana: _____ _____ _____ Elsewhere: _____ _____ _____	2. Indicate the date and state of incorporation. <u>04221977</u> <u>TN</u>
	3. Indicate parishes in which property is located. _____ _____ _____



FEDERAL INCOME TAX DEDUCTION WORKSHEET

1A. Louisiana net income - From Form CIFT-620, Line 1A	\$	2,094.
1B. Loss deductions - Enter the amount from Form CIFT-620, Line 1C1	\$	
1C. Louisiana net income before federal income tax deduction - Subtract Line 1B from Line 1A	\$	2,094.
2. Adjustments to convert Louisiana net income to a federal basis		
NON-ALLOCABLE INCOME	\$	-66,172.
.....	\$	
.....	\$	
.....	\$	
.....	\$	
.....	\$	
.....	\$	
Net adjustment	\$	-66,172.
3. Louisiana net income on a federal basis - Subtract Line 2 from Line 1C	\$	-64,078.
4. Federal net income	\$	-68,163.
5. Less creditable expenses	\$	
6. Federal net income - Subtract Line 5 from Line 4	\$	-68,163.
7. Ratio of Louisiana net income to federal net income - Divide Line 3 by Line 6		94.0070 %
8. Federal income tax liability	\$	0.
9. Less base erosion minimum tax	\$	
10. Federal income tax - Subtract Line 9 from Line 8	\$	0.
11. Federal income tax attributable to Louisiana income - Multiply Line 10 by Line 7	\$	0.
12. Federal income tax disaster relief credits	\$	
12a. Federal income tax disaster relief credit attributable to Louisiana - Multiply Line 12 by Line 7 and enter the amount here and on Form CIFT-620, Line 1D1	\$	
13. 2020 Net IRC Section 965 tax liability from the worksheet in the instructions	\$	
14. Add Lines 11, 12a, and 13 - Enter on Form CIFT-620, Line 1D	\$	

The amount of federal income tax to be deducted is that portion levied on the income derived from sources in this state. See R.S. 47:287.83 and 287.85 and Louisiana Administrative Code 61:I.1122 and 1123 for specific information regarding the computation of the federal income tax deduction.

LA FORM CIFT-620

SCHEDULE F - OTHER ADDITIONS

STATEMENT 1

DESCRIPTION

AMOUNT

NON-ALLOCABLE INCOME

66,172.

TOTAL TO CIFT-620, SCHEDULE F, LINE 2D

66,172.

LA FORM CIFT-620

SCHEDULES C AND H - OTHER INVESTMENTS

STATEMENT 2

DESCRIPTION

BEGINNING OF
TAX YEAREND OF TAX
YEAR

17,520,446.

13,625,012.

TOTALS TO CIFT-620, SCHEDULE C, LINE 6
SCHEDULE H, LINE 6

17,520,446.

13,625,012.

2020 CIT-1
NEW MEXICO CORPORATE INCOME AND
FRANCHISE TAX RETURN



Corporation name			
1a MOSE & GARRISON SISKIN MEMORIAL FDN			
Mailing address (number and street name)			
2a 1101 CARTER STREET			
City		State	Postal/ZIP code
3a CHATTANOOGA		TN	37402
If foreign address, enter country		Foreign province and/or state	
3b			

1019 01 1

4a	<input checked="" type="checkbox"/>	Original Return
4b	<input type="checkbox"/>	Amended - RAR
4c	<input type="checkbox"/>	Amended - Capital Loss
4d	<input type="checkbox"/>	Amended - Other

FOR DEPARTMENT USE ONLY

FEIN (Required)	New Mexico Business ID #	6d	(423) 648-1700
5a ** - ***1637	5b	Contact phone number	

Fiscal (or Short-Year) Tax Year Starts	Fiscal (or Short-Year) Tax Year Ends	Extended Due Date
6a 07 01 2020	6b 06 30 2021	6c 05 15 2022

COMPLETE THE FOLLOWING:

A. State of incorporation TENNESSEE	A1. Date of incorporation 04/22/1977
B. Date business began in New Mexico 01/01/2017	B1. State of commercial domicile NEW MEXICO
C. Name and address of registered agent in New Mexico	
name	address city state ZIP code

D. NAICS Code (Required) 525990	D1. Principal business activity in New Mexico INVESTMENT PARTNERSHI
--	--

E. Is this a return for a unitary group? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	E1. If yes, which type of unitary group? <input type="checkbox"/> worldwide combined group
<input type="checkbox"/> water's-edge group. Year of election	<input type="checkbox"/> consolidated group. Year of election
<input type="checkbox"/> Member of a unitary group, filing separately. Name of parent entity	

NOTE: A unitary group has certain filing requirements. See page 9 of the instructions for definition.

F. Indicate method of accounting: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	F1.
--	-----

G. If this is the corporation's final return, was the corporation:	G1. Date
<input type="checkbox"/> Dissolved <input type="checkbox"/> Merged or reorganized <input type="checkbox"/> Withdrawn	

H. Has this corporation's federal income tax liability changed for any year due to an IRS audit or the filing of an amended federal return that has not been reported to New Mexico? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, submit an amended New Mexico Corporate Income and Franchise Tax Return, and a copy of the amended federal return or Revenue Agent's Report (RAR), if applicable, to the New Mexico Taxation and Revenue Department.
--	---

I. If this a return for a filing group, complete the following information for each corporation in the filing group.
The total of column 3 must equal CIT-1, page 2, line 25, and the total of column 4 must equal CIT-1, page 2, line 21. If there are more than three members of the filing group, complete CIT-S to add additional corporations.

Column 1 Corporation name	Column 2 FEIN	Column 3 Amount of quarterly, tentative, or other payments to apply to this return	Column 4 \$50 if corporation pays franchise tax
Totals			

J. If other than a corporation, enter your legal entity type (for example, LLC or partnership):

Refund Express!!

Have your refund directly deposited. See instructions and fill in 1, 2, 3, and 4.

4. REQUIRED: WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.

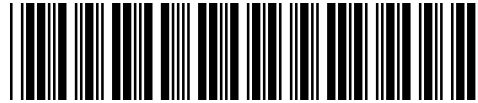
RE1 1. Routing number:	RE3 3. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
RE2 2. Account number:	Enter X.

067201 12-10-20

RE4 YES <input type="checkbox"/> NO <input type="checkbox"/>	You must answer this question.
--	--------------------------------

FEIN

-*1637



1. Federal form 1120, line 28, taxable income before NOL and special deductions	1	-68,163
1a. Captive REIT deductions	1a	
1b. Exempt entity deductions	1b	
2. Interest income from municipal bonds, excluding New Mexico bonds	2	
3. Other additions to the base income of a unitary group (see CIT-1 instructions)	3	
4. Subtotal of base income after additions. Add lines 1, 1a, 1b, 2 and 3	4	-68,163
5. Federal special deductions (from federal Form 1120, line 29b). Enter only a positive number	5	
6. Interest from U.S. government obligations or federally-taxed New Mexico bond	6	
7. Certain foreign dividends, Subpart F income, and GILTI (from CIT-C line 6)	7	
8. Other subtractions to the base income of a unitary group (see CIT-1 instructions)	8	
9. New Mexico net income or loss. Subtract lines 5, 6, 7, and 8 from 4	9	-68,163
10. Net allocated income or loss (from CIT-B, line 8)	10	18,784
11. Total apportionable income or loss. Subtract line 10 from line 9	11	-86,947
12. New Mexico apportionment percentage (from CIT-A, line 5, or 100%)	12	%
13. Income or loss apportioned to New Mexico. Line 11 multiplied by the percentage on line 12	13	
14. Net New Mexico allocated income or loss (from CIT-B, line 9)	14	14,612
15. New Mexico apportioned net income or loss. Add lines 13 and 14	15	14,612
16. Net operating loss deduction, not in excess of 80% of line 15. Attach form RPD-41379	16	
17. New Mexico taxable income. Subtract line 16 from 15	17	14,612
18. New Mexico Income tax. Tax on amount on line 17 (see tax table on page 13 of CIT-1 instructions)	18	701
19. Total tax credits applied against the income tax liability on line 18 (from CIT-CR, line A). Attach CIT-CR	19	
20. Net income tax. Subtract line 19 from line 18. Amount cannot be negative	20	701
21. Franchise tax (\$50 per corporation)	21	50
22. Total income and franchise tax. Add lines 20 and 21	22	751
23. Amended Returns Only. Enter amount of all 2020 refunds received and overpayments applied to 2021. Also see instructions for line 25	23	
24. Subtotal. Add lines 22 and 23	24	751
25. Total Payments: <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Extension <input type="checkbox"/> Applied from prior year	25	889
Mark this box if you want to use method 4 to calculate penalty and interest on underpayment of estimated tax. See instructions, attach RPD-41287 25a		
26. New Mexico income tax withheld from oil and gas proceeds. Attach Forms 1099-MISC, RPD-41285	26	
27. New Mexico income tax withheld from a pass-through entity. Attach Forms 1099-MISC, RPD-41359	27	
28. Total payments and tax withheld. Add lines 25 through 27	28	889
29. Tax due. If line 24 is greater than line 28, subtract line 28 from line 24	29	
30. Penalty. See CIT-1 Instructions	30	
31. Interest. See CIT-1 Instructions	31	
32. Total amount due. Mail your check separately with CIT-PV. Add lines 29 through 31	32	
33. Overpayment. If line 28 is greater than line 24, enter the difference	33	138
33a. Amount of overpayment to apply to 2021 liability (not more than line 33)	33a	
33b. Amount of overpayment to refund. Subtract line 33a from line 33 REFUND	33b	138
34. Total portion of tax credits to refund (from CIT-CR, line B). Attach CIT-CR	34	
35. Total refund of overpaid tax and refundable credit due to you. Add lines 33b and 34	35	138

