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OMB No 1545-0052

2016

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| For | caler | ndar year 2016, or tax year beginning 01-01-20 |)16 , aı | nd er | nding 12-31- | 2016 | |
|---------------------------------------|----------|---|------------------------------|----------|------------------------|---|----------------------------------|
| | | indation FAMILY FOUNDATION | | | A Employer Id | entification numbe | er |
| | | R PECKHAM | | | 14-1814765 | | |
| | | d street (or P O box number if mail is not delivered to street address) | Room/suite | | B Telephone nu | mber (see instructio | ns) |
| 25 | OLD A | ISPETONG ROAD | | | (914) 949-2000 | | • |
| | | i, state or province, country, and ZIP or foreign postal code NY 10536 | | | <u> </u> | application is pendin | a check here |
| NATO | JINAH, I | VI 10330 | | | C II exemption | application is penalii | ▶ L |
| G Ch | neck al | I that apply Initial return Initial return of a | former public charity | | D 1. Foreign or | ganızatıons, check h | ere 🕨 🗀 |
| | | ☐ Final return ☐ Amended return | | | | rganizations meeting k here and attach co | |
| | | Address change Name change | | |] | undation status was t | · _ |
| _ | | pe of organization \checkmark Section 501(c)(3) exempt private | | | | n 507(b)(1)(A), chec | |
| | | n 4947(a)(1) nonexempt charitable trust Ll Other taxable | • | | _ | | |
| | | From Part II col (c) | ✓ Cash ☐ Accru | ıal | | ation is in a 60-mont n 507(b)(1)(B), ched | |
| | | \$ 5,255,342 | be on cash basis) | | | | |
| | | | Ι | 1 | | | les e |
| Pa | rt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily | (a) Revenue and expenses per | (b) | Net investment | (c) Adjusted net | (d) Disbursements for charitable |
| | | equal the amounts in column (a) (see instructions)) | books | | income | ıncome | purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach | 1,240,000 | | | | |
| | | schedule) | | | | | |
| | 2 | Check ► ☐ If the foundation is not required to attach | | | | | |
| Revenue | 3 | Sch B | | | | | |
| | 4 | Dividends and interest from securities | 90,661 | | 90,661 | | |
| | 5a | Gross rents | , | | , | | |
| | ь | Net rental income or (loss) | | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 98,160 | | | | |
| | ь | Gross sales price for all assets on line 6a98,160 | | | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | | 98,160 | | |
| | 8 | Net short-term capital gain | | | | | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | b | Less Cost of goods sold | | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | |
| | 12 | Total. Add lines 1 through 11 | 1,428,821 | | 188,821 | | |
| | 13 | Compensation of officers, directors, trustees, etc | С | | 0 | | (|
| | 14 | Other employee salaries and wages | | | | | |
| es | 15 | Pension plans, employee benefits | | | | | |
| en S | 16a | Legal fees (attach schedule) | | | | | |
| Operating and Administrative Expenses | b | Accounting fees (attach schedule) | 6,500 | | 3,250 | | 3,250 |
| e E | С | Other professional fees (attach schedule) | | | | | |
| ⋛ | 17 | Interest | | | | | |
| Str | 18 | Taxes (attach schedule) (see instructions) | 4,550 | | 1,083 | | (|
| Ē | 19 | Depreciation (attach schedule) and depletion | | | | | |
| £ E | 20 | Occupancy | | | | | |
| 5 | 21 | Travel, conferences, and meetings | schedule) (see instructions) | | | | |
| 듭 | 22 | rest | | | | | |
| E | 23 | Other expenses (attach schedule) | al fees (attach schedule) | 250 | | | |
| rat | 24 | Total operating and administrative expenses. | | | | | |
| 8 | | Add lines 13 through 23 | 11,300 | - | 4,333 | | 3,500 |
| J | 25 | Contributions, gifts, grants paid | 369,498 | | | | 369,498 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 380,798 | | 4,333 | | 372,998 |
| | 27 | Subtract line 26 from line 12 | 350,730 | | 1,000 | | 3,2,330 |
| | a | Excess of revenue over expenses and | 1,048,023 | | | | |
| | h | disbursements Net investment income (if negative, enter -0-) | | | 184,488 | | |
| | ь | Adjusted net income (if negative, enter -0-) | | | 104,400 | | |
| | C | Adjusted Het Income(II negative, enter -0-) | | <u> </u> | 0 N 44000 | <u> </u> | 000 PF (2215 |

4,938,525

4,938,525

4,938,525 4,938,525

2

3

4

5 6 3,881,697

1,048,023

4,938,525

4,938,525

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8,805

3.881.697

3,881,697

3,881,697

3.881.697

5,255,342

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Unrestricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶ _

