

## **THIS COPY OF FORM 990/990-T IS FOR PUBLIC DISCLOSURE PURPOSES**

To assist you in complying with Internal Revenue Service compliance guidelines, the attached copy of the Form 990 or 990-T has been prepared for public disclosure purposes. In addition, summarized below are the key aspects of these disclosure requirements.

### What information must you provide?

- Form 990 and schedules and attachments, unless specifically excluded by IRS.
- Form 990-T if one is filed by a 501(c)(3) organization.
- Requests for limited portions of the form (such as a request for just a list of officers and directors) must also be honored.

### What information may you exclude?

-Information about: Name and address of any contributor to the organization. Schedules, attachments, and supporting documents filed with Form 990T that do not relate to the imposition of unrelated business income tax are not required to be made available for public inspection. These include: trade secret, patents, processes, style of work or apparatus of the organization. We have removed the information which we believe meets the IRS guidelines. Please verify that you are satisfied with release of the remaining information.

### Where and when the information must be provided?

- An organization must provide copies of required documents in response to a request made in person at its principal, regional and district offices during regular business hours. An organization must provide such copies to a requester on the day the request is made, except for unusual circumstances, in which case, the organization must provide the copies no later than the next business day following the day that the unusual circumstances cease to exist, or the 5th business day after the date of the request, whichever occurs first.
- An organization must honor a written request for a copy of documents (or the requested part) if the request (1) is addressed to, and delivered by mail, facsimile, or a private delivery service; and (2) sets forth the address to which the copy of the documents should be sent.



Reasonable fees for providing copies

-An organization may charge a reasonable fee for providing copies. Before the organization provides the documents, it may require that the individual requesting copies of the documents pay the fee. If the organization has provided an individual making a request with notice of the fee, and the individual does not pay the fee within 30 days, or if the individual pays the fee by check and the check does not clear upon deposit, the organization may disregard the request. This applies to an annual return only during the 3-year period beginning on the last day prescribed for filing such return (determined with regard to any extension of time for filing).

-Where an organization does not require prepayment and a requester does not enclose payment with a request, an organization must receive consent from a requester before providing copies for which the fee charged for copying and postage exceeds \$20.

Alternative method of compliance

- Disclosure requirements may be met by posting this information on the World Wide Web as part of a database or on your organization's web page. Organizations electing this method need only inform persons requesting this information as to its location (no public access or providing copies is necessary).

**Return of Private Foundation**

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2020 or tax year beginning , and ending