Taxpayer's Signature

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 or an employee of the taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

PRESIDENT**(423) 648-1700**

Title

Contact phone number

Taxpayer's e-mail address

Paid Preparer's Use Only**MATTHEW T. HISEY****01/25/22**

Signature of preparer if other than employee of the taxpayer

Date

P1 FEIN **** - *** 2043**P2 Preparer's PTIN **P01293572**P3 Preparer's phone number **423-756-6133**

2020 CIT-A
NEW MEXICO APPORTIONED INCOME FOR
MULTISTATE CORPORATIONS (attach to CIT-1)



1

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-*1637

Taxpayers with income from inside and outside New Mexico must complete this schedule.

The Department cannot accept computerized schedules instead of this form. You must complete column 1, **Total Everywhere**, and all other applicable line items for the Department to process the return. Round all dollar amounts.

- A. Have you changed your reporting of any class or type of allocated or apportioned income from the way it was reported in a prior taxable year? ☐ Yes ☒ No
- B. This entity submitted written notification of its election to use one of the special methods of apportionment of business income for tax year ending _____. The effective date of the election is _____. See instructions.
Month/Day/Year Month/Day/Year
- C. Mark the box indicating the special method elected. ☐ Manufacturers ☐ Headquarters Operation

PROPERTY FACTOR

	Column 1 Total Everywhere	Column 2 Inside New Mexico	Percent Inside New Mexico
Average annual value of inventory 5a			Calculate each percentage to four decimal places; for example, 22.5431%.
Average annual value of real property 5b			
Average annual value of personal property 5c			
Rented property. Multiply annual rental value by 8 5d			
Total property 5e			

1. **Property factor.** Divide **Total property** column 2 by column 1 and then multiply by 100 **1** .0000 %

PAYROLL FACTOR

Wages, salaries, commissions, and other compensation of employees related to apportionable income 2a

2. **Payroll factor.** Divide column 2 by column 1 and then multiply by 100 + **2** .0000 %

SALES FACTOR

Gross receipts 3a **15,436** **0**

3. **Sales factor.** Divide column 2 by column 1 and then multiply by 100 + **3** .0000 %

4. **Sum of factor percentages.** Add lines 1, 2, and 3 + **4** .0000 %

4a. **Count of factors.** Enter the total count of all factors used **4a** **3**

5. **NEW MEXICO PERCENTAGE.** Divide line 4 by the count of factors used to calculate line 4a = **5** .0000 %

2020 CIT-B**NEW MEXICO ALLOCATION OF NON-BUSINESS INCOME OR LOSS**

1

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**SCHEDULE OF INCOME NOT DERIVED FROM THE CORPORATION'S TRADE OR BUSINESS**

The Department cannot accept computerized schedules instead of this form. Round all dollar amounts.

	Column 1 Gross Amount	Column 2 Related Expenses	Column 3 Column 1 less Column 2	Column 4 Allocation to New Mexico
1. Non-business dividends 1				
2. Non-business interest 2				
3. Non-business rents 3				
4. Non-business royalties 4				
5. Profit or loss on sale or exchange of non-business assets 5				
6. Non-business partnership income or loss ... 6				
7. Other non-business income or loss 7	18,784		18,784	14,612
SEE STATEMENT 1				
8. Net allocated income. Enter here and on CIT-1, line 10. Add column 3, lines 1 through 7 8	18,784			
9. Net New Mexico allocated income. Enter here and on CIT-1, line 14. Add column 4, lines 1 through 7 9	14,612			

2020 CIT-C**CERTAIN FOREIGN DIVIDENDS, SUBPART F, AND GILTI**

1. Certain dividends from foreign corporations (from federal form 1120, Schedule C, Line 14)	1	
2. Subpart F inclusions derived from hybrid dividends of tiered corporations (from federal form 1120, Schedule C, Line 16b)	2	
3. Other inclusions from CFCs under subpart F (from federal form 1120, Schedule C, Line 16c)	3	
4. Global Intangible Low Taxed Income (GILTI) net of the deduction provided under IRC Sec. 250 (federal form 1120, Schedule C, Line 17, net of line 22)	4	
5. Foreign dividend gross-up (from federal form 1120, Schedule C, Line 18)	5	
6. Total. Add lines 1 through 5. Also enter on line 7, CIT-1	6	

NM CIT-B

OTHER NET ALLOCABLE INCOME

STATEMENT 1

DESCRIPTION	GROSS AMOUNT	RELATED EXPENSES	AMOUNT ALLOC TO NM
OTHER NONBUSINESS INCOME	18,784.	0.	14,612.
TOTAL TO FORM CIT-B, LINE 7	18,784.	0.	14,612.

**CT-2**

Department of Taxation and Finance

Corporation Tax Return Summary**THIS FORM MUST
BE FILED WITH
YOUR RETURN**

1	Legal name of corporation	MOSE & GARRISON SISKIN MEMORIAL FDN, D/B/A SISKIN CHILDREN'S INSTITUTE	Payment enclosed	2.		
3	Return type	3.	CT13			
4	Employer ID number (EIN)	4.	** - ***1637			
5	File number (FCC)	5.	MM2			
6	Period beginning date (mm-dd-yy)	6.	07 - 01 - 20			
7	Period ending date (mm-dd-yy)	7.	06 - 30 - 21			
8	Amended (Y=1; N=0)	8.	0			
9	Final (Y=1; N=0)	9.				
10	NAICS code	10.	900000			
11	MTA indicator (None = 0; Y = 1; N = 2; Both = 3)	11.				
12	Federal 1120-H filed (Y = 1; N = 0)	12.				
13	REIT/RIC indicator (Y = 1; N = 0)	13.				
14	Tax due/MTA surcharge	14.	250.00			
15	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000	15.				
16	Balance due	16.				
17	Amount of overpayment credited to next period - NYS	17.				
18	Refund of overpayment	18.				
19	Refund of unused tax credits	19.				
20	Tax credits to be credited as an overpayment to next year's return	20.				
21	Amount of overpayment credited to next period - MTA	21.				
22	Amount of MTA surcharge retaliatory tax credit to be refunded	22.				
23	Fixed dollar minimum	23.				
24	Designated agent's (Article 9-A) or combined parent's (Article 33) EIN	24.				
25	New York receipts	25.				
26	Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?	26.				
27	Paid preparer's EIN	27.	** - ***2043			
28	Preparer's NYTPRIN	28.				
29	Excl. code	29.	03			

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For office use only

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.	<input type="text"/>	<input type="text"/>
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.	<input type="text"/>	<input type="text"/>
32	Total excise tax on telecommunication services	32.	<input type="text"/>	<input type="text"/>
33	Tax on gross income - NYS	33.	<input type="text"/>	<input type="text"/>
34	MTA surcharge related to non-mobile telecommunication services	34.	<input type="text"/>	<input type="text"/>
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.	<input type="text"/>	<input type="text"/>
36	Total MTA surcharge related to telecommunication services	36.	<input type="text"/>	<input type="text"/>
37	MTA surcharge on gross income	37.	<input type="text"/>	<input type="text"/>
38	Balance due - NYS	38.	<input type="text"/>	<input type="text"/>
39	Balance due - MTA	39.	<input type="text"/>	<input type="text"/>
40	Provided telecommunication services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	40.	<input type="text"/>	<input type="text"/>
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	41.	<input type="text"/>	<input type="text"/>
42	Overpayment credited to next year's tax - NYS	42.	<input type="text"/>	<input type="text"/>
43	Overpayment credited to next year's tax - MTA	43.	<input type="text"/>	<input type="text"/>
44	Refund of overpayment - NYS	44.	<input type="text"/>	<input type="text"/>
45	Refund of overpayment - MTA	45.	<input type="text"/>	<input type="text"/>
46	Refund of unused tax credits - NYS	46.	<input type="text"/>	<input type="text"/>
47	Refund of unused tax credits - MTA	47.	<input type="text"/>	<input type="text"/>
48	Refundable tax credits to be credited to next year's tax - NYS	48.	<input type="text"/>	<input type="text"/>
49	Refundable tax credits to be credited to next year's tax - MTA	49.	<input type="text"/>	<input type="text"/>





