

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



6m 990-PF

Return of Private Foundation

OMB No 1545-0052

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2011 or tax year beginning Name of foundation A Employer identification number PETER & STACY HOCHFELDER CHARITABLE FOUNDATION, INC. 13-3799164 Number and street (or P O box number if mail is not delivered to street address) B Telephone number LINCOLN LANE 212-681-9797 City or town, state, and ZIP code C If exemption application is pending, check he PURCHASE, NY 10577 Initial return G Check all that apply Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization X Section 501(c)(3) exempt private foundation E If private foundation status was terminated ☐ Section 4947(a)(1) nonexempt charitable trust
 ☐ Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J | Accounting method Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ▶\$ 307. (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) expenses per books income ıncome 251,319 Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments STATEMENT 4. 4. 3 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Revenue b Gross sales price for all assets on line 6a 0. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 251 323 4 . 0. 12 Total. Add lines 1 through 11 0 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Administrative Expenses 16a Legal fees b Accounting fees c Other professiona Q 1 4 2012 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings and 22 Printing and publications 0 STMT 2 25. 0 О. Operating 23 Other expenses 24 Total operating and administrative 25 0. 0 expenses. Add lines 13 through 23 О. 251 753 251 753. Contributions, grfts, grants paid 26 Total expenses and disbursements. 0 0 251,778 251,753. Add lines 24 and 25 27 Subtract line 26 from line 12

c Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see instructions.

8 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

0.

-455

4

| FOI | INID | ידי ע | TON | • | INC. |
|-----|------|-------|-----|---|------|

13-3799164

Page 2

| Part | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | year |
|------------------|--|---|--|--------------------------|
| Pari | Column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash - non-interest-bearing | | | |
| 2 | Savings and temporary cash investments | 762. | 307. | 307. |
| 3 | Accounts receivable | | | |
| | Less allowance for doubtful accounts | | | |
| 4 | Pledges receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| 5 | | | _ | |
| 6 | 6 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| " | disqualified persons | | | |
| , | Other notes and loans receivable | , | | rm |
| ' | Less allowance for doubtful accounts | · · | | |
| . . | | | | |
| 8 9 | Inventories for sale or use | | | |
| နှိ 9 | Prepaid expenses and deferred charges | | | |
| 110 | a Investments - U S and state government obligations | | | |
| | b Investments - corporate stock | | | |
| (| c Investments - corporate bonds | | | |
| 11 | Investments - land, buildings, and equipment basis | | | |
| | Less: accumulated depreciation | | | |
| 12 | Investments - mortgage loans | | | |
| 13 | Investments - other | | | • |
| 14 | Land, buildings, and equipment basis | | | |
| ŀ | Less: accumulated depreciation | | | |
| 15 | Other assets (describe | | | |
| ' | | | | |
| 16 | Total assets (to be completed by all filers) | 762. | 307. | 307. |
| _ | Accounts payable and accrued expenses | | | |
| 18 | _ | | | |
| 1 | Deferred revenue | | | |
| 19 20 21 21 21 | | | | |
| E 20 | | | | |
| 21 | Mortgages and other notes payable | | | |
| 22 | Other liabilities (describe >) | | | |
| 1 | | | _ | |
| 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| - | Foundations that follow SFAS 117, check here | | | |
| y | and complete lines 24 through 26 and lines 30 and 31. | | | , |
| or Fund Balances | Unrestricted | 762. | 307. | |
| <u>5</u> 25 | Temporarily restricted | | | |
| 26 | Permanently restricted | | | r |
| | Foundations that do not follow SFAS 117, check here | | | |
| [| and complete lines 27 through 31. | | | |
| Ö 27 | Capital stock, trust principal, or current funds | | | |
| 28 29 30 30 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | |
| Š 29 | | | | |
| 9 30 | | 762. | 307. | |
| - | | | | |
| 31 | Total liabilities and net assets/fund balances | 762. | 307. | |
| | | | | · |
| Parl | 相 Analysis of Changes in Net Assets or Fund B | alances | | |
| Tot: | al net assets or fund balances at beginning of year - Part II, column (a), line | 30 | 1 - 1 | |
| | ust agree with end-of-year figure reported on prior year's return) | | 1 | 762. |
| | | - | | -455. |
| | er amount from Part I, line 27a | | 2 | -433. |
| | er increases not included in line 2 (itemize) | | 3 | 307. |
| | I lines 1, 2, and 3 | | 4 | |
| | creases not included in line 2 (itemize) | | 5 | 0. |
| Tota | al net assets or fund balances at end of year (line 4 minus line 5) - Part II, c | olumn (b), line 30 | 6 | 307. |
| | | | | Form 990-PF (2011 |