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

12

13

14

15

16

17

18

19 20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

| Page 3 |
|---------------|
| |
| |

| | (a) he kınd(s) of property sold (e g , re house, or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|--|--|---------------------------------|--|---|--|
| 1 a CAPITAL GAINS DIVIDEN | DS | | Р | | |
| ь | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| | (f) | | (g) | (| h) |
| (e) | Depreciation allowed | | other basis | | r (loss) |
| Gross sales price | (or allowable) | plus expe | ense of sale | (e) plus (f |) minus (g) |
| a 98 | 8,160 | | | | 98,160 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets | showing gain in column (h) and ow | ned by the foundation i | on 12/31/69 | , | I) |
| | (i) | | (k) | | h) gain minus |
| (i) EMV 25 05 12/21/60 | Adjusted basis | | of col (ı) | | léss than -0-) or |
| F M V as of 12/31/69 | as of 12/31/69 | over col | (j), if any | Losses (fr | om col (h)) |
| a | | | | | 98,160 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| · - | or (net capital loss) lain or (loss) as defined in sections : t I, line 8, column (c) (see instructi | | i I | 3 | 98,160 |
| Part V Qualification U | Inder Section 4940(e) for Re | duced Tax on Net | Investment In | come | |
| | rivate foundations subject to the sec | | | | |
| f section 4940(d)(2) applies, le | • | , , | | , | |
| | e section 4942 tax on the distributa t qualify under section 4940(e) Do | | ın the base period | ? \ \ \ \ \ \ \ \ \ | es 🗹 No |
| | ount in each column for each year, | | making any entrie | S | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | le-use assets | (d) Distribution rati (col (b) divided by c | |
| 2015 | 423,595 | | 3,031,765 | , , | 0 139719 |
| 2014 | 292,915 | | 2,664,691 | | 0 109925 |
| 2013 | 350,587 | | 2,338,318 | | 0 149931 |
| 2012 | 396,878 | | 2,211,901 | | 0 179428 |
| 2011 | 304,811 | | 1,972,266 | | 0 154549 |
| 2 Total of line 1, column (c | · | | 2 | | 0 733552 |
| , , | for the 5-year base period—divide | the total on line 2 by 5. | | | |
| number of years the foun | dation has been in existence if less | than 5 years | <u>3</u> | | 0 146710 |
| | ncharitable-use assets for 2016 fron | | 4 | | 4,425,477 |
| | | | 5 | | 649,262 |
| | ent income (1% of Part I, line 27b) | | 6 | | 1,845 |
| | | | 7 | | 651,107 |
| | ons from Part XII, line 4 , | | | | 372,998 |
| If line 8 is equal to or gre instructions | ater than line 7, check the box in Pa | art VI, line 1b, and com | plete that part usir | | e the Part VI orm 990-PF (2016 |

| If "Yes" to 6b, file Form 8870 | | ,, | | |
|---|---|---|--|---------------------------------------|
| , | | | | |
| 7a At any time during the tax year, was | | | ∟ Yes 💌 | No |
| b If yes, did the foundation receive an | ly proceeds or have any net in | come attributable to the | transaction? | 7b |
| Part VIII Information About C and Contractors | Officers, Directors, Trust | ees, Foundation Ma | inagers, Highly Paid En | nployees, |
| 1 List all officers, directors, trustee | es, foundation managers ar | nd their compensation | (see instructions). | |
| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| JOHN R PECKHAM | TRUSTEE | 0 | 0 | 0 |
| 29 OLD ASPETONG ROAD KATONAH, NY 10536 | 11 00 | | | |
| AMY PECKHAM | TRUSTEE | 0 | 0 | 0 |
| 29 OLD ASPETONG ROAD KATONAH, NY 10536 | 11 00 | | | |
| 2 Compensation of five highest-pair | id employees (other than t | nose included on line 1 | —see instructions). If no | ne, enter "NONE." |
| (a) Name and address of each employee pa more than \$50,000 | Title, and average hours per week (b) devoted to position | (c) Compensation | Contributions to employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE | | | | |
| | | | | |
| | | | | _ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over | er \$50,000 | | | 0 |
| | | | | Form 990-PF (2016) |
| | | | | ,/ |

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|---|--|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued) | Foundation Managers, Highly Pa | aid Employees, |
| 3 Five highest-paid independent contractors for professional service | ces (see instructions). If none, enter | "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
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| | | |
| | | |
| 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 rel | | r of Expenses |
| organizations and other beneficiaries served, conferences convened, research papers produ | uced, etc | |
| 1 | | |
| | | |
| 2 | | |
| 2 | | |
| | | |
| 2 | | |
| 3 | | |
| | | |
| 4 | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see | <u> </u> | |
| Describe the two largest program-related investments made by the foundation during t | the tax year on lines 1 and 2 | Amount |
| 1 | | |
| | | |
| 2 | | + |
| 2 | | |
| | | |
| All other program-related investments. See instructions | | |
| all other program-related investments. See instructions | | |
| <u> </u> | | |
| | | |
| Total. Add lines 1 through 3 | | ▶ 0 |
| | | Form 990-PF (2016) |

1a

1b

2

3a 3b

4

5

372,998

372.998

372.998

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Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I. line 27b (see instructions).