CT-13

Department of Taxation and Finance

Unrelated Business Income
Tax ReturnAmended
return ☐

Tax Law - Article 13

All filers enter tax period:

beginning 07-01-20

ending 06-30-21

Employer identification number (EIN) **-***1637	File number MM2	Business telephone number 423-648-1700	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation MOSE & GARRISON SISKIN MEMORIAL FD D/B/A SISKIN CHILDREN'S INSTITUTE		Trade name/DBA	
Mailing address Care of (c/o) Number and street or PO box 1101 CARTER STREET		State or country of incorporation	
City CHATTANOOGA, TN 37402		Date of incorporation	Foreign corporations: date began business in NYS
U.S. state/Canadian province	ZIP/Postal code	Country (if not United States)	
NAICS business code number (from federal return) 900000	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		
Principal unrelated business activity (see instructions) SEE STATEMENT 1		For office use only	

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit

Organization - Have you filed this New York State application for exemption? (see instructions) Yes ☐ No ☒Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) ☐Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return ☐(see section Who must file Form CT-13 in the instructions) ☐

A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax	Payment enclosed
Attach your payment here. Detach all check stubs. (See instructions for details.)	A

Computation of income and tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	-68,163.
2 New York State Article 13 and Article 23 tax deducted on federal return	2	
3 Additions required for shareholders of federal S corporations (see instructions)	3	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5 Other additions (see instructions)	5	
6 Add lines 1 through 5	6	-68,163.
7 Other income (see instructions)	7	
8 Federal S corporation shareholder subtractions (see instructions)	8	
9 Other subtractions (see instructions)	9	
10 Total subtractions (add lines 7, 8, and 9)	10	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	-68,163.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13 Taxable income (subtract line 12 from line 11)	13	-68,163.
14 Allocated taxable income (multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed)	14	-68,163.
15 Tax based on income (multiply line 14 by 9% (.09))	15	0.
16 Minimum tax	16	250.00
17 Tax (line 15 or line 16, whichever is larger)	17	250.
18 Total prepayments from line 46	18	250.
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	
20 Interest on late payment (see instructions)	20	
21 Late filing and late payment penalties (see instructions)	21	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	
24 Amount of overpayment on line 23 to be credited to next year	24	
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years?

Yes ☐No ☒ If Yes, list years: _____

Federal return was filed on:

990-T ☒Other: ☐

Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:	A New York State	B Everywhere
26 Real estate owned (see instructions)	26	
27 Gross rents (attach list; see instructions)	27	
28 Inventories owned	28	
29 Other tangible personal property owned (see instructions)	29	
30 Total (add lines 26 through 29)	30	
31 Percentage in New York State (divide line 30, column A, by line 30, column B)	31	%

Receipts in the regular course of business from:

32 Sales of tangible personal property shipped to points within New York State	32	
33 All sales of tangible personal property	33	
34 Services performed	34	
35 Rentals of property	35	
36 Other business receipts	36	
37 Total (add lines 32 through 36)	37	
38 Percentage in New York State (divide line 37, column A, by line 37, column B)	38	%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39	
40 Percentage in New York State (divide line 39, column A, by line 39, column B)	40	%
41 Total of New York State percentages (add lines 31, 38, and 40)	41	%
42 Business allocation percentage (divide line 41 by three or by the number of percentages)	42	%

Composition of prepayments claimed on line 18*

	Date paid	Amount
43 Payment with extension request, Form CT-5, line 5	43 11-15-21	250.
44a Second installment from Form CT-400	44a	
44b Third installment from Form CT-400	44b	
44c Fourth installment from Form CT-400	44c	
45 Amount of overpayment credited from prior years	45	
46 Total prepayments (add lines 43 through 45; enter here and on line 18)	46	250.

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination ☐ If marked, enter date of determination: ☐

Capital loss carryback ☐ Federal return filed Form 1139 ☐

Amended Form 990-T ☐

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Third-party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number
	Designee's email address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person DEREK BULLARD	Signature of authorized person	Official title PRESIDENT	
	Email address of authorized person DEREK.BULLARD@SISKIN.ORG		Telephone number 423648-1700	Date 01-31-22
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) MAULDIN & JENKINS, LLC		Firm's EIN ** - *** 2043	Preparer's PTIN or SSN P01293572
	Signature of individual preparing this return MATTHEW T. HISEY	Address City State ZIP code 200 W M.L.K. BLVD, STE 1100 CHATTANOOGA, TN 37402-1239		
	Email address of individual preparing this return MHISEY@MJCPA.COM	Preparer's NYTPRIN or Excl. code 03	Date 01-25-22	

See instructions for where to file.

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FORM CT-13

PRINCIPAL UNRELATED BUSINESS ACTIVITY

STATEMENT 1

UNRELATED BUSINESS CONDUCTED THROUGH INVESTMENT PARTNERSHIPS

Oklahoma Return of Organization Exempt from Income Tax

Section 501(c) of the Internal Revenue Code

Form 512E
2020



PART 1	For the year January 1 - December 31, 2020, or other taxable year beginning: JUL 1, 2020 ending: JUN 30, 2021	Place an 'X' if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Amended return (See Schedule 512E-X on page 2)

Name of Organization MOSE & GARRISON SISKIN MEMORIAL FDN	Federal Employer Identification Number **-***1637
Address (number and street) 1101 CARTER STREET	Date qualified for tax exempt status
City, State or Province, Country and ZIP or Foreign Postal Code CHATTANOOGA, TN 37402	OFFICE USE ONLY

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 2-3)

	Total Federal	Allocable Oklahoma
A Total unrelated trade or business income - applicable Federal Form(s) 990	-68,163.	2,509.
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990	1,000.	1,000.
C Unrelated business taxable income - enter here and on line 1 below	-69,163.	1,509.

INCOME SUBJECT TO TAX

1	Unrelated business taxable income - from statement above (allocable to Oklahoma)	1	1,509.00
2	Other net income - enclose schedule	2	.00
3	Oklahoma Capital Gain deduction (provide Form 561-C)	3	.00
4	Oklahoma taxable income (total of lines 1, 2 and 3)	4	1,509.00

TAX COMPUTATION

5	Tax at 6% of line 4. If Trust - See Rate Schedule on page 2 and place an '1' in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "3" in the box	5	91.00
6	Less: Other Credits Form (total from Form 511CR)	6	.00
7	Balance of tax due (line 5 minus line 6, but not less than zero)	7	91.00
8	2019 Oklahoma estimated tax and extension payments and prior year carryforward	8	200.00
9	Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement)	9	.00
10	Amount paid with original return and amount paid after it was filed (amended return only)	10	.00
11	Any refunds or overpayment applied (amended return only)	11	(.00)
12	Total of lines 8 through 11	12	200.00
13	Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13	109.00
14	Amount of line 13 to be credited to 2021 estimated tax (original return only)	14	.00

Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from page 3 of this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

15	Donations from your refund	15	.00
16	Add lines 14 and 15 and enter amount	16	.00
17	Amount to be refunded to you (line 13 minus line 16) Refund	17	109.00

Direct Deposit Note:

All refunds must be by direct deposit.
See Direct Deposit Information on page 4 for details.

Is this refund going to or through an account that is located outside of the United States?

