

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 for instructions and the latest information.

For calendar year 2021 or tax year beginning **07/01/2021**, and ending **06/30/2022**

Name of foundation Wakerly Family Foundation		A Employer identification number 77-0441943
Number and street (or P.O. box number if mail is not delivered to street address) 24581 Summerhill Ct	Room/suite	B Telephone number (see instructions) (650)968-9057
City or town, state or province, country, and ZIP or foreign postal code Los Altos, CA 94024-4715		C If exemption application is pending, check here <input type="checkbox"/>
G 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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 5,925,155.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	80,000.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	14,727.	14,727.		
4 Dividends and interest from securities	72,469.	72,469.		
5a Gross rents				
b Net rental income or (loss) _____				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a _____				
7 Capital gain net income (from Part IV, line 2)		20.		
8 Net short-term capital gain			20.	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold.				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)	12,416.	12,416.		
12 Total. Add lines 1 through 11	179,612.	99,632.	20.	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.				
14 Other employee salaries and wages.				
15 Pension plans, employee benefits.				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)				
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see instructions)	23.			
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)	2,600.			
24 Total operating and administrative expenses. Add lines 13 through 23	2,623.			
25 Contributions, gifts, grants paid	248,000.			248,000.
26 Total expenses and disbursements. Add lines 24 and 25	250,623.			248,000.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-71,011.			
b Net investment income (if negative, enter -0-).		99,632.		
c Adjusted net income (if negative, enter -0-).			20.	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year		End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1 Cash – non-interest-bearing				
	2 Savings and temporary cash investments	1,007,962.	953,174.	953,174.	
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶				
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments – U.S. and state government obligations (attach schedule)	2,916,407.	2,686,881.	2,686,881.	
	b Investments – corporate stock (attach schedule)	2,153,816.	2,225,100.	2,225,100.	
	c Investments – corporate bonds (attach schedule)				
	11 Investments – land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶				
	12 Investments – mortgage loans				
	13 Investments – other (attach schedule)	123,397.	60,000.	60,000.	
	14 Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶				
15 Other assets (describe ▶ _____)					
16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	6,201,582.	5,925,155.	5,925,155.		
Liabilities	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe ▶ _____)				
	23 Total liabilities (add lines 17 through 22)				
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. ▶ <input type="checkbox"/>				
	24 Net assets without donor restrictions				
	25 Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. ▶ <input checked="" type="checkbox"/>				
	26 Capital stock, trust principal, or current funds				
	27 Paid-in or capital surplus, or land, bldg., and equipment fund				
	28 Retained earnings, accumulated income, endowment, or other funds	6,201,582.	5,925,155.		
29 Total net assets or fund balances (see instructions)	6,201,582.	5,925,155.			
30 Total liabilities and net assets/fund balances (see instructions)	6,201,582.	5,925,155.			

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	6,201,582.
2 Enter amount from Part I, line 27a	2	-71,011.
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3.	4	6,130,571.
5 Decreases not included in line 2 (itemize) ▶ See attached	5	205,416.
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	5,925,155.

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.)
1a FIGXX short-term cap gain distrib.		P	01/01/2021	12/01/2021
b				
c				
d				
e				
(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)	
a 20.			20.	
b				
c				
d				
e				
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))	
a			20.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		20.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):		{ If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8. }		20.

Part V 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)		}	1	1,385.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	
3 Add lines 1 and 2			3	1,385.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			4	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5	1,385.
6 Credits/Payments:				
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	1,500.		
b Exempt foreign organizations—tax withheld at source	6b			
c Tax paid with application for extension of time to file (Form 8868)	6c			
d Backup withholding erroneously withheld	6d			
7 Total credits and payments. Add lines 6a through 6d			7	1,500.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.			8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10	115.
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax 100. Refunded			11	15.

Part VI-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
1c	Did the foundation file Form 1120-POL 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. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
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 Form 990-T for this year?		
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 XIV	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ CA		
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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ wakerly.org/WFF	X	
14	The books are in care of ▶ John F. Wakerly Telephone no. ▶ (650)968-9057 Located at ▶ c/o 24581 Summerhill Ct Los Altos, CA ZIP+4 ▶ 94024-4715		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
16	At any time during calendar year 2021, 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 ▶		X

Part VI-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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?	1a(5)	X
(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.)	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1b	
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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 2021?	1d	X
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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years <input type="checkbox"/> _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <input type="checkbox"/> _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 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 2021.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2021?	4b	X

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
John F Wakerly c/o 24581 Summerhill Ct Los Altos, CA 94024	Pres. & Chair 02.50	0.		
Regina M Rich c/o 24581 Summerhill Ct Los Altos, CA 94024	Vice Pres & Secy. 02.00	0.		
Ralph T Wakerly c/o 24581 Summerhill Ct Los Altos, CA 94024	Treasurer 02.00	0.		
Michael J Wakerly c/o 24581 Summerhill Ct Los Altos, CA 94024	Board Mem. 01.00	0.		