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Page 9

17,584

217.584

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| Form 990-PF (2016) | | | | | | | | |
|--------------------|---|---------------|----------------------------|--|--|--|--|--|
| Part XIII | Part XIII Undistributed Income (see instructions) | | | | | | | |
| | | (a) Corpus | (b) Years prior to 2015 | | | | | |
| 1 Distributa | ble amount for 2016 from Part XI, line 7 | | | | | | | |
| 2 Undistribi | ited income if any as of the end of 2016 | | | | | | | |

207,937

289,815

234.770 161,832

275,423

289.815

234,770

161.832

275,423

155,414

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

4 Qualifying distributions for 2016 from Part

a Applied to 2015, 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 2016 distributable amount. . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. .

b Excess from 2013. .

c Excess from 2014. .

d Excess from 2015. .

e Excess from 2016. .

Subtract lines 7 and 8 from line 6a

6 Enter the net total of each column as

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 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 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 2011 not

indicated below:

same amount must be shown in column (a))

a From 2011. . . .

XII, line 4 🕨 \$

e From 2015.

b From 2012. . . c From 2013. .

d From 2014. .

| | | , | | | |
|---|---|---------------|----------------------------|-------------|---------------------|
| | | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
| 1 | Distributable amount for 2016 from Part XI, line 7 | | | | |
| 2 | Undistributed income, if any, as of the end of 2016 | | | | |
| а | Enter amount for 2015 only. | | | 0 | |

| | | Corpus | Years prior to 2015 | 2015 | 2016 |
|---|---|--------|---------------------|------|------|
| 1 | Distributable amount for 2016 from Part XI, line 7 | | | | 21 |
| 2 | Undistributed income, if any, as of the end of 2016 | | | | |
| а | Enter amount for 2015 only | | | 0 | |
| b | Total for prior years 20 , 20 , 20 | | 0 | | |

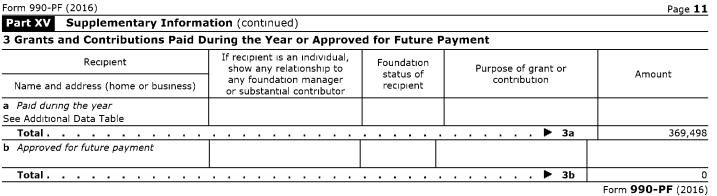
1,169,777

155.414

1,325,191

207,937

1,117,254



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|--|----------------------|----------------------|-----------------------|-----------------------|--|
| Part XVI-A Analysis of Income-Producing | Activities | | | | |
| Enter gross amounts unless otherwise indicated | Unrelated bu | siness income | Excluded by section | n 512, 513, or 514 | (e) Related or exempt |
| 1 Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| a b | | | | | |
| с | | | | | |
| d | | | | | |
| e f | - | | | | |
| g Fees and contracts from government agencies | | | | | |
| Membership dues and assessments. Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 90,661 | |
| 5 Net rental income or (loss) from real estate a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| inventory | | | 14 | 98,160 | |
| 9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory | + | | | | |
| 11 Other revenue a | | | | | |
| b | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) | | 0 | | 188,821 | 0 188,821 |
| (See worksheet in line 13 instructions to verify calculation | ns) | | | 3 | 100,021 |
| Part XVI-B Relationship of Activities to the | | | | | |
| Line No. Explain below how each activity for which the accomplishment of the foundation's exinstructions) | | | | | |
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| I | | | | | rm 990-PF (2016) |