Name of foundation <b>WALTER AND JEAN BOEK GLOBAL AUTOIMMUNE INSTITUTE</b>		<b>A Employer identification number</b> <b>54-1075268</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>6819 ELM STREET</b>	Room/suite <b>10</b>	<b>B Telephone number</b> <b>(703)-402-3745</b>
City or town, state or province, country, and ZIP or foreign postal code <b>MCLEAN, VA 22101</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>22,684,865.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>1</b> Contributions, gifts, grants, etc., received .....				<b>N/A</b>	
<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
<b>3</b> Interest on savings and temporary cash investments .....		7,137.	7,137.		<b>STATEMENT 1</b>
<b>4</b> Dividends and interest from securities .....		431,485.	431,485.		<b>STATEMENT 2</b>
<b>5a</b> Gross rents .....		3,000.	3,000.		<b>STATEMENT 3</b>
<b>b</b> Net rental income or (loss) <b>-7,758.</b>					<b>STATEMENT 4</b>
<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....		1,772,223.			
<b>b</b> Gross sales price for all assets on line 6a <b>4,656,729.</b>					
<b>7</b> Capital gain net income (from Part IV, line 2) .....			1,772,223.		
<b>8</b> Net short-term capital gain .....					
<b>9</b> Income modifications .....					
<b>10a</b> Gross sales less returns and allowances .....					
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....		18,409.	18,409.		<b>STATEMENT 5</b>
<b>12 Total.</b> Add lines 1 through 11 .....		2,232,254.	2,232,254.		
<b>13</b> Compensation of officers, directors, trustees, etc. ....		190,000.	28,500.		123,500.
<b>14</b> Other employee salaries and wages .....		21,460.	0.		17,168.
<b>15</b> Pension plans, employee benefits .....		118,694.	17,805.		77,152.
<b>16a</b> Legal fees <b>STMT 6</b> .....		10,256.	0.		0.
<b>b</b> Accounting fees <b>STMT 7</b> .....		49,797.	24,899.		0.
<b>c</b> Other professional fees <b>STMT 8</b> .....		79,040.	79,040.		0.
<b>17</b> Interest .....					
<b>18</b> Taxes <b>STMT 9</b> .....		10,378.	6,762.		0.
<b>19</b> Depreciation and depletion .....		981.	981.		
<b>20</b> Occupancy .....		24,086.	2,525.		21,561.
<b>21</b> Travel, conferences, and meetings .....		6,091.	0.		6,091.
<b>22</b> Printing and publications .....					
<b>23</b> Other expenses <b>STMT 10</b> .....		137,089.	0.		80,523.
<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....		647,872.	160,512.		325,995.
<b>25</b> Contributions, gifts, grants paid .....		454,384.			454,384.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....		1,102,256.	160,512.		780,379.
<b>27 Subtract line 26 from line 12:</b>					
<b>a</b> Excess of revenue over expenses and disbursements .....		1,129,998.			
<b>b Net investment income</b> (if negative, enter -0-) .....			2,071,742.		
<b>c Adjusted net income</b> (if negative, enter -0-) .....				<b>N/A</b>	

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<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	55,749.	40,633.	40,633.
	2 Savings and temporary cash investments .....	29,281.	839,517.	839,517.
	3 Accounts receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	4 Pledges receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....			
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock <span style="float: right;">STMT 11</span> .....	14,222,716.	16,764,118.	21,804,715.
	c Investments - corporate bonds .....	2,248,155.	0.	0.
	11 Investments - land, buildings, and equipment: basis .....			
Less: accumulated depreciation .....	158,369.			
12 Investments - mortgage loans .....				
13 Investments - other .....				
14 Land, buildings, and equipment: basis ▶ .....				
Less: accumulated depreciation .....				
15 Other assets (describe ▶ .....				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	16,714,270.	17,644,268.	22,684,865.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....			
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....	522,420.	522,420.	
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ <b>AMOUNT DUE UNDER E</b> ) .....	468,704.	268,704.	
23 <b>Total liabilities</b> (add lines 17 through 22) .....	991,124.	791,124.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....			
	25 Net assets with donor restrictions .....			
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds .....	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds .....	15,723,146.	16,853,144.	
	29 <b>Total net assets or fund balances</b> .....	15,723,146.	16,853,144.	
30 <b>Total liabilities and net assets/fund balances</b> .....	16,714,270.	17,644,268.		

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

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) .....	1	15,723,146.
2 Enter amount from Part I, line 27a .....	2	1,129,998.
3 Other increases not included in line 2 (itemize) ▶ .....	3	0.
4 Add lines 1, 2, and 3 .....	4	16,853,144.
5 Decreases not included in line 2 (itemize) ▶ .....	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	16,853,144.

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

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES</b>	<b>P</b>		
<b>b SALE OF PROPERTY</b>	<b>P</b>		
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
<b>a</b> 2,749,599.		2,727,118.	22,481.
<b>b</b> 1,907,130.		157,388.	1,749,742.
<b>c</b>			
<b>d</b>			
<b>e</b>			

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			22,481.
<b>b</b>			1,749,742.
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) <span style="font-size: 2em;">}</span> <small>{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....</small>	<b>2</b>	1,772,223.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): <small>If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....</small>	<b>3</b>	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**  
**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved				
Reserved				
Reserved				
Reserved				
Reserved				

  

2 Reserved .....	2	
3 Reserved .....	3	
4 Reserved .....	4	
5 Reserved .....	5	
6 Reserved .....	6	
7 Reserved .....	7	
8 Reserved .....	8	

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	28,797.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	28,797.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	28,797.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		44,534.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		15,000.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	59,534.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	11.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	30,726.
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>30,726.</b>   <b>Refunded</b> <input type="checkbox"/>		11	0.