| Gains and Losses for Tax on Investment Income | · · · · · · · · · · · · · · · · · · · | |
|---|---------------------------------------|--------|
| FOUNDATION, INC. | 13-3799164 | Page 3 |
| PETER & STACY HOCHFELDER CHARITABLE | | |

| | | sses for Tax on Inv | vestment | Income | | | | | <u> </u> | JIOT Tage 0 |
|--|-------------|---------------------------------------|----------------|------------------------------------|---------|--|-----------|---------------------|------------------------------|----------------------------------|
| | | | | | P | (b) How acquired P - Purchase D - Donation | | (c) Date (mo , c | acquired day, yr.) | (d) Date sold (mo , day, yr) |
| 1a | | | | | | | | _ | | |
| b NO | 1E | | | | | | | | | |
| C | | | | | ļ | | | | | |
| d | | | | | ļ | | | | | |
| e | | | | | Ц, | | | | | L |
| (e) Gross sales price | (f) D | epreciation allowed (or allowable) | | t or other basis xpense of sale | | _ | | (h) ((e) plu | Sain or (loss s (f) minus |) (g) |
| a | | | | | | | | | | |
| b | | | | | | | | | | |
| C | | | | | | | | | | |
| d | | | | | | | | | | |
| е | | | | | | | | | | |
| Complete only for assets showing | g gain in c | column (h) and owned by the | he foundation | on 12/31/69 | | | (| I) Gains (| Col _. (h) gain | minus |
| (i) F M V as of 12/31/69 | | i) Adjusted basis as of 12/31/69 | | cess of col (ı) col (ı), ıf any | | | cc | | not less tha (from col (| |
| a | | | | | | | | | | |
| b | | | | | | | | | | |
| C | | | | | | | | | | |
| d | | | | | | | | | | |
| е | | | | | | | | | | , , |
| 2 Capital gain net income or (net ca | nıtal loss) | If gain, also enter | | | } | 2 | | | | , |
| · - | | | | • | | | | | | |
| 3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, | | | d (6) | | } | , | | | | |
| Part V Qualification U | nder S | ection 4940(e) for | Reduced | Tax on Net | Inv | estn | ent In | come | | |
| | | | | | | | 101111111 | 000 | | |
| (For optional use by domestic private | ioungatio | ins subject to the section 4 | 940(a) tax on | net mvestment m | ICOIII | e) | | | | |
| If section 4940(d)(2) applies, leave th | is part bla | ink | | | | | | | | |
| | | | | | | | | | | Yes X No |
| Was the foundation liable for the sect | | | | • | nodo | | | | | Yes A No |
| If "Yes," the foundation does not qual | | | | | | | | - | | |
| 1 Enter the appropriate amount in 6 | ach colun | | ictions defore | making any entri | | | | | | (d) |
| Base period years | | (b) Adjusted qualifying disti | ributions | Net value of no | (C) | | uca accat | | | bution ratio |
| Calendar year (or tax year beginning | ig in) | | I | ivet value of fig | лісна | | | | (col (b) an | vided by col (c)) |
| 2010 | | | 5,711. | | | | 7,17 | | | 106.749059 |
| 2009 | - | | 1,015. | | | | 4,15 | | | 24.333548 |
| 2008 | | | 2,665. | | | | 3,57 | | | 6.539041 |
| 2007 | | | 1,930. | | | | 2,85 | | | 42.974585 |
| 2006 | | 1,170 | 0,530. | | | 3 | 3,90 | 9. | T | 34.519744 |
| 2 Total of line 1, column (d) | | | | | | | | 2 | | 215.115977 |
| 3 Average distribution ratio for the | 5-year bas | e period - divide the total o | n line 2 by 5, | or by the number | r of ye | ears | | | | |
| the foundation has been in exister | nce if less | than 5 years | | | | | | 3 | | 43.023195 |
| 4 Enter the net value of noncharitab | le-use ass | sets for 2011 from Part X, I | ıne 5 | | | | | 4 | 1 | 5,716. |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | | 245,921. |
| 6 Enter 1% of net investment incom | ne (1% of | Part I, line 27b) | | | | | | 6 | | 0. |
| 7 Add lines 5 and 6 | ٠ | | | | | | | 7 | | 245,921. |
| 8 Enter qualifying distributions from | n Part XII, | line 4 | •••• | | | | | 8 | | 251,753. |
| If line 8 is equal to or greater than See the Part VI instructions | line 7, ch | eck the box in Part VI, line | 1b, and comp | olete that part usir | ng a 1 | % tax | rate | | | |