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

| Part XV | 741 | Exempt Organi | zations | | | | | | • | | | | |
|--|--------|---|------------------------------|------------------|---------------------------------------|-----------------------------|---------------------------|---------------------------|---|-----------------|---------------|----------------|------|
| 1 Did the | e orga | anization directly or in ode (other than section | directly enga n 501(c)(3) | ige in organi | any of the | e following with ai | ny other o relating to | rganızatıc o political | on described in secti organizations? | ion 501 | | Yes | No |
| | | om the reporting foun | | | | | | | | F | | | |
| (1) Cash | | | | | | | | | . [: | La(1) | | No | |
| (2) Other assets | | | | | | | | | [| La(2) | | No | |
| b Other transactions | | | | | | | | | | | | | |
| (1) S | ales d | of assets to a nonchari | itable exemp | t orga | ınızatıon. | | | | | [1 | lb(1) | | No |
| (2) Purchases of assets from a noncharitable exempt organization | | | | | | | | | [1 | lb(2) | | No | |
| (3) Rental of facilities, equipment, or other assets. | | | | | | | | | 📮 | lb(3) | | No | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | lb(4) | | No | | | |
| | | | | | | | | | | | lb(5) | | No |
| • • | | nance of services or m | | | - | | | | | | lb(6) | | No |
| | - | acılıtıes, equipment, n | | | • | | | | | | 1c | | No |
| | | er to any of the above s, other assets, or ser | | | | | | | | | | | |
| | | saction or sharing arra | | | | | | | | | | | |
| | | | م بديما | | | | | | | | | | |
| (a) Line No | + | (b) Amount involved | (c) Name of | nonch | aritable exe | mpt organization | (d) De | scription of | transfers, transactions | s, and sharii | ng arrai | ngemen | ts |
| | + | | | | | | | | | | | | |
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| D T II I | | | | | 1 1 | | | | | | | | |
| | | dation directly or indire | • | | • | * | | | | | l.v | ☑ N | |
| | | section 501(c) of the | • | tnan | section 50 |)1(c)(3)) or in sec | ction 52/ | · · · | | ⊔ | Yes | I ⊻ I N | 0 |
| b If "Yes | ," соі | mplete the following so (a) Name of organization | | | l (1 | b) Type of organizat | ion | 1 | (c) Description | n of relation | ichin | | |
| | | (a) Name of organization | <i>/</i> // | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | b) Type of organizat | | | (c) Description | II OI TCIGCIOII | эшр | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | r penalties of perjury, knowledge and belief | | | | | | | | | | | |
| | , | preparer has any kno | | orrect | , and com | piete Declaration | гогргера | rer (other | than taxpayer) is b | aseu on a | II IIIIOI | mation | 1 01 |
| Here L | *: | **** | • | | | 2017-05-09 | L * | ***** | | May the IRS | | | |
| | · _ | | | | | | —) <u>-</u> | | | with the pre | _ | | |
| | 51 | ignature of officer or ti | rustee | | | Date | , , | Γitle | | (see instr) | ? 'Y Y | es ⊔ N | 10 |
| | | Print/Type preparer's | name | Prep | arer's Sıgı | nature | Date | | | PTIN | | | |
| | | | | | - | | | | Check if self- | | 01278 | 056 | |
| | | MARIGRACE AMAT | О СРА | | | | 2017 | 7-05-09 | employed ▶ 📙 | | 01270 | 000 | |
| Paid | | | | | | | 2017-05-09 | | | | | | |
| Prepar | | Firm's name ▶ COH | NREZNICK L | LP | | | | | • | Fırm's EII | V ▶22. | 14780 | 199 |
| Use Or | าเง | F 2.14 1.0 | DANIZ CTCC | FT 611 | ITE 1100 | | | | | | | _ ,, 00 | |
| | | Firm's address ► 10 | BANK STRE | ⊨ī SU | 111 1190 | | | | | D. | /e | | 2762 |
| | | WI | HITE PLAINS | , NY | 10606 | | | | | Phone no | (914) | 684-2 | 2/00 |
| | | | | | | | I | | | | | | |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | |
|--|---|-------------------------|--|--------|--|--|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount | | |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | | | |
| a Paid during the year | | | | | | |
| ADIRONDACK PARK INVASIVE PLANT PROGRAM PO BOX 65 KEENE VALLEY, NY 12943 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN CONSERVATION | 1,000 | | |
| ADIRONDACK THEATRE FESTIVAL 207 GLEN STREET GLEN FALLS, NY 12801 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN MUSIC | 1,000 | | |
| ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVE 1 ALBANY, NY 12207 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN MUSIC | 10,000 | | |
| AMERICAN ASSOCIATION OF WOOD TURNERS 222 LANDMARK CENTER 75TH STREET WEST ST PAUL, MN 55102 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 1,000 | | |
| AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE SUITE 900 ARLINGTON, VA 22202 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 500 | | |
| ANDRUS CHILDREN'S CENTER 1156 NORTH BROADWAY YONKERS, NY 10701 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN CHILDREN | 3,500 | | |
| ATHENS COMMUNITY FOUNDATION 409 HOWARD HALL RD CATSKILL, NY 12414 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 4,500 | | |
| ATHENS CULTURAL ARTS CENTER INC 24 SECOND STREET ATHENS, NY 12015 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 1,000 | | |
| BEDFORD AUDUBON SOCIETY 35 TODD RD KATONAH, NY 10536 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN CONSERVATION | 250 | | |
| BEDFORD FIRE DEPARTMENT 34 VILLAGE GREEN BEDFORD, NY 10506 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 500 | | |
| BEDFORD PLAYHOUSE INC 633 OLD POST ROAD BEDFORD, NY 10506 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 5,000 | | |
| BOY SCOUTS OF AMERICA - TWIN 363 RIVERSVILLE RD GREENWICH, CT 06831 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 500 | | |
| CARAMOOR CENTER FOR MUSIC 149 GIRDLE RIDGE ROAD KATONAH, NY 10536 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN MUSIC | 25,000 | | |
| CATSKILL COMMUNITY CENTER PO BOX 389 CATSKILL, NY 12414 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 2,000 | | |
| CENTER FOR DISABLED 99 WASHINGTON AVE SUITE 806B | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 2,500 | | |