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input type="checkbox"/> \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <span style="float:right">N/A</span>		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>DC</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		<b>X</b>
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	<b>X</b>	
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <b>WWW.AUTOIMMUNEINSTITUTE.ORG</b>	<b>X</b>	
14 The books are in care of ▶ <b>SANDRA B. WERNESS</b> Telephone no. ▶ <b>(703)-402-3745</b> Located at ▶ <b>6819 ELM STREET, NO. 10, MCLEAN, VA</b> ZIP+4 ▶ <b>22101</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	<b>15</b>	<b>N/A</b>
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		<b>X</b>

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

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		<b>X</b>
Organizations relying on a current notice regarding disaster assistance, check here ▶		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?		<b>X</b>
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ▶		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	<b>N/A</b>	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.)	<b>N/A</b>	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		<b>X</b>
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?		<b>X</b>

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

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
Organizations relying on a current notice regarding disaster assistance, check here	▶ <input type="checkbox"/>	
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
If "Yes" to 6b, file Form 8870.		
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 15		190,000.	94,750.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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



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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services ..... **0**

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 16	538,103.
2 SEE STATEMENT 17	25,444.
3 SEE STATEMENT 18	107,727.
4 SEE STATEMENT 19	109,105.

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

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

**Total.** Add lines 1 through 3 ..... **0.**

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	19,731,453.
b	Average of monthly cash balances .....	1b	841,848.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	20,573,301.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	20,573,301.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	308,600.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	20,264,701.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	1,013,235.

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

1	Minimum investment return from Part X, line 6 .....	1	1,013,235.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	28,797.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	28,797.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	984,438.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	984,438.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	984,438.

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	780,379.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	780,379.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	780,379.

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

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

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7 .....				984,438.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only .....			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015 .....				
<b>b</b> From 2016 .....				
<b>c</b> From 2017 .....				
<b>d</b> From 2018 .....		62,658.		
<b>e</b> From 2019 .....		249,608.		
<b>f</b> Total of lines 3a through e .....	312,266.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 780,379.				
<b>a</b> Applied to 2019, but not more than line 2a ...			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2020 distributable amount .....				780,379.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	204,059.			204,059.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	108,207.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 .....				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....	0.			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a .....	108,207.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016 ...				
<b>b</b> Excess from 2017 ...				
<b>c</b> Excess from 2018 ...				
<b>d</b> Excess from 2019 ...	108,207.			
<b>e</b> Excess from 2020 ...				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

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

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

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

c Any submission deadlines:

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

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**Part XV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
VANGUARD CHARITABLE FUND 2670 WARWICK AVENUE WARWICK, RI 02889-9509		PC	TO DESIGNATE THE FUNDS FOR RESEARCH PROJECTS	450,000.
FRIENDS OF THE ENDOWMENT OF THE DIPLOMATIC RECEPTION ROOMS 7501 WISCONSIN AVE STE 1103 BETHESDA, MD 20814		PC	GENERAL SUPPORT	2,000.
ORDER OF ST. JOHN, USA PRIORY 1850 M STREET, NW, SUITE #1070 WASHINGTON D.C., DC 20036-5856		PC	GENERAL SUPPORT	1,120.
CROHNS AND COLITIS FOUNDATION 733 THIRD AVENUE STE. 510 NEW YORK, NY 10017		PC	GENERAL SUPPORT	1,000.
WIKIPEDIA P.O. BOX 98204 WASHINGTON, DC 20090-8204		PC	GENERAL SUPPORT	104.
<b>Total</b> .....			<b>SEE CONTINUATION SHEET(S)</b> ▶ <b>3a</b>	<b>454,384.</b>
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b> .....			<b>3b</b>	<b>0.</b>