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

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

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

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

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1-5: NONE. Total number of others receiving over \$50,000 for professional services.

Part VIII-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activities, Expenses. Rows 1-4 for listing activities.

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

Table with 2 columns: Description of investments, Amount. Rows 1-3 for listing investments. Total. Add lines 1 through 3.

Part IX 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	2,175,181.
b	Average of monthly cash balances	1b	3,844,402.
c	Fair market value of all other assets (see instructions)	1c	112,925.
d	Total (add lines 1a, b, and c)	1d	6,132,508.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d.	3	6,132,508.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	91,988.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	6,040,520.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	302,026.

Part X 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 IX, line 6	1	302,026.
2a	Tax on investment income for 2021 from Part V, line 5	2a	1,385.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	0.
c	Add lines 2a and 2b	2c	1,385.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	300,641.
4	Recoveries of amounts treated as qualifying distributions.	4	0.
5	Add lines 3 and 4	5	300,641.
6	Deduction from distributable amount (see instructions).	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	300,641.

Part XI 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	248,000.
b	Program-related investments – total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	248,000.

Part XII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1	Distributable amount for 2021 from Part X, line 7				300,641.
2	Undistributed income, if any, as of the end of 2021:				
a	Enter amount for 2020 only.				
b	Total for prior years: _____				
3	Excess distributions carryover, if any, to 2021:				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020 105,952.				
f	Total of lines 3a through e	105,952.			
4	Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 248,000.				
a	Applied to 2020, but not more than line 2a.				
b	Applied to undistributed income of prior years (Election required - see instructions)				
c	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2021 distributable amount				194,689.
e	Remaining amount distributed out of corpus	53,311.			
5	Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	105,952.			105,952.
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.	53,311.			
b	Prior years' undistributed income. Subtract line 4b from line 2b				
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d	Subtract line 6c from line 6b. Taxable amount - see instructions				
e	Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instructions				
f	Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022.				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8	Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	53,311.			
10	Analysis of line 9:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021 53,311.				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

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 2021, 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		Prior 3 years		(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . .					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, 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 IX, 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 XIV 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).)

John F Wakerly

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

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

a The name, address, and telephone number or 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:
See foundation website for details

c Any submission deadlines:
See foundation website for details

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

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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
a <i>Paid during the year</i>				
Humanitarian Service Project 465 Randy Road Carol Stream, IL 60188			Ongoing social programs	10,000.
Marquette University P.O. Box 1881 Milwaukee, WI 53233			Engr Outreach fund	30,000.
Northern IL Food Bank 273 Dearborn Court Geneva, IL 60134			Food for needy	22,000.
Ozaukee Family Services 885 Badger Cir Grafton, WI 53024			Mental health svcs	10,000.
Providence St Mel School 119 South Central Park Boulevard Chicago, IL 60624			At-risk students	10,000.
Chicago Lights 126 E. Chestnut St. Chicago, IL 60611			Social Svcs Center	15,000.
Sustainable Living Fndtn 156 Marvin Ave Los Altos, CA 94022			African relief	10,000.
PEARLS for Teen Girls 1805 N. Martin Luther King Jr Dr Milwaukee, WI 53212			Mental Health	10,000.
Total				3a 248,000.
b <i>Approved for future payment</i>				
Total				3b

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

Table with columns for questions (1, a, b, c, d) and Yes/No columns. Includes sub-questions for transfers of cash, other assets, and other transactions.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2 a 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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee, Date, President Title.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2021

Table with 2 columns: Name of the organization (Wakerly Family Foundation) and Employer identification number (77-0441943)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [] 501(c)() (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [x] 501(c)(3) exempt private foundation [] 4947(a)(1) nonexempt charitable trust treated as a private foundation [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [x] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test... [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

Wakerly Family Foundation

77-0441943

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	John Wakerly 24581 Summerhill Ct Los Altos, CA 94024-4715	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Wakerly Family Foundation	Employer identification number 77-0441943
--	---

Part II **Noncash** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization

Wakerly Family Foundation

Employer identification number

77-0441943

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

Form 990-PF Taxes Expenses

Supporting Details for Form 990-PF, Part I, Line 18

(a) Description	(b) Revenue and expenses per books	(c) Net investment income	(d) Adjusted net income	(e) Disbursement for charitable purpose
Misc from records	23.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.