PETER & STACY HOCHFELDER CHARITABLE FOUNDATION, INC. 13-3799164 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1 Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 0. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1% of Part I, line 27b c All other domestic foundations enter 2% 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 3 Add lines 1 and 2

| 4 | Subtilie A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only others enter -0-) | 4 | | | v |
|----|--|------|----|----------|----|
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | 0 |
| 6 | Credits/Payments | | | | |
| а | 2011 estimated tax payments and 2010 overpayment credited to 2011 6a | | | | |
| t | Exempt foreign organizations - tax withheld at source | | | | |
| 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 | | | 0 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here 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 | | | |
| 11 | Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ | 11 | | | |
| Pe | rt VII-A Statements Regarding Activities | | | | |
| 18 | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | 1 | T | Yes | No |
| | any political campaign? | | 1a | | X |
| t | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | f or | | | |
| | distributed by the foundation in connection with the activities. | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | 10 | | X |
| C | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | |
| | (1) On the foundation ▶ \$ 0 • (2) On foundation managers ▶ \$ 0 • | | | | |
| 6 | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| | managers ► \$ 0 . | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | | |
| 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 | | 3 | <u> </u> | X |
| 48 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| t | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | |
| | Ry language in the governing instrument or | | | - | 1 |

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

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)

year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresse

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

8b

X

Form 990-PF (2011)

remain in the governing instrument?

If "Yes," complete Part II, col. (c), and Part XV.

7 Did the foundation have at least \$5,000 in assets at any time during the year?

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

(a) Name and address of each employee paid more than \$50,000

NONE

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans and deterred compensation

(e) Expense account, other allowances

NONE

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

Form 990-PF (2011)

| Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued) | ition wanagers, nigniy | |
|--|------------------------|------------------|
| 3 Five highest-paid independent contractors for professional services. If none, enter | r "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | 1 | ▶ 0 |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | · | ▶ 0 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers proc | | Expenses |
| 1 NONE | | |
| | | 0. |
| 2 | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on 1 NOT APPLICABLE | lines 1 and 2 | Amount |
| 1001 111 111 111 111 111 111 111 111 11 | | |
| 2 | | 0. |
| | | |
| All other program-related investments. See instructions 3 NONE | | |
| | | 0. |
| Total. Add lines 1 through 3 | | 0. |

| For | m 990-PF(2011) FOUNDATION, INC. | 13-3799164 | Page 8 |
|-----------|---|----------------------------|-------------------|
| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou | ndations, 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 | 0. |
| b | Average of monthly cash balances | 1b5 | ,803. |
| C | Fair market value of all other assets | 10 | |
| d | Total (add lines 1a, b, and c) | 1d 5 | 803. |
| 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 | , 803. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 87. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 716. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 286. |
| P | pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.) | 1 | 286. |
| 1 | Minimum investment return from Part X, line 6 | 1 | 200. |
| 2a | Tax on investment income for 2011 from Part VI, line 5 | 4 1 | |
| b | Income tax for 2011 (This does not include the tax from Part VI) | 4 _ 1 | 0 |
| C | Add lines 2a and 2b | 2c | <u>0.</u> 286. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | <u>0.</u> 286. |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. 286. |
| <u>7_</u> | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 280. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a 251 | L , 753. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 251 | L , 753. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |

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

Form **990-PF** (2011)

income Enter 1% of Part I, line 27b

6 Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2010 | (c) 2010 | (d) 2011 |
|--|---|---------------------------------------|--|--|
| Distributable amount for 2011 from Part XI, line 7 | | | | 286. |
| 2 Undistributed income, if any, as of the end of 2011 | | | | 2000 |
| a Enter amount for 2010 only | | | 0. | |
| b Total for prior years | ····· | | | |
| 2009 2008 2007 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2011 | | | *************************************** | |
| a From 2006 1,168,836. | | | | |
| b From 2007 1,410,287. | | | | |
| c From 2008 736,987. | | | | |
| d From 2009 829,307. | | | | |
| e From 2010 765, 352. | | | | |
| f Total of lines 3a through e | 4,910,769. | | | |
| 4 Qualifying distributions for 2011 from | ************************************** | , | | |
| Part XII, line 4 ► \$ 251,753. | | | | |
| a Applied to 2010, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | *************************************** | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2011 distributable amount | *** | | ······································ | 286. |
| e Remaining amount distributed out of corpus | 251,467. | | , ., | |
| Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| | 5,162,236. | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 3,102,230. | · · | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | | |
| | | U • | ' (. ' l l l l | H.,,,'I,H.,,,,I,H. |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | ///////////////////////////////////// |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2010 Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2011 Subtract | i ' Innii | ,,-,,, <u>+-</u> ' | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2012 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2006 | - "" | | ······ | , |
| not applied on line 5 or line 7 | 1,168,836. | | , | |
| 9 Excess distributions carryover to 2012. | • | | | |
| Subtract lines 7 and 8 from line 6a | 3,993,400. | | | |
| 10 Analysis of line 9 | *************************************** | · · · · · · · · · · · · · · · · · · · | ************************************* | · |
| a Excess from 2007 1,410,287. | | | • | |
| b Excess from 2008 736,987. | | | | |
| c Excess from 2009 829, 307. | | | , | |
| d Excess from 2010 765, 352. | | | | |
| B Excess from 2011 251, 467. | | | | ` |

Form **990-PF** (2011)

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

FOUNDATION, INC. Page 11 Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or contribution show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE PUBLIC CHARITY GENERAL CHARITABLE AISH HATORAH 50,000. AMERICAN CANCER SOCIETY NONE PUBLIC CHARITY GENERAL CHARITABLE 1,000. AMERICAN FRIENDS OF SHALVA NONE PUBLIC CHARITY GENERAL CHARITABLE 8,500. CEJP NONE PUBLIC CHARITY GENERAL CHARITABLE 25,000. CHALLENGED ATHLETES FOUNDATION NONE PUBLIC CHARITY GENERAL CHARITABLE 3,500. SEE CONTINUATION SHEET(S) ▶ 3a 251,753. Total b Approved for future payment NONE

▶ 3b

٥.

Total

FOUNDATION, INC.

| | Unrelated | business income | | d by section 512, 513, or 514 | (e) |
|---|-----------------------------------|-----------------------|-----------------------|-------------------------------|------------------|
| ter gross amounts unless otherwise indicated | (a) Business | (b) | (C) Exclu- sion | (d) | Related or exemp |
| Program service revenue: | code | Amount | code | Amount | function income |
| l | | | | | |
|) | | | | <u></u> | |
| : | | | | | |
| 1 | | | | | |
| · | | | | | |
| | | | | | |
| Fees and contracts from government ago | encies . | | | | |
| Membership dues and assessments | | | \perp | | |
| nterest on savings and temporary cash | | | | | |
| nvestments . | | | 14 | 4. | |
| Dividends and interest from securities | | | | | |
| Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| Not debt-financed property | | | | | |
| Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| Other investment income | | | | | |
| Gain or (loss) from sales of assets other | | | | | |
| han inventory | | | | | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventor | у | | _ | | |
| Other revenue | | | | | |
| a | | | \perp | | |
| b | | | | | |
| C | | | | | |
| d | | | 1 1 | | |
| e | | | | | |
| Subtotal Add columns (b), (d), and (e) | | |) . | 4. | |
| Total. Add line 12, columns (b), (d), and (e) | | | | 13 | |
| a consideration and an all and a construction of the construction | calculations) | | | | |
| worksneet in line 13 instructions to verify | A -41-141 4- 4b A | mplishment of | Exempt | Purposes | |
| | activities to the acco | | | • | |
| ert XVI-B Relationship of | | | | | |
| ne No. Explain below how each activity | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of Anne No. Explain below how each activity the foundation's exempt purpo | | column (e) of Part XV | I-A contribu | ted importantly to the accomp | plishment of |
| Relationship of Anne No. Explain below how each activity | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of A Explain below how each activity the foundation's exempt purpo | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of A Explain below how each activity the foundation's exempt purpo | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of A Explain below how each activity the foundation's exempt purpo | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of A Explain below how each activity the foundation's exempt purpo | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of A Explain below how each activity the foundation's exempt purpo | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of A Be No. Explain below how each activity the foundation's exempt purpo | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of Anne No. Explain below how each activity the foundation's exempt purpo | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of Anne No. Explain below how each activity the foundation's exempt purpo | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of Anne No. Explain below how each activity the foundation's exempt purpo | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of A Explain below how each activity the foundation's exempt purpo | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of A Explain below how each activity the foundation's exempt purpo | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |
| Relationship of A Be No. Explain below how each activity the foundation's exempt purpo | y for which income is reported in | column (e) of Part XV | I-A contribu | ted importantly to the accom | plishment of |