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**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies .....					
<b>2</b> Membership dues and assessments .....					
<b>3</b> Interest on savings and temporary cash investments .....			14	7,137.	
<b>4</b> Dividends and interest from securities .....			14	431,485.	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property .....					
<b>b</b> Not debt-financed property .....			14	-7,758.	
<b>6</b> Net rental income or (loss) from personal property .....					
<b>7</b> Other investment income .....			01	18,409.	
<b>8</b> Gain or (loss) from sales of assets other than inventory .....			18	1,772,223.	
<b>9</b> Net income or (loss) from special events .....					
<b>10</b> Gross profit or (loss) from sales of inventory .....					
<b>11</b> Other revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e) .....		0.		2,221,496.	0.
<b>13</b> Total. Add line 12, columns (b), (d), and (e) .....				13	2,221,496.

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

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
7	NONE

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

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash		X
(2)	Other assets		X
b	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization		X
(2)	Purchases of assets from a noncharitable exempt organization		X
(3)	Rental of facilities, equipment, or other assets		X
(4)	Reimbursement arrangements		X
(5)	Loans or loan guarantees		X
(6)	Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

b If "Yes," complete the following schedule.

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

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.

**Sign Here** Signature of officer or trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT & CEO**

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BRIAN J. GIGANTI</b>	Preparer's signature <i>Brian J. Giganti</i>	Date 12/1/2021	Check if self-employed	PTIN P00646609
	Firm's name <b>CITRIN COOPERMAN &amp; COMPANY, LLP</b>			Firm's EIN <b>22-2428965</b>	
	Firm's address <b>2 BETHESDA METRO CENTER, 11TH FLOOR BETHESDA, MD 20814</b>			Phone no. <b>(301) 654-9000</b>	

**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NORTH AMERICAN SOCIETY FOR THE STUDY OF CELIAC DISEASE (NASSCD) 3300 WOODCREEK DRIVE DOWNERS GROVE, IL 60515		PC	GENERAL SUPPORT	100.
WETA RADIO 3939 CAMPBELL AVENUE ARLINGTON, VA 22206		PC	GENERAL SUPPORT	60.
<b>Total from continuation sheets</b> .....				160.



# Underpayment of Estimated Tax by Corporations

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

**2020**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>WALTER AND JEAN BOEK GLOBAL AUTOIMMUNE INSTITUTE</b>	Employer identification number <b>54-1075268</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....		<b>1</b>	<b>28,797.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	<b>28,797.</b>
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	<b>5,466.</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>5,466.</b>

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....	<b>9</b>	07/15/20	07/15/20	09/15/20	12/15/20
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	1,367.	1,366.	1,367.	1,366.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	4,534.			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>		3,167.	1,801.	434.
13 Add lines 11 and 12 .....	<b>13</b>		3,167.	1,801.	434.
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	4,534.	3,167.	1,801.	434.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>				932.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>	3,167.	1,801.	434.	

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

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2020 and before 7/1/2020 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			<b>11.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) <b>WALTER AND JEAN BOEK GLOBAL AUTOIMMUNE INSTITUTE</b>	Identifying Number <b>54-1075268</b>
--	---

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
07/15/20	1,367.	1,367.			
07/15/20	1,366.	2,733.			
07/15/20	-4,534.	-1,801.			
09/15/20	1,367.	-434.			
12/15/20	1,366.	932.	16	.000081967	1.
12/31/20	0.	932.	135	.000082192	10.
11/17/21	-40,000.	-39,068.			

Penalty Due (Sum of Column F). .....	11.
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\* Date of estimated tax payment, withholding credit date or installment due date.

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
TIAA BANK	2,190.	2,190.	
WELLS FARGO - INTEREST	4,947.	4,947.	
TOTAL TO PART I, LINE 3	7,137.	7,137.	