ALBANY, NY 12210

Total . 3a

| Form 990PF Part XV Line 3 - Grant | rear or Approved for Future | Payment | | |
|---|---|---|---|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | any foundation manager recipient or substantial contributor | | |
| a Paid during the year | | | | |
| CEREBRAL PALSY OF WESTCHESTER 1186 KING STREET RYE BROOK, NY 10573 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 1,000 |
| CHARLES R WOOD THEATER 207 GLEN STREET GLEN FALLS, NY 12801 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN MUSIC | 1,000 |
| CHESTERTOWN ROTARY CLUB 98 CANNON ST CHESTERTOWN, MD 21620 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 250 |
| CJR INVITATIONAL 550 GOSHEN ROAD PO BOX 161 LITCHFIELD, CT 06759 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 1,000 |
| CALLEN-LORDE COMMUNITY HEALTH CENTER 356 W 18TH STREET NEW YORK, NY 10011 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 2,500 |
| COLUMBIA COUNTY AGRICULTURAL SOCIETY INC 1 NORTH FRONT STREET HUDSON, NY 12534 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 7,500 |
| COLUMBIA-GREENE HOSPITAL FOUNDATION 71 PROSPECT AVE HUDSON, NY 12534 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 2,500 |
| COMFORT FOOD OF WASHINGTON 65 SALEM STREET GREENWICH, NY 12834 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 300 |
| COMMUNITY CENTERS INC 61 E PUTNAM AVE GREENWICH, CT 06830 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 5,000 |
| COMMUNITY HOSPICE 47 LIBERTY STREET CATSKILL, NY 12414 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 500 |
| CONSTRUCTION ADVANCEMENT INSTITUTE 629 OLD WHITE PLAINS ROAD TARRYTOWN, NY 10591 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 1,000 |
| CONSUMER REPORTS FOUNDATION PO BOX 96552 WASHINGTON, DC 20090 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 250 |
| COPELAND HOUSE PO BOX 2177 PEEKSKILL, NY 10566 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN MUSIC | 1,000 |
| CORNELL CO-OOPERATIVE EXTENSION 365 ROBERTS HALL ITHACA, NY 14853 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 750 |
| DELAWARE COUNTY COMMUNITY COLLEGE 901 MEDIA LINE RD MEDIA, PA 19063 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 2,500 |

Total .

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| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|-------------------------|--|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| DOMINICAN COLLEGE 470 WESTERN HIGHWAY ORANGETOWN, NY 10962 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 6,000 |
| DORSET LIBRARY ROUTE 30 PO BOX 38 DORSET, VT 05251 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 250 |
| DORSET THEATER FESTIVAL 104 CHENEY RD DORSET, VT 05251 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 1,000 |
| DOWNTOWN MUSIC AT GRACE 33 CHURCH STREET WHITE PLAINS, NY 10601 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN MUSIC | 1,000 |
| EMELIN THEATER 153 LIBRARY LANE MAMARONECK, NY 10543 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 750 |
| EMPIRE CENTER FOR PUBLIC POLICY 100 STATE ST ALBANY, NY 12207 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 10,000 |
| EMPIRE STATE YOUTH ORCHESTRA 432 STATE STREET SCHENECTADY, NY 12305 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN CHILDREN | 750 |
| FOOD BANK OF WESTCHESTER 200 CLEARBROOK RD ELMSFORD, NY 10523 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 2,500 |
| FORTNIGHTLY CLUB OF CATSKILL PO BOX 21 CATSKILL, NY 12414 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 500 |
| FRIENDS OF KAREN 118 TITICUS ROAD PO BOX 190 PURDYS, NY 10578 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 3,500 |
| FURNITURE SHAREHOUSE PO BOX702 LARCHMONT, NY 10538 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 1,000 |
| GOOD REASONS 3 FIELDS LANE NORTH SALEM, NY 10560 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 500 |
| GREEN CHIMNEYS 400 DOANSBURG BOX 719 BREWSTER, NY 10509 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 3,500 |
| GREEN LAND TRUST 270 MANSION STREET COXSACKIE, NY 12051 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN CONSERVATION | 1,000 |
| GREENE COUNTY COUNCIL FOR THE ARTS 398 MAIN STREET CATSKILL, NY 12414 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 1,250 |