☐ Yes ☐ No

Deposit my refund in my: ☐ checking account ☐ savings account

Routing Number:

Account Number:

18	Tax Due (if line 7 is larger than line 12 enter tax due)	Tax Due	18	.00
19	(a) Donation: Support the Oklahoma General Revenue Fund (For information regarding this fund, see page 3, #3)	19a		.00
	(b) Donation: Public School Classroom Support Fund (For information regarding this fund, see page 3, #8)	19b		.00
20	For delinquent payment, add penalty of 5% plus interest at 1.25% per month	20		.00
21	Underpayment of estimated tax interest	Annualized <input type="checkbox"/>	21	.00
22	Total tax, penalty and interest due - Add lines 18-21; pay in full with return	Balance Due	22	.00

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee DEREK BULLARD Title PRESIDENT	Date	Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. <input type="checkbox"/>	Signature of Preparer MATTHEW T. HISEY Printed Name of Preparer MATTHEW T. HISEY Phone Number: 423-756-6133	Date	Preparer's PTIN:
--	------	---	--	------	------------------



Schedule 512E-X: Amended Return Schedule

A Did you file an amended Federal income tax return? ☐ Yes ☒ No

Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

B If this return is being filed due to a Federal audit, furnish a complete copy of the RAR.

C Explanation or Reason for Amended Return (Provide all necessary schedules):

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DEPARTMENT USE ONLY

RCT-101 09-20 PAGE 1 OF 4
PA CORPORATE NET INCOME TAX REPORT 2020

 IRS Filing Type **A** = 1120 **B** = 1120S **C** = Other **A**
STEP A:
 Tax Year Beginning **07012020** Tax Year Ending **06302021**
STEP B:

Amended Report	N	52-53 Week Filer	N	First Report	N	File Period Change	N
Economic Nexus	N	Address Change	N	KOZ/EIP/SDA Credit	N	S Corp Taxable Built-in Gains	N
		Change Fed Group	N	Royalty/Related Interest	N	Section 381/382/Merger	N
				Add-Back (Act 52 of 2013)		NOLs/Alternate Apportionment	

STEP C:

Revenue ID	9999999	Parent Corporation EIN	
Federal EIN	591781637		
Business Activity Code	525990		
Corporation Name	MOSE & GARRISON SISKIN MEMORIAL FDN, INC		
Address Line 1	1101 CARTER STREET		
Address Line 2			
City	CHATTANOOGA	Province	
State	TN	Country Code	
ZIP	37402	Foreign Postal Code	

STEP D: PA CORPORATE NET INCOME TAX

USE WHOLE DOLLARS ONLY

STEP E:
A. Tax Liability
from Page 2
 (can not be less than zero)

B. Estimated
Payments &
Credits on Deposit
C. Restricted
Credits
Payment Due/Overpayment
 Calculation: A minus B minus C
 See instructions.

CNI	417	800	0	-383
------------	------------	------------	----------	-------------

STEP F: Transfer/Refund Method (See instructions*)**E-File Opt Out (See instructions*) N**
☐ **Transfer:** Amount to be credited to the next tax year after offsetting all unpaid liabilities.

☒ **Refund:** Amount to be refunded after offsetting all unpaid liabilities.
STEP G: Corporate Officer (Must sign affirmation below)
NAME **DEREK BULLARD**
PHONE **4236481700**
EMAIL
FORM **1019**
BARCODE **0000**

074301 10-30-20 CCH

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

Corporate Officer Signature

Date

REVENUE ID 9999999
TAX YEAR END 06302021 NAME MOSE & GARRISON SISKIN MEM
RCT-101 09-20 PAGE 2 OF 4 PA CORPORATE NET INCOME TAX REPORT 2020

SECTION A: BONUS DEPRECIATION

USE WHOLE DOLLARS ONLY

(Include REV-1834, Schedule C-8 and C-9, if claiming bonus depreciation.)

1. Current year federal depreciation of 168k prop.	1	0
2. Current year adjustment for disposition of 168k prop.	2	0
3. Other adjustments.	3	0

SECTION B: PA CORPORATE NET INCOME TAX

1. Income or loss from federal return on a separate-company basis.	1	-68163
--	---	--------

2. DEDUCTIONS:

2A. Corporate dividends received (from REV-798, Schedule C-2, Line 7).	2A	0
2B. Interest on U.S. securities (GROSS INTEREST minus EXPENSES).	2B	0
2C. Current yr. addtl. PA deprec. plus adjust. for sale (REV-1834, Sched. C-8, Line 8).	2C	0
2D. Other (from REV-860, Schedule OD) See instructions.	2D	0
TOTAL DEDUCTIONS - Add Lines 2A through 2D and enter the result on Line 2.	2	0

3. ADDITIONS:

3A. Taxes imposed on or measured by net income (from REV-860, Schedule C-5, Line 6).	3A	0
3B. Employment incentive payment credit adjustment (Include Schedule W).	3B	0
3C. Current year bonus depreciation (REV-1834, Sched. C-8, Line 3).	3C	0
3D. Intangible expense or related interest expense (REV-802, Sched. C-6; must include REV-802).	3D	0
3E. Other (from REV-860, Schedule OA) See instructions.	3E	0
TOTAL ADDITIONS - Add Lines 3A through 3E and enter the result on Line 3.	3	0

4. Income or loss with Pennsylvania adjustments (Line 1 minus Line 2 plus Line 3).	4	-68163
5. Total nonbusiness income or loss (from REV-934, Column C, Total; must include REV-934).	5	0
6. Income or loss to be apportioned (Line 4 minus Line 5).	6	-68163
7. Apportionment (from Schedule C-1, 1C, or 2C if using Special Apportionment).	7	0.000000
8. Income or loss apportioned to PA (Line 6 times Line 7).	8	0
9. Nonbusiness income or loss allocated to PA (from REV-934, Column A, Total; must include REV-934).	9	4172
10. PA taxable income or loss after apportionment (Line 8 plus Line 9).	10	4172
11. Total net operating loss deduction (from RCT-103, Part A, Line 4).	11	0
12. PA taxable income or loss (Line 10 minus Line 11).	12	4172
13. PA corporate net income tax (Line 12 times 0.0999). If Line 12 is less than zero, enter "0".	13	417
14. Less: Credit for tax paid by affiliate(s) for intangible expense or related interest expense (from REV-803, Sched. C-7; must include REV-803).	14	0
15. Tax Due (Line 13 minus Line 14.)	15	417

SCHEDULE C-1: Apportionment Schedule For Corporate Net Income Tax (Include RCT-106.) ***Sales Factor**

Sales - PA	1A	0	1C	0
Sales - Total	1B	0		

Special Apportionment

Numerator	2A	0
Denominator	2B	0

074302 10-30-20 CCH

Apportionment	2C	0.000000
Proportion		

* Refer to REV-1200, PA Corporate Net Income Tax Instructions, found at www.revenue.pa.gov.

REVENUE ID 9999999
TAX YEAR END 06302021

NAME MOSE & GARRISON SISKIN MEM

RCT-101 09-20 PAGE 3 OF 4 PA CORPORATE NET INCOME TAX REPORT 2020

SECTION C: CORPORATE STATUS CHANGES

Final Report N

PA Corporations:

Did you ever transact business anywhere?

N If yes, enter date all business activity ceased

Did you hold assets anywhere?

N If yes, enter date of final disposition of assets*

Foreign Corporations:

Did you ever transact business in PA on your own or through an unincorporated entity?

N If yes, enter date PA business activity ceased

Did you hold assets in PA on your own or through an unincorporated entity?

N If yes, enter date of final disposition of
PA assets*

*Schedule of Disposition of Assets, REV-861, must be completed and filed with this report.

Has the corporation sold or transferred in bulk, 51 percent or more of any class of assets? (See instructions.)

N

If yes, enter the following information. (Include a separate schedule if additional space is needed.)

Purchaser Name

Address Line 1

Address Line 2

City

State

ZIP

Province

Country Code

Foreign Postal Code

SECTION D: GENERAL INFORMATION QUESTIONNAIRE

Describe corporate activity in PA

N/A-INVESTMENT PARTNERSHIPS HAVE ACTIVITY IN PA

Describe corporate activity outside PA

SERVICE TO SPECIAL NEEDS CHILDREN AND FAMILIES

Other states in which taxpayer has activity

TN

State of Incorporation

TN

Incorporation Date

04221977

1. Does any corporation, individual or other business entity hold all or a majority of the stock of this corporation?

1 N

2. Does this corporation own all or a majority of stock in other corporations? If yes, include REV-798, Schedule X.

2 N

3. Is this taxpayer a partnership or other unincorporated entity that elects to file federal taxes as a corporation?

3 N

4. Has the federal government changed taxable income as originally reported for any prior period for which reports of change
have not been filed in PA?