Form 990-PF (2011)

| Part XVII | Information Re Exempt Organi | - | sfers To a | ind Transactions a | and Relations | ships With Non | charitable | В | |
|---|---|---------------------------|---------------------|---------------------------------------|------------------------|---------------------------------------|---|------------|-------|
| 1 Did the or | | | of the following | g with any other organization | on described in sec | tion 501/c) of | | Yes | No |
| | | | | 7, relating to political organ | | | | | 110 |
| | from the reporting founda | | | | | | | | |
| (1) Cash | irom the reporting reams. | tion to a nononama. | one concerning on g | ,55 | | | . 1a(1) | 1 | Х |
| (2) Other | assets | | | | | • | 1a(2) | | X |
| b Other tran | | | | • | • | | | | |
| | of assets to a noncharital | hle exempt organizat | ion | | | | 16(1) | [] | Х |
| • • | ases of assets from a nor | . • | | - | | | 1b(2) | | Х |
| | l of facilities, equipment, | | | - | • | | 1b(3) | | X |
| • • | oursement arrangements | | | • | | | 1b(4) | | X |
| • • | or loan guarantees | | | | | | 1b(5) | | Х |
| | rmance of services or me | mbership or fundrais | sing solicitatio | ns | • | | 1b(6) | _ | X |
| • • | facilities, equipment, mai | | - | | | | 10 | | Х |
| - | | - | | dule Column (b) should alv | wavs show the fair | market value of the or | L | sets. | |
| or service: | s given by the reporting fo | oundation If the foun | ndation receive | ed less than fair market valu | - | | | | |
| |) the value of the goods, (b) Amount involved | | | avamet arganization | (d) 0 | | | | |
| (a) Line no | (b) Amount involved | (C) Name of | N/A | exempt organization | (u) Description | on of transfers, transaction | s, and shanng ar | rangeme | nts |
| | | | IV/A | | | | | | |
| | | | | | | | | | |
| | | | | | - | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| - | | | | | | | | | |
| | | - | | | | | | | |
| | | | | | | | | | |
| | | | | | | | – | | |
| | | | <u> </u> | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | - | | | |
| | | | | | | | | | |
| - | | | | | | | | | |
| | ndation directly or indirect 501(c) of the Code (other | • | | or more tax-exempt organi ion 527? | izations described | | Yes | X | □ No |
| b If "Yes," co | emplete the following scho | | | | 1 | | | | |
| | (a) Name of org | anization | | (b) Type of organization | | (c) Description of rel | ationship | | |
| | N/A | | | | | | ·· -· · · · · · · · · · · · · · · · · · | | |
| | <u> </u> | | | | | | | | |
| | | | | | - | | | | |
| . | | | | | | | | | |
| Under | penalties of persury. I declare | that I have examined this | s return, includin | g accompanying schedules and | statements, and to the | e hest of my knowledge | | | |
| and be | | | | taxpayer) is based on all inform | | | May the IRS return with the | te prepar | rer |
| Sign Here | , ly to XV | | | X5/9/12 | PRESI | DENT | shown below | / (see ins | itr)? |
| * | nature of officer or trustee | | | Date | Title | DENI | _ X Yes | · | ⊔ No |
| | Print/Type preparer's na | | Preparer's s | | Date | Check If | PTIN | | |
| | , and type property 3 lie | | ,, | | | self- employed | | | |
| Paid | MICHAEL OA | TES | | | 5/1/12 | | P00185 | 106 | |
| Preparer | Firm's name ► ROT | | SS | | 131 (110 | Firm's EIN ► 22 | | | |
| Use Only | Thin s hains F 101 | | | | | TIMES CIN P ZZ | | | |
| Jing | Firm's address ▶ 4 | BECKER FA | RM ROA | D | | | | | |
| | I . | SELAND, N | | | | Phone no 95 | 73-994- | -666 | 6 |
| | ı RO | | <u> </u> | - | | Ti none no Di | Form 99 0 | | |
| | | | | | | | | 1 | / |