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ALLIANCE BERNSTEIN - DIVIDENDS	283,502.	0.	283,502.	283,502.	
WELLS FARGO - DIVIDENDS	147,983.	0.	147,983.	147,983.	
TO PART I, LINE 4	431,485.	0.	431,485.	431,485.	

## FORM 990-PF RENTAL INCOME STATEMENT 3

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
5011 LOWELL STREET	1	3,000.
TOTAL TO FORM 990-PF, PART I, LINE 5A		3,000.

## FORM 990-PF

## RENTAL EXPENSES

## STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		1,471.	
REAL ESTATE EXPENSES		2,525.	
PROPERTY TAXES		6,762.	
- SUBTOTAL -	1		10,758.
TOTAL RENTAL EXPENSES			10,758.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			-7,758.

## FORM 990-PF

## OTHER INCOME

## STATEMENT 5

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	18,409.	18,409.	
TOTAL TO FORM 990-PF, PART I, LINE 11	18,409.	18,409.	

## FORM 990-PF

## LEGAL FEES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES	10,256.	0.		0.
TO FM 990-PF, PG 1, LN 16A	10,256.	0.		0.

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	49,797.	24,899.		0.
TO FORM 990-PF, PG 1, LN 16B	49,797.	24,899.		0.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	79,040.	79,040.		0.
TO FORM 990-PF, PG 1, LN 16C	79,040.	79,040.		0.

## FORM 990-PF

## TAXES

## STATEMENT 9

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INCOME TAXES	3,616.	0.		0.
PROPERTY TAXES	6,762.	6,762.		0.
TO FORM 990-PF, PG 1, LN 18	10,378.	6,762.		0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 10

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	117.	0.		0.
INSURANCE	7,970.	0.		0.
EQUIPMENT	2,636.	0.		0.
GIFTS	837.	0.		0.
PARKING	14.	0.		0.
POSTAGE AND MAILING SERVICES	151.	0.		0.
SOFTWARE AND INTERNET SERVICES	2,176.	0.		0.
OFFICE SUPPLIES	3,409.	0.		0.
PROFESSIONAL DEVELOPMENT	753.	0.		0.
COLLABORATION AND PROMOTION	2,293.	0.		1,377.
WEBSITE DEVELOPMENT AND MAINTENANCE	110,941.	0.		76,365.
DUES AND SUBSCRIPTIONS	5,751.	0.		2,781.
MILEAGE	41.	0.		0.
REIMBURSEMENTS	0.	0.		0.
TO FORM 990-PF, PG 1, LN 23	137,089.	0.		80,523.

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FORM 990-PF CORPORATE STOCK STATEMENT 11	16,764,118.	21,804,715.
TOTAL TO FORM 990-PF, PART II, LINE 10B	16,764,118.	21,804,715.

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
FORM 990-PF OTHER LIABILITIES STATEMENT 12	468,704.	268,704.
TOTAL TO FORM 990-PF, PART II, LINE 22	468,704.	268,704.

FORM 990-PF	EXPLANATION CONCERNING PART VII-A, LINE 12 QUALIFYING DISTRIBUTION STATEMENT	STATEMENT 13
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EXPLANATION

THE FOUNDATION HAS TREATED THE DISTRIBUTION TO A DONOR ADVISED FUND AS A QUALIFYING DISTRIBUTION

FORM 990-PF	EXPLANATION CONCERNING PART VII-A, LINE 12 SECTION 170(C)(2)(B) STATEMENT	STATEMENT 14
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EXPLANATION

THE DISTRIBUTION WILL BE USED TO FUND SCIENTIFIC RESEARCH INVESTIGATIONS RELATING TO AUTOIMMUNE DISEASES, TO BE DESIGNATED IN THE FUTURE.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SANDRA BOEK WERNESS 10020 PARK ROYAL DRIVE GREAT FALLS, VA 22066	PRESIDENT & CEO 45.00	190,000.	94,750.	0.
ALFREDA JONES, MD 1008 BELLEVIEW ROAD MCLEAN, VA 22102	TREASURER 3.00	0.	0.	0.
SUSAN GERBER 122 ALDEBARAN DRIVE MCLEAN, VA 22101	SECRETARY 1.00	0.	0.	0.
MARLENE BEKEY 4624 QUARTER CHARGE DRIVE ANNANDALE, VA 22003	DIRECTOR 2.00	0.	0.	0.
DOROTHY WEINSTEIN 9705 LARMAR COURT BETHESDA, MD 20817	DIRECTOR (EFFECTIVE 12/2020) 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		190,000.	94,750.	0.



FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 16

ACTIVITY ONE

RESEARCH GRANTS: GAI SEEKS TO INCREASE KNOWLEDGE IN THE FIELD OF AUTOIMMUNE DISEASE IN BROAD AND UNIQUE WAYS, BY IDENTIFYING AREAS OF RESEARCH WITH LIKELY OUTCOMES TO ADD TO SCIENTIFIC AND MEDICAL KNOWLEDGE OF COMMONALITIES SHARED BY AUTOIMMUNE DISEASES. TO THIS END GAI DEVELOPS RELATIONSHIPS WITH PROMINENT ACADEMIC INSTITUTIONS AND/OR CENTERS OF ACADEMIC MEDICINE TO SOLICIT AND/OR ASSIST IN DEVELOPMENT OF RESEARCH INVESTIGATIONS TO FUND PROMISING RESEARCH THAT MAY BE NOVEL AND GROUNDBREAKING, OR TO FURTHER THE PROGRESS OF WELL ESTABLISHED RESEARCH TRAJECTORIES.

(CONTINUED)

	<u>EXPENSES</u>
TO FORM 990-PF, PART IX-A, LINE 1	538,103.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

ACTIVITY TWO

THE CHILDREN'S NATIONAL HOSPITAL MULTIDISCIPLINARY CLINIC FOR CELIAC DISEASE CONTINUED TO OPERATE IN 2020, MOSTLY VIA TELEMEDICINE, DUE TO THE SAFETY CONSIDERATIONS REQUIRED BY COVID-19. THE TELEMEDICINE APPOINTMENTS ARE A GREAT SUCCESS, BEING VERY WELL RECEIVED BY PATIENTS AND THEIR FAMILIES. THE OVERALL MODEL DEVELOPED AT THE RESULT OF GAI'S FUNDING AND INVOLVEMENT CONTINUED TO SERVE AS THE GOLD STANDARD IN COMPREHENSIVE TREATMENT OF CELIAC DISEASE, INCLUDING INVESTIGATION OF CO-OCCURRING AUTOIMMUNE DISEASES AND NEUROLOGICAL DISORDERS. THIS CLINIC HAS PROVED SO SUCCESSFUL THAT CNH PLANS TO OPEN AN ADDITIONAL CLINIC AT A DIFFERENT LOCATION.

(CONTINUED)

	<u>EXPENSES</u>
TO FORM 990-PF, PART IX-A, LINE 2	25,444.

ACTIVITY THREE

EDUCATION:

GAI CONTINUED ITS PARTNERSHIPS TO DEVELOP AND DISSEMINATE EDUCATION IN SEVERAL MAJOR WAYS, INCLUDING THE VERY POPULAR GLUTEN FREE EDUCATION DAY OF THE WASHINGTON, D.C., AREA, WITH THE CHILDREN'S NATIONAL HOSPITAL. DUE TO THE COVID PANDEMIC THE ANNUAL GLUTEN FREE EDUCATION DAY WAS HELD VIA WEBCAST.

GAI CONTINUED ITS FUNDING AND DEVELOPING OF ITS PODCASTS AND WEBCASTS, REACHING A TOTAL OF MORE THAN 75. THE LONG-ESTABLISHED GLUTEN FREE DIET AND RESOURCE CENTER APP (WITH CHILDREN'S NATIONAL HOSPITAL) CONTINUED TO BE VIEWED BY THOUSANDS INTERNATIONALLY.