4 N

If yes: First Period End Date:

Last Period End Date:

Accounting Method - Federal Tax Return

Accounting Method - Financial Statements

A A = Accrual C = Cash O = Other

A A = Accrual C = Cash O = Other

Other

Other



REVENUE ID 9999999
 TAX YEAR END 06302021 NAME MOSE & GARRISON SISKIN MEM

RCT-101 09-20 PAGE 4 OF 4 PA CORPORATE NET INCOME TAX REPORT 2020

SCHEDULE OF REAL PROPERTY IN PA (Include a separate schedule if additional space is needed.)

Did you own or rent property in PA titled to the corporation or any Single Member LLC during this filing period?

N

If yes, the below section must be completed.

O = Own

R = Rent

Street Address

City

County

KOZ/KOEZ

CORPORATE OFFICERS

(See instructions.)

SSN

Last Name

First Name

MI

Must provide requested information
for all filled officer positions.

President/Managing Partner

BULLARD

DEREK

Vice President

Secretary

LEBOVITZ

BETTY

Treasurer/Tax Manager

THOMAS

JOHN

PREPARER'S INFORMATION

Firm Federal EIN

580692043

Firm Name

MAULDIN & JENKINS, LLC

Address Line 1

200 W MLK BLVD, STE 110

Address Line 2

City

CHATTANOOGA

Province

State

TN

Country Code

ZIP

374021239

Foreign Postal Code

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.

Tax Preparer's Signature

MATTHEW T. HISEY

Date

01 25 22

INDIVIDUAL PREPARER

MATTHEW T HISEY

PHONE

4237566133

EMAIL

MHISEY@MJCPA.COM

PTIN/SSN

P01293572



pennsylvania
DEPARTMENT OF REVENUE

SCHEDULE OF NONBUSINESS INCOME

PART A

CORPORATION
NAME

MOSE & GARRISON SISKIN MEMORIA

REVENUE ID

9999999

TAX YEAR
BEGINNING
TAX YEAR
ENDING

07012020

06302021

NONBUSINESS INCOME ALLOCATED INSIDE AND OUTSIDE PENNSYLVANIA

All amounts must be shown net of related expenses. A separate Part B is required for each line item below.

Description	A. Inside PA	B. Outside PA	C. Total
1. Net Rents and Royalties from Real Property			
2. Net Rents and Royalties from Tangible Personal Property			
3. Gains or Losses from Sale of Real Property			
4. Gains or Losses from Sale of Tangible Personal Property			
5. Gains or Losses from Sale of Intangible Personal Property			
6. Interest Income (Other than U.S. Securities)			
7. Royalties from Patents and Copyrights			
8. Other (Attach explanation)	4172	14612	18784
Total (Transfer Column A to RCT-101, Section B, Line 9 and Column C to RCT-101, Section B, Line 5)	4172	14612	18784

TAXPAYERS COMPLETING THIS SCHEDULE ARE REQUIRED TO PROVIDE THE FOLLOWING:

1. A statement providing background information concerning the source of the nonbusiness income and the circumstances surrounding its generation. Include as part of this statement the specific involvement of the taxpayer in the generation of the income.
2. A statement explaining why the income is not subject to apportionment under the U.S. Constitution.
3. Were any expenses, liabilities, deductions or credits claimed related to any items of nonbusiness income in the current or prior tax years? If yes, please attach a statement that specifies by item of nonbusiness income, the amount of expenses, liabilities, deductions or credit claimed for each year.
4. Was income from the same source as any item(s) of nonbusiness income reported above reported by the taxpayer (or a predecessor entity) as apportionable business income on a Pennsylvania Corporate Tax Report, or similar corporate income tax return in another jurisdiction, for this or a prior tax year? If yes, please attach a statement that identifies the year(s) for which it was so reported, the jurisdiction(s) in which it was so reported and provide a written explanation for the change in the treatment of the income from business to nonbusiness.
5. Was 100% of the income reported to Pennsylvania as total nonbusiness income allocated to only one other state? If yes, please identify the state and provide a copy of that corporate tax return. If no, please complete Part B in regard to the taxpayer's current tax year. While completing Part B note that all amounts included must be reported net of related expenses.
6. Was any of the nonbusiness income reported as unitary income in any other jurisdiction (besides PA)? If so, please provide an explanation and a list of those states where the nonbusiness income was included in unitary income.

ELECTRONIC SIGNATURE SPECIFICATIONS

Below, find the Perjury Statement, Consent to Disclosure and Electronic Funds Withdrawal Consent used to develop jurat language statements for electronic filing tax preparation software where the practitioner federal self-select PIN method is selected. The software must provide the capability to incorporate these elements into the appropriate text for presentation to a taxpayer for his or her review.

PERJURY STATEMENT

Under penalties of perjury, I declare I am an officer of the above-named corporation; I have examined a copy of the corporation's 2020 electronic RCT-101, PA Corporate Net Income Tax Report, accompanying schedules and statements; and to the best of my knowledge and belief they are true, correct and complete.

CONSENT TO DISCLOSURE

I consent to allow my electronic return originator (ERO) or transmitter to send the corporation's return/report to the Internal Revenue Service (IRS) and subsequently by the IRS to the PA Department of Revenue.

ELECTRONIC FUNDS WITHDRAWAL CONSENT

I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal entry to my financial institution account designated in the electronic payment portion of my 2020 RCT-101 for payment of my Pennsylvania taxes owed; and my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. To revoke a payment, I must contact my financial

institution account indicated in the tax preparation software for payment of the corporation state taxes.

OFFICER'S SIGNATURE

I am signing this tax return/report and Electronic Funds Withdrawal Consent, if applicable, by entering my federal self select PIN below.

Officer's PIN: 81637

Date: _____

ERO DECLARATION

I declare the information in this electronic tax return/report is the information furnished to me by the corporation. If the corporation furnished me a completed tax return/report, I declare that the information contained in this electronic tax return/report is identical to that contained in the return/report provided by the corporation. If the furnished return/report was signed by a paid preparer, I declare I entered the paid preparer's identifying information in the appropriate portion of this electronic return/report. If I am the paid preparer, under penalties of perjury, I declare I examined this electronic return/report, and to the best of my knowledge and belief it is true, correct and complete.

ERO SIGNATURE

I am signing this tax return/report by entering my federal self select PIN below.

ERO's EFIN: 580303 (EFIN)

and PIN: 37402 (PIN)

Taxable Year	Taxpayer Name	Account No./FEIN
07/01/20 06/30/21	MOSE & GARRISON SISKIN MEMORIAL FDN, INC	*****09209

Schedule D - Schedule of Credits

1. Gross Premiums Tax Credit (cannot exceed Schedule C, Line 8)	(1)	
2. Tennessee income tax (cannot exceed Schedule B, Line 5)	(2)	
3. Green Energy Tax Credit from business plans filed prior to July 1, 2015	(3)	
4. Brownfield Property Credit	(4)	
5. Broadband Internet Access Tax Credit carryover for service providers	(5)	
6. Industrial Machinery and Research and Development Tax Credit from Schedule T, Line 11	(6)	
7. Job Tax Credit from Schedule X, Line 46	(7)	
8. Additional Annual Job Tax Credit from Schedule X, Line 38	(8)	
9. Total credit (add Lines 1 through 8; enter here and on Schedule C, Line 9)	(9)	

Schedule E - Schedule of Required Quarterly Installments and Payments

	Required Quarterly Installments	Amount Paid
1. Overpayment from previous year, if available	(1)	
2. First quarterly estimate	(2a) 0.	(2b)
3. Second quarterly estimate	(3a) 0.	(3b)
4. Third quarterly estimate	(4a) 0.	(4b)
5. Fourth quarterly estimate	(5a) 0.	(5b)
6. Extension payment	(6)	100.
7. Total payments (add Lines 1 through 6; enter here and on Schedule C, Line 11)	(7)	100.

Computation of Franchise Tax**Schedule F1 - Non-Consolidated Net Worth**

1. Net worth (total assets less total liabilities)	(1)	390779.
2. Indebtedness to or guaranteed by parent or affiliated corporation (cannot be a deduction)	(2)	
3. Total (add Lines 1 and 2)	(3)	390779.
4. Franchise tax apportionment ratio (Schedules N, O, P, R or S if applicable or 100%)	(4)	.000000 %
5. Total (multiply Line 3 by Line 4; enter here and on Schedule A, Line 1)	(5)	0.

Schedule F2 - Consolidated Net WorthSchedule F2 is to be completed only if the Consolidated Net Worth Election Registration Application has been filed.