Total .

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| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|--|--------------------------------------|---|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| GREYSTONE FOUNDATION 21 PARK AVE YONKERS, NY 10703 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 2,500 |
| HAMILTON COLLEGE 198 COLLEGE HILL RD CLINTON, NY 13323 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 2,500 |
| HAYNES HOUSE OF HOPE 7179 STATE ROUTE 149 PO BOX 285 GRANVILLE, NY 12832 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 2,000 |
| HOPE IN THE BOAT PO BOX 266 VOORHEESVILLE, NY 12186 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 500 |
| HOSPICE CARE NETWORK 99 SUNNYSIDE BLVD SUITE 2 WOODBURY, NY 11797 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 500 |
| HUBBARD HALL - CENTER FOR THE ARTS AND EDUCATION 25 E MAIN STREET CAMBRIDGE, NY 12816 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 1,000 |
| HUDSON HEADWATERS HEALTH NETWORK 9 CAREY ROAD QUEENSBURY, NY 12804 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 4,000 |
| HUDSON VALLEY SHAKESPEARE FESTIVAL 1601 NEW YORK 9D GARRISON, NY 10524 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 2,500 |
| HYDE COLLECTION 161 WARREN STREET GLEN FALLS, NY 12801 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 300 |
| INTERSTATE MINING COMPACT COMMISSION 445-A CARLISLE DR HERNDON, VA 20170 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 2,000 |
| KATONAH VILLAGE LIBRARY 26 BEDFORD RD KATONAH, NY 10536 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 500 |
| KENT STATE UNIVERSITY 1061 FRATERNITY CIRCLE PO BOX 5190 KENT, OH 44242 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 1,000 |
| L SUZIO FAMILY FOUNDATION 975 WESTFIELD ROAD MERIDEN, CT 06450 | | PF | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 1,000 |
| LIFTING UP WESTCHESTER 35 ORCHARD STREET WHITE PLAINS, NY 10603 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 1,000 |
| LINCOLN CENTER FOR THE PERFORMING ARTS 10 LINCOLN CENTER PLAZA NEW YORK, NY 10023 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 5,000 |

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LYNDHURST 635 SOUTH BROADWAY PC TO FURTHER DONEES EXEMPT 750 PURPOSE IN MUSIC TARRYTOWN, NY 10591 PC MANHATTAN INSTITUTE FOR POLICY TO FURTHER DONEES EXEMPT 2,500 PURPOSE IN COMMUNITY RESEARCH 52 VANDERBILT AVE 201 NEW YORK, NY 10017 MARIJUANA POLICY PROJECT PC TO FURTHER DONEES EXEMPT 25,000 2370 CHAMPLIN ST NW 12 PURPOSE IN HEALTH WASHINGTON, DC 20009 METROPOLITAN MUSEUM OF ART PC TO FURTHER DONEES EXEMPT 6,820 1000 5TH AVE PURPOSE IN ARTS NEW YORK, NY 10028 METROPOLITAN OPERA GUILD PC TO FURTHER DONEES EXEMPT 19,585 70 LINCOLN SQUARE PURPOSE IN ARTS NEW YORK, NY 10023 PC MORRIS MEMORIAL ASSOCIATION TO FURTHER DONEES EXEMPT 2,500 17 PARK ROW PURPOSE IN COMMUNITY CHATHAM, NY 12037 MT KISCO CHILD CARE CENTER PC TO FURTHER DONEES EXEMPT 1,000 PURPOSE IN COMMUNITY 95 RADIO CIRCLE DRIVE MT KISCO, NY 10549 MVP BASKETBALL DAY CAMP PC TO FURTHER DONEES EXEMPT 3,000 PURPOSE IN CHILDREN 29 HOMESIDE LANE WHITE PLAINS, NY 10605 PC NANCY B CLEMENTE CANCER FUND TO FURTHER DONEES EXEMPT 500 369 BRUNSWICK RD PURPOSE IN HEALTH TROY, NY 12180 PC TO FURTHER DONEES EXEMPT NATIONAL HERITAGE TRUST 250 PURPOSE IN HEALTH 625 BROADWAY ALBANY, NY 12207 PC TO FURTHER DONEES EXEMPT 5,000 NEW YORK BOTANICAL GARDENS PURPOSE IN CONSERVATION 2900 SOUTHERN BLVD **BRONX, NY 10458** PC TO FURTHER DONEES EXEMPT 5,000 NEW YORK CITY BALLET PURPOSE IN ARTS 20 LINCOLN CENTER PLAZA NEW YORK, NY 10023 THE PHILHARMONIC SYMPHONY PC TO FURTHER DONEES EXEMPT 4,583 SOCIETY OF NY INC PURPOSE IN MUSIC 10 LINCOLN CENTER PLAZA NEW YORK, NY 10023 NORTHEASTERN UNIVERSITY PC TO FURTHER DONEES EXEMPT 2,500 PURPOSE IN EDUCATION 360 HUNTINGTON AVENUE BOSTON, MA 02115 NORTHERN WESTCHESTER HOSPITAL PC TO FURTHER DONEES EXEMPT 5,000 PURPOSE IN HEALTH CENTER 400 EAST MAIN ST MT KISCO, NY 10549