IN ADDITION, AS AN OUTGROWTH OF AND RELATING TO THEIR WORK AT THE CHILDREN'S NATIONAL HOSPITAL'S MULTIDISCIPLINARY CLINIC FOR CELIAC DISEASE, THE CLINIC DIRECTOR AND STAFF WERE ACTIVELY INVOLVED IN EDUCATING THE COMMUNITY, INCLUDING GIVING TALKS TO HEALTH CARE PROVIDERS, AND PRESENTING PAPERS AT PROFESSIONAL SOCIETY MEETINGS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

107,727.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 19

ACTIVITY FOUR

## EDUCATION AND COMMUNITY SERVICE

GAI CONTINUED TO BUILD COMMUNITY AND DEVELOP AND PROVIDE RESOURCES AND SUPPORT FOR PATIENTS AND FAMILIES AFFECTED BY AUTOIMMUNE DISEASE. MOST IMPORTANTLY, GAI VIA ITS WEBSITE AUTOIMMUNEINSTITUTE.ORG BECAME THE MOST TRUSTED AND IN-DEPTH, ACCURATE RESOURCE IN PROVIDING VERY CURRENT UPDATES, EXTENSIVE INFORMATION, AND WELL RESEARCHED ARTICLES ON COVID SCIENCE AND MEDICINE RELATING TO AUTOIMMUNE DISEASE. WE SERVED NEARLY 100,000 VIEWERS DURING 2020 (WHICH INCREASED SUBSTANTIALLY IN 2021). IN ADDITION, THE GAI WEBSITE CONTAINS LINKS TO THE MORE THAN 75 PODCASTS AND MANY WEBCASTS IT HAS FUNDED AND HELPED DEVELOP ON CELIAC DISEASE AND AUTOIMMUNE DISEASE, AS WELL AS MANY WEBCASTS, AND OTHER RESOURCES IT HAS CREATED AND INCLUDED.

(CONTINUED ON SCHEDULE O)

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

109,105.

## GENERAL EXPLANATION

STATEMENT 20

## FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990PF - SUMMARY OF DIRECT CHARITABLE ACTIVITIES - RESEARCH GRANTS (C

## EXPLANATION:

2019 JULY 1 BEGAN THE SECOND YEAR OF A TWO-YEAR POST-DOCTORAL RESEARCH INVESTIGATION AT JOHNS HOPKINS MEDICINE (UNDER DR. PATRIZIO CATUREGLI), TO END JUNE 30, 2021. THE WASHINGTON UNIVERSITY RESEARCH PROJECT INVOLVING THE EPIDEMIOLOGY OF AUTOIMMUNE DISEASE CONTINUED THROUGH 2019, WITH THE END DATE OF DECEMBER 31, 2019. IN ADDITION, JUNE 30 WAS THE END DATE OF THE LUPUS MOLECULAR MIMICRY RESEARCH INVESTIGATION AT THE MEDICAL SCHOOL OF THE CITY UNIVERSITY OF NEW YORK, THE RESULTS OF WHICH WERE PUBLISHED IN 2021.

GAI DISTRIBUTED \$450,000 TO OUR VANGUARD CHARITABLE DONOR ADVISED FUND, FOR SCIENTIFIC RESEARCH INVESTIGATIONS, TO BE DESIGNATED IN THE FUTURE. THE COVID PANDEMIC AFFECTED OUR GRANTS IN SEVERAL WAYS, MOST IMPORTANTLY DIVERTING THE ATTENTION OF EXISTING AND POTENTIAL GRANTEEES TO COVID RELATED RESEARCH, AND DISRUPTING NORMAL WORK IN LABORATORIES.