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient GREATER NYC AFFILIATE OF SUSAN G. NONE PUBLIC CHARITY GENERAL CHARITABLE 500. KOMEN HARLEM VILLAGE ACADEMIES NONE PUBLIC CHARITY GENERAL CHARITABLE 10,000. HARRISON POLICE ASSOCIATION NONE PUBLIC CHARITY GENERAL CHARITABLE 300. HELP FUNDING INC. NONE PUBLIC CHARITY GENERAL CHARITABLE 3,800. HOPE FOR HEROISM NONE PUBLIC CHARITY GENERAL CHARITABLE 22,251. MEOR NONE PUBLIC CHARITY GENERAL CHARITABLE 1,000. MEOR MAIMONIDES OF GREATER NONE PUBLIC CHARITY GENERAL CHARITABLE **PHILADELPHIA** 1,800. NATIONAL TAY-SACHS & ALLIED DISEASES NONE PUBLIC CHARITY GENERAL CHARITABLE ASSOCIATION 5,000. NEW YORK-PRESBYTERIAN FUND, INC. NONE PUBLIC CHARITY GENERAL CHARITABLE 250. OLD OAKS FOUNDATION NONE PUBLIC CHARITY GENERAL CHARITABLE 1,800. Total from continuation sheets 163,753.

| Part XV Supplementary Information | | | <u> </u> | |
|--|--|----------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | |
| | | | | |
| PROJECT SUNSHINE | none | PUBLIC CHARITY | GENERAL CHARITABLE | 500. |
| | | | | |
| SHAARE ZEDEK MEDICAL CENTER JERUSALEM | NONE | PUBLIC CHARITY | GENERAL CHARITABLE | 600. |
| | | | | |
| SOLOMON SCHECHTER EDUCATION FUND | NONE | PUBLIC CHARITY | GENERAL CHARITABLE | 25,080. |
| | | | | |
| SOLOMON SCHECHTER OF WESTCHESTER | NONE | PUBLIC CHARITY | GENERAL CHARITABLE | 30,000. |
| | | | | |
| THE ALS ASSOCIATION- GREATER NY CHAPTER | NONE | PUBLIC CHARITY | GENERAL CHARITABLE | 500. |
| THE BREAST CANCER RESEARCH FOUNDATION | NONE | PUBLIC CHARITY | GENERAL CHARITABLE | 2,500. |
| | | | | 2,500. |
| THE JACK MARTIN FUND | none | PUBLIC CHARITY | GENERAL CHARITABLE | 2,000. |
| | | | | |
| THE LEUKEMIA & LYMPHOMA SOCIETY | NONE | PUBLIC CHARITY | GENERAL CHARITABLE | 500. |
| | | | | |
| THE MAX CURE FOUNDATION | NONE | PUBLIC CHARITY | GENERAL CHARITABLE | 1,000. |
| | | | | |
| TOTAL from continuation sheets | NONE | PUBLIC CHARITY | GENERAL CHARITABLE | 2,500. |
| TOTAL HOLLI CONTINUATION SHOOTS | • | | <u> </u> | |

PETER & STACY HOCHFELDER CHARITABLE FOUNDATION, INC.