1. Consolidated net worth (total assets less total liabilities of the affiliated group)	(1)	
2. Franchise tax apportionment ratio (Schedule 170NC, 170SF or 170SC)	(2)	%
3. Total (multiply Line 1 by Line 2; enter here and on Schedule A, Line 1)	(3)	

Schedule G - Determination of Real and Tangible Property**Book Value of Property Owned - Cost less accumulated depreciation**

	In Tennessee
1. Land	(1)
2. Buildings, leaseholds, and improvements	(2)
3. Machinery, equipment, furniture, and fixtures	(3)
4. Automobiles and trucks	(4)
5. Prepaid supplies and other tangible personal property	(5)
6. Ownership share of real and tangible property of a partnership that does not file a return	(6)
7. a. Inventories and work in progress	(7a)
b. Exempt finished goods inventory in excess of \$30 million	(7b)
8. Certified pollution control equipment (include copy of certificate) and equipment used to produce electricity at a certified green energy production facility	(8)
9. Exempt required capital investment	(9)
10. Subtotal (add Lines 1 through 7a, subtract Lines 7b through 9)	(10)

Rental Value of Property Used but Not Owned

Net Annual Rental Paid for:

	In Tennessee
11. Real property	x8 (11)
12. Machinery and equipment used in manufacturing and processing	x3 (12)
13. Furniture, office machinery, and equipment	x2 (13)
14. Delivery or mobile equipment	x1 (14)
15. Tennessee total (add Lines 10 through 14; enter here and on Schedule A, Line 2)	(15)

Schedule H - Gross Receipts

1. Gross receipts or sales per federal income tax return	(1)	
--	-----	--

Taxable Year 07/01/20 06/30/21	Taxpayer Name MOSE & GARRISON SISKIN MEMORIAL FDN, INC	Account No./FEIN *****09209
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Computation of Excise Tax**Schedule J1 - Computation of Net Earnings for Entities Treated as Partnerships****Additions:**

1. Ordinary income or loss (federal Form 1065, Line 22) (1) _____
2. Income items specifically allocated to partners, including guaranteed payments to partners (2) _____
3. Any net loss or expense distributed to a publicly traded REIT (3) _____
4. Total additions (add Lines 1 through 3) (4) _____

Deductions:

5. Expense items specifically allocated to partners not deducted elsewhere (5) _____
6. Amount subject to self-employment taxes distributable or paid to each partner or member net of any pass-through expense deducted elsewhere on this return (if negative, enter zero) (include on Schedule K, Line 3) (6) _____
7. Amount of contribution to qualified pension or benefit plans of any partner or member, including all IRC 401 plans (include on Schedule K, Line 3) (7) _____
8. Any net gain or income distributed to a publicly traded REIT (8) _____
9. Any loss on the sale of an asset sold within 12 months after the date of distribution (9) _____
10. Total deductions (add Lines 5 through 9) (10) _____
11. Total (subtract Line 10 from Line 4; enter here and on Schedule J, Line 1) (11) _____

Schedule J2 - Computation of Net Earnings for a Single Member LLC Filing as an Individual**Additions:**

1. Business Income or loss from federal Form 1040, Schedule C (1) _____
2. Business Income or loss from federal Form 1040, Schedule D (2) _____
3. Business Income or loss from federal Form 1040, Schedule E (3) _____
4. Business Income or loss from federal Form 1040, Schedule F (4) _____
5. Business Income or loss from federal Form 4797 (5) _____
6. Other: federal Form _____, Schedule _____ (6) _____
7. Total additions (add Lines 1 through 6) (7) _____

Deductions:

8. Amount subject to self-employment taxes distributable or paid to the single member (if negative, enter zero; include on Schedule K, Line 3) (8) _____
9. Total (subtract Line 8 from Line 7; enter here and on Schedule J, Line 1) (9) _____

Schedule J3 - Computation of Net Earnings for Entities Treated as Subchapter S Corporations**Additions:**

1. Ordinary income or loss (federal Form 1120S, Line 21) (1) _____
2. Income items to extent includable in federal income were it not for "S" status election (2) _____
3. Total additions (add Lines 1 and 2) (3) _____

Deductions:

4. Expense items to extent includable in federal expenses were it not for "S" status election (4) _____
5. Any loss on the sale of an asset sold within 12 months after the date of distribution (5) _____
6. Total deductions (add Lines 4 and 5) (6) _____
7. Total (subtract Line 6 from Line 3; enter here and on Schedule J, Line 1) (7) _____

Schedule J4 - Computation of Net Earnings for Entities Treated as Corporations and Other Entities**Additions:**

1. Taxable income or loss before net operating loss deduction and special deductions (federal Form 1120, Line 28) ... (1) -68163.
2. a. REIT taxable income before net operating loss deduction and special deductions (federal Form 1120-REIT, Line 20) (2a) _____
- b. REIT deduction for dividends paid (federal Form 1120-REIT, Line 21b) (2b) _____
- c. REIT taxable income after dividends paid deduction (subtract Line 2b from Line 2a) (2c) _____
3. Unrelated business taxable income (federal Form 990-T, Line 30) (3) _____
4. Other: federal Form _____ (4) _____
5. Contribution carryover from prior period(s) (5) _____
6. Capital gains offset by capital loss carryover or carryback (6) _____
7. Total additions (add Lines 1 through 6) (7) -68163.

Deductions:

8. Contributions in excess of amount allowed by federal government (8) _____
9. Portion of current year's capital loss not included in federal taxable income (9) _____
10. Total deductions (add Lines 8 and 9) (10) _____
11. Total (subtract Line 10 from Line 7; enter here and on Schedule J, Line 1) (11) -68163.

Taxable Year	Taxpayer Name	Account No./FEIN
07/01/20 06/30/21	MOSE & GARRISON SISKIN MEMORIAL FDN, INC	*****09209

Schedule J - Computation of Net Earnings Subject to Excise Tax

1. Adjusted federal income or loss (enter amount from Schedule J1, J2, J3, or J4)	(1)	-68163.
Additions:		
2. Intangible expenses paid, accrued, or incurred to an affiliated business entity or entities deducted for federal income tax purposes	(2)	
3. Any depreciation under the provisions of IRC Section 168 not permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation	(3)	
4. Gain on the sale of an asset sold within 12 months after the date of distribution to a nontaxable entity	(4)	
5. Tennessee excise tax expense (to the extent reported for federal income tax purposes)	(5)	
6. Gross premiums tax deducted in determining federal income and used as an excise tax credit	(6)	
7. Interest income on obligations of states and their political subdivisions, less allowable amortization	(7)	
8. Depletion not based on actual recovery of cost	(8)	
9. Excess fair market value over book value of property donated	(9)	
10. Excess rent to/from an affiliate	(10)	
11. Net loss or expense received from a pass-through entity subject to the excise tax (attach schedule)	(11)	
12. An amount equal to five percent of IRC Section 951A global intangible low-taxed income deducted on Line 26	(12)	
13. Business interest expense deducted in arriving at the amount reported on Sch. J, Line 1. Only complete if federal Form 8990 was filed. See instructions	(13)	
14. Total additions (add Lines 2 through 13)	(14)	
Deductions:		
15. Any depreciation under the provisions of IRC Section 168 permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation	(15)	
16. Any excess gain (or loss) from the basis adjustment resulting from Tennessee permanently decoupling from federal bonus depreciation	(16)	
17. Dividends received from corporations at least 80% owned	(17)	
18. Donations to qualified public school support groups and nonprofit organizations	(18)	
19. Any expense other than income taxes not deducted in determining federal taxable income for which a credit against the federal income tax was allowed	(19)	
20. Adjustments related to the safe harbor lease election (see instructions)	(20)	
21. Nonbusiness earnings (from Schedule M, Line 8)	(21)	
22. Intangible expenses paid, accrued, or incurred to an affiliated entity or entities (from Form IE, Line 4) Attach Form IE - Intangible Expense Disclosure	(22)	
23. Intangible income from an affiliated business entity or entities if the corresponding intangible expenses have not been deducted by the affiliate(s) under Tenn. Code Ann. § 67-4-2006(b)(2)(N)	(23)	
24. Net gain or income received from a pass-through entity subject to the excise tax (attach schedule)	(24)	
25. Grants from governmental units to the extent included in federal taxable income	(25)	
26. IRC Section 951A global intangible low-taxed income	(26)	
27. a. Business interest expense currently deductible. See instructions	(27a)	
b. Business interest expense carryforward available for future tax years	(27b)	
28. Total deductions (add Lines 15 through 27a)	(28)	
Computation of Taxable Income		
29. Total business income (loss) (add Lines 1 and 14, subtract Line 28; if loss, enter on Schedule K, Line 1)	(29)	-68163.
30. Excise tax apportionment ratio (Schedules N, O, P, R or S if applicable or 100%)	(30)	.000000 %
31. Apportioned business income (loss) (multiply Line 29 by Line 30)	(31)	0.
32. Nonbusiness earnings directly allocated to Tennessee (from Schedule M, Line 9)	(32)	
33. Loss carryover from prior years (from Schedule U)	(33)	127804.
34. Subject to excise tax (add Line 31 and 32, subtract Line 33; enter here and on Schedule B, Line 4)	(34)	-127804.