Total . 3a

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|-------------------------|--|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| PARTNER ACHIEVE REACH CONNECT 31 INTERNATIONAL BLVD BREWSTER, NY 10509 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 3,000 |
| PEGASUS THERAPEUTIC RIDING 310 PEACH LAKE ROAD BREWSTER, NY 10509 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 3,500 |
| PROCONORG 233 WILSHIRE BLVD SUITE 200 SANTA MONICA, CA 90401 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 500 |
| PUBLIC THEATER 425 LAFAYETTE ST NEW YORK, NY 10003 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 3,660 |
| SARATOGA PERFORMING ARTS CENTER 108 AVENUE OF THE PINES SARATOGA SPRINGS, NY 12866 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 5,000 |
| SAW MILL RIVER AUDUBON 275 MILLWOOD RD CHAPPAQUA, NY 10514 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN CONSERVATION | 250 |
| SCENIC HUDSON INC ONE CIVIC CENTER PLAZA SUITE 200 POUGHKEEPSIE, NY 12601 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN CONSERVATION | 1,000 |
| SEAGLE MUSIC COLONY 1094 US HWY 9 2ND FLR SCHRRON LAKE, NY 12870 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 1,000 |
| SECOND CHANCE ANIMAL SHELTER 111YOUNG ROAD PO BOX 136 EAST BROOKFIELD, MA 01515 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 500 |
| THE SENIOR CENTER OF THE KINGSBURY AND FORT EDWARD AREA INC 78 OAK STREET HUDSON FALLS, NY 12839 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 1,000 |
| SHELBURNE FARMS 161 HARBOR RD SHELBURNE, VT 05482 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 250 |
| SLATE VALLEY MUSEUM 17 WATER ST GRANVILLE, NY 12832 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 1,000 |
| SOUTHERN VERMONT ARTS CENTER 930 SOUTHERN VERMONT ARTS CENTER DR MANCHESTER, VT 05254 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 500 |
| THE MASTERS SCHOOL 49 CLINTON AVENUE DOBBS FERRY, NY 10522 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 10,000 |
| THE TAFT SCHOOL 110 WOODBURY ROAD WATERTOWN, CT 06795 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 5,000 |

Total .

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|-------------------------|--|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| TIMES UNION CENTER 51 S PEARL ST ALBANY, NY 12207 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 250 |
| CHESTER HISTORICAL SOCIETY 47 MAIN STREET CHESTER, NY 10918 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 250 |
| TULANE EDUCATIONAL FUND PO BOX 61075 NEW ORLEANS, LA 70161 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 2,500 |
| UNION COLLEGE 807 UNION ST SCHENECTADY, NY 12308 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN EDUCATION | 50,000 |
| UNITED WAY OF NORTHERN WESTCHESTER 336 CENTRAL PARK AVE WHITE PLAINS, NY 10606 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 10,000 |
| UPSTATE FOUNDATION 750 E ADAMS STREET SYRACUSE, NY 13210 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 650 |
| VASSAR BROS MEDICAL CENTER 45 READE PLACE POUGHKEEPSIE, NY 12601 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN HEALTH | 7,320 |
| WESTCHESTER ARTS COUNCIL 31 MAMARONECK AVE WHITE PLAINS, NY 10601 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 20,530 |
| WESTCHESTER COUNTY HISTORICAL 2199 SAW MILL RIVER RD ELMSFORD, NY 10523 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN MUSIC | 500 |
| WESTCHESTER PHILAHARMONIC 123 MAIN STREET WHITE PLAINS, NY 10601 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN MUSIC | 3,000 |
| WHITE PLAINS HOSPITAL CENTER 41 EAST POST RD WHITE PLAINS, NY 10601 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 2,500 |
| WHITE PLAINS LIBRARY FOUNDATION 100 MARTINE AVE WHITE PLAINS, NY 10601 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN COMMUNITY | 250 |
| WILD CENTER 45 MUSEUM DRIVE TUPPER LAKE, NY 12986 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN CONSERVATION | 2,500 |
| WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD BRONX, NY 10460 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN CONSERVATION | 2,500 |
| YONKERS FILM FESTIVAL YONKERS RIVERFRONT LIBRARY 1 LARKIN PLAZA YONKERS, NY 10701 | | PC | TO FURTHER DONEES EXEMPT PURPOSE IN ARTS | 1,500 |