13-3799164

| Part XV Supplementary Information | on | | | |
|--|--|----------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the | | , | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| UJA - FEDERATION OF NEW YORK | NONE | PUBLIC CHARITY | GENERAL CHARITABLE | 50,800. |
| | | | | |
| UW HILLEL | NONE | PUBLIC CHARITY | GENERAL CHARITABLE | 72. |
| | | | | ,,,, |
| YOUTH RENEWAL FUND | NONE | PUBLIC CHARITY | GENERAL CHARITABLE | 1,000. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total from continuation sheets | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization

PETER & STACY HOCHFELDER CHARITABLE FOUNDATION, INC.

Employer identification number

13-3799164

| Organiz | ation type (check or | ıe): | | | | |
|------------|--|--|--|--|--|--|
| Filers of: | | Section: | | | | |
| Form 99 | 0 or 990-EZ | 501(c)() (enter number) organization | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | | 527 political organization | | | | |
| Form 99 | 0-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 | | | | |
| | nly a section 501(c)(| covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | |
| C==1 | | filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II. | | | | |
| Special | Rules | | | | | |
| | 509(a)(1) and 170(b |)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | |
| | total contributions |)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III. | | | | |
| | contributions for us If this box is checked purpose. Do not co | (7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. and, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions of \$5,000 or more during the year. | | | | |
| but it mu | ust answer "No" on | at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

PETER & STACY HOCHFELDER CHARITABLE

13-3799164

Employer identification number

FOUNDATION, INC.

Part | 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 | PETER AND STACY HOCHFELDER 2 LINCOLN LANE PURCHASE, NY 10577 | \$\$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Omnicash Omnicash (Complete Part II if there is a noncash contribution.) |
| 1 (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u></u> | | \$ | Person Payroll Omnicash Complete Part II if there is a noncash contribution.) |
| | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Name of organization
PETER & STACY HOCHFELDER CHARITABLE
FOUNDATION, INC.

Employer identification number

13-3799164

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

| art II | Noncash Property (see instructions). Use duplicate copies of Pal | π II π additional space is needed. | |
|------------------------------|--|--|----------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | 990, 990-EZ, or 990-PF) (2 |

| lame of orga | | | Employer identification number | | | |
|---------------------------|--|---|---|--|--|--|
| | & STACY HOCHFELDER CHAITION, INC. | RITABLE | | 13-3799164 | | |
| Part III | Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional | idual contributions to section 501(i e following line entry. For organizati c, contributions of \$1,000 or less fo al space is needed. | c)(7), (8), or (10) organizat ons completing Part III, ente r the year (Enter this information or | ions that total more than \$1,000 for the er | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | scription of how gift is held | | |
| | | | | | | |
| | | (e) Transfer of gi | ft | | | |
| - | Transferee's name, address, ar | ad ZIP + 4 | Relationship of to | ransferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | scription of how gift is held | | |
| | | | | | | |
| | | (e) Transfer of gi | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of ti | ransferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) De: | scription of how gift is held | | |
| | | (e) Transfer of gi | ft | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of to | ransferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) De | scription of how gift is held | | |
| | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | |
| | Transferee's flame, address, at | IU ZIF T 4 | neiationship of t | ransieror to transferee | | |
| | | | | | | |

| FORM 990-PF INTEREST ON SAV | INGS AND TEM | PORARY CASH IN | NVESTMENTS S | TATEMENT | 1 |
|------------------------------------|------------------------------|-----------------------------------|-------------------------------|----------------------------|----------|
| SOURCE | | | | AMOUNT | |
| FIRST REPUBLIC BANK MORGAN STANLEY | | | _ | | 3. 1. |
| TOTAL TO FORM 990-PF, PART I | , LINE 3, CO | LUMN A | _ | | 4. |
| FORM 990-PF | OTHER EXPENSES | | | TATEMENT | 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITAI PURPOSI | |
| FILING FEES | 25. | 0. | 0. | - | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 25. | 0. | 0. | | 0. |
| FORM 990-PF | PART XV - L | INE 1A | S | STATEMENT | |

NAME OF MANAGER

PETER HOCHFELDER STACY HOCHFELDER