Taxable Year	Taxpayer Name	Account No./FEIN
07/01/20 06/30/21	MOSE & GARRISON SISKIN MEMORIAL FDN, INC	*****09209

Schedule N - Apportionment - Standard

Property	In Tennessee		Total Everywhere	
Use original cost of assets	a. Beginning of Taxable Year	b. End of Taxable Year	a. Beginning of Taxable Year	b. End of Taxable Year
1. Land, buildings, leaseholds, and improvements ...				
2. Machinery, equipment, furniture, and fixtures				
3. Automobiles and trucks				
4. Inventories and work in progress				
5. Prepaid supplies and other property ...				
6. Ownership share of real and tangible property of a partnership that does not file a return				
7. Excise tax total (add Lines 1 through 6)	a.	b.	a.	b.
8. Exempt inventory				
9. Franchise tax total (subtract Line 8 from Line 7)	a.	b.	a.	b.
10. Excise tax average value (add Lines 7(a) & (b), divide by two)				
11. Franchise tax average value (add Lines 9(a) & (b), divide by two)				
12. Rented property (rent paid x 8)				

Use triple weighted sales factor	a. In Tennessee	b. Total Everywhere	c. Franchise Ratio	d. Excise Ratio
13. Excise tax property factor (add Lines 10 and 12)				%
14. Franchise tax property factor (add Lines 11 and 12)			%	
15. Payroll factor			%	%
16. Sales factor (business gross receipts)	0.	15436.	.000000%	.000000%
17. Total ratios (add Lines 13-15 and (Line 16 x three))			.000000%	.000000%
18. Apportionment ratio (divide Line 17 by five, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Sch. F1, Line 4. Enter excise tax apportionment ratio on Sch. J, Line 30.)000000%	.000000%

Schedule O - Apportionment - Common Carriers (railroads, motor carriers, pipelines and barges)

	In Tennessee	Total Everywhere	Ratio
1. Total franchise mileage (odometer miles)			
2. Tennessee gross intrastate receipts and interstate gross receipts everywhere			%
3. Total ratios (add Lines 1 and 2)			%
4. Apportionment ratio (divide Line 3 by two, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 30.)			%

Schedule P - Apportionment - Air Carriers

	In Tennessee	Total Everywhere	Ratio
1. Originating revenue			
2. Air miles flown (Include in Tennessee column only air miles flown on flights either originating from or ending in Tennessee or both)			%
3. Total ratios (add Lines 1 and 2)			%
4. Apportionment ratio (divide Line 3 by two, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 30.)			%

Schedule R - Apportionment - Air Express Carriers

	In Tennessee	Total Everywhere	Ratio
1. Originating revenue			%
2. Air miles flown and ground miles traveled (Include in Tennessee column only air miles flown on flights either originating from or ending in Tennessee or both. Include only ground miles traveled with respect to actual common carriage of persons or property for hire.)			%
3. Total ratios			%
4. Apportionment ratio (divide Line 3 by two, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 30.)			%

Schedule S - Apportionment - Manufacturer Single Sales Factor

	In Tennessee	Total Everywhere	Ratio
1. Sales factor (business gross receipts) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 30.) ...			%

Taxable Year	Taxpayer Name	Account No./FEIN
07/01/20 06/30/21	MOSE & GARRISON SISKIN MEMORIAL FDN, INC	*****09209

Schedule U - Schedule of Loss Carryover

Year	Period Ended (MM/YY)	Original Return or as Amended	Used in Prior Year(s)	Expired	Loss Carryover Available
1	06/20				
2	06/19	50.			50.
3	06/18				
4	06/17	13242.			13242.
5	06/16	2300.			2300.
6	06/15				
7	06/14	88097.			88097.
8	06/13				
9	06/12	16064.			16064.
10	06/11	32020.	23969.		8051.
11	06/10	29378.	29378.		
12	06/09	24781.	24781.		
13	06/08				
14	06/07				
15	06/06				
Total Amount (Enter here and on Schedule J, Line 33)					127804.

Schedule V - Schedule of Industrial Machinery and Research and Development Equipment Credit Carryover

Year	Period Ended (MM/YY)	Original Return or as Amended	Used in Prior Year(s)	Expired or Recaptured	Industrial Machinery Credit Carryover Available
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Total Amount (Enter here and on Schedule T, Line 4)					

FEIN	EXTENDED DUE DATE
*****1637	05162022

TAX YEAR							
BEGINNING	07	01	2020	ENDING	06	30	2021
	MM	DD	YYYY		MM	DD	YYYY

BUSINESS NAME AND ADDRESS MOSE & GARRISON SISKIN MEMORIAL FDN, D/B/A SISKIN CHILDRENS INSTITUTE 1101 CARTER STREET CHATTANOOGA TN 37402	TYPE OF BUSINESS (CHECK ONLY ONE) <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> NONPROFIT
	Has form 7004 or 8868 been filed with the Internal Revenue Service for this taxable year? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

Contact Person	Contact Phone #

1. Tentative West Virginia Corporate Net Income Tax	1	200 .00
2. Less Estimated Payments	2	0 .00
3. Less Prior Year Credit	3	0 .00
4. Balance Due	4	200 .00

NOTE: This form is to be used for making an extension Corporation Net Income Tax Payment and is not a substitute for filing of the actual WV return (Form CIT-120). **An extension of time for filing does not extend the time for payment.** To avoid interest and additions to tax for late payment, use this return to make a tentative payment pending the filing of your annual return.

WHO MAY FILE: Any taxpayer who expects to owe West Virginia Corporation Net Income Tax for the taxable year and needs an extension of time to file their West Virginia return. If you do not expect to owe West Virginia Corporation Net Income Tax and you have filed a Federal Extension Form 7004 and/or 8868, you are not required to file the CIT-120EXT.

WHEN TO FILE: C Corporations are to file on or before the fifteenth day of the fourth month following the close of the taxable year. **Tax exempt organizations with unrelated business income** are to file on or before the fifteenth date of the fifth month following the close of the taxable year.

CLAIMING OF EXTENSION PAYMENT: An extension payment made by filing Form CIT-120EXT must be claimed on line 11 of your WV return (Form CIT-120) and Schedule C.

DO NOT SEND A COPY OF YOUR FEDERAL FORM 7004 OR 8868 WITH THIS RETURN. Instead, attach it to your WV return for the tax period and enter the extended due date on your CIT-120, page 1.

Make check payable and remit to:
West Virginia State Tax Department
Tax Account Administration Division
PO Box 1202
Charleston, WV 25324-1202



CA30202013

SEPARATE ENTITY FILER
WEST VIRGINIA CORPORATIONS WHOLLY IN WV

2020

CORPORATION NAME

MOSE & GARRISON SISKIN MEMORIAL FDN, INC

FEIN

*****1637

1. Federal taxable income (per attached federal return)	1	-68163	.00
2. Total increasing adjustments (Schedule B line 12)	2	70154	.00
3. Total decreasing adjustments (Schedule B line 25)	3		.00
4. West Virginia adjusted taxable income (Line 1 plus line 2 minus line 3)	4	1991	.00
5. Net operating loss carryforward (Schedule NOL, Column 6 total)	5		.00
6. Subtotal (line 4 less line 5)	6	1991	.00
7. REIT Inclusion and other Taxable income	7		.00
8. WV Net Taxable Income (Add lines 6 and 7)	8	1991	.00
9. Corporate Net Income Tax Rate	9	.065	
10. Corporate Net Income Tax (line 8 multiplied by line 9)	10	129	.00
11. Corporate Net Income Tax Credits (Column 2, line 17, Form CIT-120TC)	11		.00
12. Adjusted Corporate Net Income Tax (subtract line 11 from line 10)	12	129	.00
Enter on CIT-120, page 2, line 9			