## GENERAL EXPLANATION

STATEMENT 21

## FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990PF - SUMMARY OF DIRECT CHARITABLE ACTIVITIES - THE CHILDREN'S NAT

## EXPLANATION:

IN ADDITION, CNH CONTINUES TO STRENGTHEN ITS MULTI-HOSPITAL RELATIONSHIPS WHICH BEGAN IN CONNECTION WITH THE ANNUAL GLUTEN FREE EDUCATION DAY; THIS RESULTED IN COLLABORATIONS BY A COMMITTEE FORMED INCLUDING TEN PROMINENT U.S. CHILDREN'S HOSPITALS, INCLUDING ON QUALITY OF LIFE SURVEYS, A DOWNS SYNDROME STUDY, MUCH EXCHANGE OF INFORMATION AND REGULAR COMMUNICATIONS AS WELL AS MONTHLY MEETINGS (THE "CELIAC KIDS" GROUP).

IN ADDITION, THE TEAM AT THE CLINIC, UNDER THE DIRECTION OF DR. BENNY KERZNER, LED AND ATTENDED MANY SESSIONS AND MEETINGS TO TRAIN AND DISCUSS CENTRAL ISSUES IN CELIAC DISEASE AND CO-EXISTING AUTOIMMUNE DISEASES AND NEUROLOGICAL DISORDERS.

THE MULTIDISCIPLINARY CLINIC BECAME FINANCIALLY SELF-SUPPORTING BEFORE THE ENTIRE GAI GRANT WAS EXPENDED, WHICH LEFT A SUM OF GAI'S GRANT TO BE APPLIED TO OTHER PROJECTS, TO BE DETERMINED IN 2021.

THE ESTABLISHMENT OF THE MULTIDISCIPLINARY CLINIC FOR CELIAC DISEASE PATIENTS AND FAMILIES WAS MADE POSSIBLE BY GAI THROUGH PRIOR YEARS' GRANTS.

## GENERAL EXPLANATION

STATEMENT 22

## FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990PF - SUMMARY OF DIRECT CHARITABLE ACTIVITIES - EDUCATION AND COMM

## EXPLANATION:

GAI EXECUTED ITS SOCIAL MEDIA ENGAGEMENT PLAN FOR 2020 TO RAISE AWARENESS AND TO INFORM ABOUT AUTOIMMUNE DISEASES, WITH DAILY SUBSTANTIVE, INFORMATIONAL POSTINGS AND COMPREHENSIVE ENGAGEMENT ON INSTAGRAM, AND REGULAR POSTINGS ON TWITTER, LINKED IN, AND FACEBOOK. GAI HELD ITS MONTHLY COMMUNITY SUPPORT GROUP, AUTOIMMUNE AWARE (AIA), ONLINE, DUE TO THE COVID PANDEMIC.

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GENERAL EXPLANATION

STATEMENT 23

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FORM/LINE IDENTIFIER

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FORM 990PF - INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, FOUNDATION M

EXPLANATION:

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION AGREEMENTS INCLUDES CONTRIBUTIONS FOR BOTH 2019 AND 2020.

2020 DEPRECIATION AND AMORTIZATION REPORT

5011 LOWELL STREET

RENT 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
8	(D)5011 LOWELL STREET PROPERTY	08/15/13	SL	40.00		16	77,742.				77,742.	77,742.		0.	77,742.
12	(D)5011 LOWELL STREET REMODELLING	11/30/16	SL	30.00		16	176,510.				176,510.	18,141.		1,471.	19,612.
	* TOTAL 990-PF RENTAL DEPR						254,252.				254,252.	95,883.		1,471.	97,354.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						254,252.			0.	254,252.	95,883.			97,354.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED						254,252.			0.	254,252.	95,883.			97,354.
	ENDING BALANCE						0.			0.	0.	0.			0.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>WALTER AND JEAN BOEK GLOBAL AUTOIMMUNE INSTITUTE</b>	Taxpayer identification number (TIN) <b>54-1075268</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6819 ELM STREET, NO. 10</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MCLEAN, VA 22101</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SANDRA B. WERNESS**

- The books are in the care of ▶ **6819 ELM STREET, NO. 10 - MCLEAN, VA 22101**  
Telephone No. ▶ **(703)-402-3745** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>23,000.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>8,000.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>15,000.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.