0.

Name of organization
Wakerly Family Foundation

Employer identifying number
77-0441943

Form 990-PF Other Expenses

Supporting Details for Form 990-PF, Part I, Line 23

(a) Description	(b) Revenue and expenses per books	(c) Net investment income	(d) Adjusted net income	(e) Disbursement for charitable purpose
Amortization	0.	0.	0.	0.
MEIH13 from K-1 line 13	2,600.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.

Form 990-PF Amortization

Supporting Details for Form 990-PF, Part I, Line 23

(a) Description	(b) Date Acquired, Completed, or Expended	(c) Amount Amortized	(d) Deduction for Prior Years	(e) Amortization Period	(f) Current Year Amortization	(g) Net Investment Income	(h) Adjusted Net Income	(i) Total Amount of Amortization
			09/19/22	03:45PM				

0.	0.0.000000	0.	0.	0.	0.
0.	0.0.000000	0.	0.	0.	0.
0.	0.0.000000	0.	0.	0.	0.
0.	0.0.000000	0.	0.	0.	0.
0.	0.0.000000	0.	0.	0.	0.
0.	0.0.000000	0.	0.	0.	0.
0.	0.0.000000	0.	0.	0.	0.
0.	0.0.000000	0.	0.	0.	0.
0.	0.0.000000	0.	0.	0.	0.
0.	0.0.000000	0.	0.	0.	0.
0.	0.0.000000	0.	0.	0.	0.

0.

Form 990-PF Balance Sheet

Supporting Details for Form 990-PF, Part II, Line 13

Investments - Other

(a) Description	(b) Listed at Cost	(c) Listed at FMV	(b) End of Year Book Value	(c) End of Year Fair Market
BRHS PRI loan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60,000.	60,000.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.
	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.

0.

Name of organization Wakerly Family Foundation	Employer identifying number 77-0441943
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Form 990-PF Analysis of Changes

Supporting Details for Form 990-PF, Part III, Lines 3 and 5

Other Increases

3 Other increases not included in line 2 (itemize)	Amount
Description	

Other Decreases

5 Decreases not included in line 2 (itemize)	Amount
Description	
Decrease unrlzd cap gain	205,416.

Form 990 (2021)

Name of organization
Wakerly Family Foundation

Employer identifying number
77-0441943

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address of each employee paid more than \$50,000	(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
5 Susanne D Robertson c/o 24581 Summerhill Ct Los Angeles, CA 90024	Board Mem. 1.500000	0.	0.	0.
6 Marie Hoy c/o 24581 Summerhill Ct Los Angeles, CA 90024	Board Mem. 1.000000	0.	0.	0.
7	0.000000	0.	0.	0.
8	0.000000	0.	0.	0.
9	0.000000	0.	0.	0.
10	0.000000	0.	0.	0.
11	0.000000	0.	0.	0.
12	0.000000	0.	0.	0.
13	0.000000	0.	0.	0.
14	0.000000	0.	0.	0.
15	0.000000	0.	0.	0.
16				

	0.000000	0.	0.	0.
17	0.000000	0.	0.	0.
18	0.000000	0.	0.	0.
19	0.000000	0.	0.	0.
20	0.000000	0.	0.	0.
21	0.000000	0.	0.	0.
22	0.000000	0.	0.	0.
23	0.000000	0.	0.	0.
24	0.000000	0.	0.	0.
25	0.000000	0.	0.	0.
26	0.000000	0.	0.	0.
27	0.000000	0.	0.	0.
28	0.000000	0.	0.	0.
29	0.000000	0.	0.	0.

0.

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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
a Paid during the year				
Neighborhood House 2819 W. Richardson Place Milwaukee, WI 53208			Int'l Learning Program	10,000.
Cristo Rey Jesuit HS 1852 West 22nd Place Chicago, IL 60608			Financial aid awards	16,000.
ABCD Inc 5775 N. Glen Park Rd, Ste 201 Milwaukee, WI 53209			Breast cancer patient support	50,000.
Sacred Heart Med Ctr Fdtn 123 International Way Springfield, OR 97477			Courageous Kids pgm	5,000.
Bear Necessities 55 W. Wacker Drive Ste 1100 Chicago, IL 60601			Pediatric cancer patient support	25,000.
Br. Rice HS 10001 S Pulaski Rd Chicago, IL 60655			Scholarship program	25,000.
Total				3a
b Approved for future payment				
Total				3b