WEST VIRGINIA
CORPORATION NET INCOME TAX RETURN

2020

TAX PERIOD BEGINNING
MM/DD/YYYY

07012020

ENDING
MM/DD/YYYY

06302021

EXTENDED
DUE DATE
MM/DD/YYYY

05162022

CORPORATION NAME

MOSE & GARRISON SISKIN MEMORIAL FDN,

MAILING ADDRESS

1101 CARTER STREET

CITY

CHATTANOOGA

STATE

TN

ZIP

37402

STATE OF DOMICILE

WV

NAICS

525990

CONTACT NAME

CONTACT PHONE

FEIN

*****1637

WV CORPORATION INCOME TAX ACCOUNT NUMBER

23620431

☐ CHANGE OF ADDRESS

CHECK ALL APPLICABLE BOXES

1) ENTITY
TYPE☐ CORPORATION☒ NONPROFIT

2) RETURN TYPE

☐ ANNUAL☐ INITIAL☐ FINAL☐ AMENDED☐ RAR☐ OTHER☐ 52/53 WEEK FILER

DAY OF WEEK ENDING _____

☒ FISCAL3) IF FINAL/SHORT/
INITIAL RETURN☐ CEASED OPERATIONS IN WV☐ CHANGE OF OWNERSHIP☐ CHANGE OF FILING STATUS☐ MERGER☐ SUCCESSOR

FEIN OF PREDECESSOR _____

☐ TECHNICAL TERMINATIONS☐ OTHER _____

4) FILING METHOD

☒ SEPARATE ENTITY☐ CHECK HERE IF SEPARATE BUT PART OF FEDERAL CONSOLIDATED. ENTER FEIN: _____☐ COMBINED
(UB-CR)☐ SEPARATE COMBINED☐ GROUP COMBINED SURETY FEIN: _____☐ WORLDWIDE ELECTION _____

5) IF SEPARATE, INDICATE ACTIVITY

☒ WHOLLY WV ACTIVITY (SCHEDULE 1)☐ MULTISTATE ACTIVITY (SCHEDULE 2)

6) REPORTABLE ENTITIES (ALL ENTITIES MUST BE INCLUDED ON SCHEDULE C OR SCHEDULE D)

☐ ANY PTE YOU ARE A PARTNER, MEMBER, OR SHAREHOLDER DOING BUSINESS IN WV☐ ANY ENTITY YOU OWN 80% OF VOTING STOCK☐ ANY DISREGARDED ENTITY☐ ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK☐ ANY CONTROLLED FOREIGN CORPORATION7) CURRENTLY UNDER AUDIT BY
THE IRS?☒ NO☐ YES

YEARS UNDER AUDIT: _____

8) TYPE OF FEDERAL RETURN INCLUDED WITH THIS RETURN

☐ 1120☐ PROFORMA 1120☐ 990☒ 990T

NAME

MOSE & GARRISON SISKIN MEMORIAL FDN,

FEIN

*****1637

9. Adjusted Corporate Net Income Tax from Schedule 1, Schedule 2, or UB-CR	9	129	.00
10. Prior year carryforward credit	10		.00
11. Estimated and extension payments	11	200	.00
12. Withholding must match the withholding statements unless withholding is from NRSR <input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE)	12		.00
13. Payments (add lines 10 through 12; must match total on Schedule C)	13	200	.00
14. Overpayment previously refunded or credited (amended return only)	14		.00
15. TOTAL PAYMENTS (subtract line 14 from line 13)	15	200	.00
16. If line 15 is larger than line 9, enter overpayment	16	71	.00
17. Amount of line 16 to be credited to next year's tax	17		.00
18. Amount of line 16 to be refunded (subtract line 17 from line 16)	18	71	.00
19. If line 15 is <i>smaller</i> than line 9, enter tax due here	19		.00
20. Interest for late payment (see instructions)	20		.00
21. Additions to tax for late filing and/or late payment (see instructions)	21		.00
22. Penalty for underpayment of estimated tax (line 6, Form CIT-120U; attach schedule)	22		.00
23. TOTAL DUE with this return (add lines 19 through 22)	23		.00

Direct Deposit
of Refund☐ CHECKING☐ SAVINGS

ROUTING NUMBER

ACCOUNT NUMBER

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE. PLEASE SEE PAGE 3 OF INSTRUCTIONS FOR PAYMENT OPTIONS.

I authorize the State Tax Department to discuss my return with my preparer ☒ YES ☐ NO

Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Officer/Partner or Member

Print name of Officer/Partner or Member

Date

PRESIDENT

4236481700

Title

Email

Business Telephone #

MATTHEW T HISEY

MATTHEW T. HISEY

01252022

Signature of paid preparer

Print name of Preparer

Date

MAULDIN & JENKINS, LLC
200 W MLK BLVD, STE 1100
CHATTANOOGA, TN 37402-1239

MHISEY@MJCPA.COM

4237566133

Firm's name and address

Preparer's Email

Preparer's Telephone #

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
TAX ACCOUNT ADMINISTRATION DIVISION
PO BOX 1202
CHARLESTON WV 25324-1202



CA30202002

Adjustments to Federal Taxable Income

2020

Adjustments <i>Increasing</i> Federal Taxable Income (§11-24-6 and 6a)		
1. Interest or dividends on obligations or securities from any state or a political subdivision	1	.00
2. US Government obligation interest or dividends not exempt from state tax, less related expenses not deducted on federal return	2	.00
3. Income taxes or taxes based upon net income, imposed by this state or any other jurisdiction, deducted on your federal return	3	.00
4. Federal depreciation/amortization for West Virginia water/air pollution control facilities - wholly West Virginia corporations only. Multistate corporations must use CIT-120APT, Schedule A-2, line 11	4	.00
5. Unrelated business taxable income of a corporation exempt from federal tax (IRC §512)	5	70154 .00
6. Federal net operating loss deduction	6	.00
7. Federal deduction for charitable contributions to Neighborhood Investment Programs, if claiming the West Virginia Neighborhood Investment Programs Tax Credit	7	.00
8. Net operating loss from sources outside the United States (WV Code §11-24-6(b)(6))	8	.00
9. Foreign taxes deducted on your federal return	9	.00
10. Add back expenses related to certain REIT's and Regulated Investment Companies and certain interest and intangible expenses (WV Code §11-24-4b)	10	.00
11. Other increasing adjustments	11	.00
12. TOTAL INCREASING ADJUSTMENTS (Add lines 1 through 11; enter here and on Schedule 1, line 2 or Schedule 2, line 2)	12	70154 .00
Adjustments <i>Decreasing</i> Federal Taxable Income (§11-24-6)		
13. Refund or credit of overpayment of income taxes or taxes based upon net income, imposed by this state or any other jurisdiction, included in federal taxable income	13	.00
14. Interest expense on obligations or securities of any state or its political subdivisions, disallowed in determining federal taxable income	14	.00
15. US Government obligation interest or dividends subject to federal but exempt from state tax, less related expenses deducted on your federal return	15	.00
16. Salary expense not allowed on federal return due to claiming the federal jobs credit	16	.00
17. Foreign dividend gross-up (IRC Section 78)	17	.00
18. Subpart F income (IRC Section 951)	18	.00
19. Taxable income from sources outside the United States	19	.00
20. Cost of West Virginia water/air pollution control facilities - wholly WV corporations only. Multistate corporations must use CIT-120 APT, Schedule A-2, line 10	20	.00
21. Employer contributions to medical savings accounts (WV Code §33-16-15) included in federal taxable income less amounts withdrawn for non-medical purposes	21	.00
22. Qualified Opportunity Zone business income (include IRS 8996)	22	.00
23. Other decreasing adjustments	23	.00
24. Schedule B-1 allowance (Schedule B-1, line 9)	24	.00
25. TOTAL DECREASING ADJUSTMENTS (Add lines 13 through 24; enter here and on Schedule 1, line 3 or Schedule 2, line 3)	25	.00



CA30202005

SCHEDULE OF TAX PAYMENTS

2020

Taxpayers reporting more than 10 payments must file their CIT-120 return electronically.

NAME OF ENTITY	FEIN	DATE OF PAYMENT			TYPE: WITHHOLDING, ESTIMATED, EXTENSION, OTHER PMTS OR PRIOR YEAR CREDIT	AMOUNT OF PAYMENT	
		MM	DD	YYYY			
MOSE & GARRISON	23620431	11	15	2021	EXTENSION	200	.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
TOTAL (AMOUNT MUST AGREE WITH AMOUNT ON CIT-120, LINE 13)						200	.00

SCHEDULE

CIT-120

SCHEDULE OF REPORTABLE ENTITIES

2020

This is a schedule of all reportable entities that are included on CIT-120 page 1, section 6.
Taxpayers reporting more than 10 entities must file their CIT-120 return electronically.

NAME OF ENTITY	FEIN	PARENT NAME	PARENT FEIN	TYPE OF ENTITY (SEE INSTRUCTIONS)