Total .

| efile GRAPHIC print - DO NOT P | ROCESS AS | s Filed Data - | | DL | N: 93491130011167 |
|----------------------------------|--------------------|----------------|----------------------|------------------------|---|
| TY 2016 Accounting Fees Schedule | | | | | |
| | | | | | |
| Name: PECKHAM FAMILY FOUNDATION | | | | | |
| | C/O JOHN R PECKHAM | | | | |
| | EIN : 14 | 4-1814765 | | | |
| Category | Amoun | nt Net | Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |

6,500

COHNREZNICK, LLP

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491130011167 |
|--------------------------------------|-----------------|------------|---------------------|
| TV 2016 Investments Corners | to Stock Scho | -lla | |
| TY 2016 Investments Corporate | te Stock Sche | aule | |
| | | | |
| Name: | PECKHAM FAMILY | FOUNDATION | |
| | C/O JOHN R PECK | HAM | |

| EIN: 14-1614/03 | | |
|------------------------|---------------------------|----------------------------------|
| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
| MARKETABLE SECURITIES | 4,902,801 | 5,219,618 |

ETNI. 14 1014765

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491130011167 | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2016 Other Expenses Schedule | | | | | |
| | | | | | |
| Name: | PECKHAM FAMI | LY FOUNDATION | | | |
| | C/O JOHN R PE | CKHAM | | | |
| EIN: | 14-1814765 | | | | |
| Other Expenses Schedule | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| NYS FILING FEES | 250 | 0 | | 250 | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491130011167 | | |
|--------------------------------------|-----------------|-----------------|---------------------|--|--|
| TY 2016 Other Increases Schedule | | | | | |
| Name: | PECKHAM FAN | 1ILY FOUNDATION | | | |
| | C/O JOHN R PI | | | | |
| EIN: | 14-1814765 | | | | |
| Do | escription | | Amount | | |
| OTHER INCREASES | | | 8,805 | | |

| efile GRAPHIC print - DO NOT PROCES | SS As Filed Data | - | DL | N: 93491130011167 |
|-------------------------------------|-----------------------|--------------------------|------------------------|---|
| TY 2016 Taxes Schedule | | | | |
| | | | | 1 |
| Nar | ne: PECKHAM F/ | AMILY FOUNDATIO | N | 1 |
| C/O JOHN R PECKHAM | | | | |
| E: | IN: 14-1814765 | 1 | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| FOREIGN TAXES PAID | 1,083 | 1,083 | 1 | 0 |
| TAXES | 3,467 | 0 | | 0 |

| efile GRAPHIC print - I | efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491130011167 | | | | | |
|---|---|--|--|--|--|--|
| Schedule B | Schedule | of Contributors | | OMB No 1545-0047 | | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | 0-PF) ment of the Treasury ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at 2016 | | | | | |
| Name of the organizat PECKHAM FAMILY FOUND | | | Employer id | lentification number | | |
| C/O JOHN R PECKHAM | | | 14-1814765 | | | |
| Organization type (che | eck one) | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | Form 990 or 990-EZ | | | | | |
| | 4947(a)(1) nonexempt charital | ole trust not treated as a private found | lation | | | |
| | ☐ 527 political organization | | | | | |
| Form 990-PF | ✓ 501(c)(3) exempt private found | dation | | | | |
| 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| ☐ 501(c)(3) taxable private foundation | | | | | | |
| • | ation filing Form 990, 990-EZ, or 990-PF r r property) from any one contributor Com | | _ | • | | |
| Special Rules | | | | | | |
| under sections a received from a | tion described in section 501(c)(3) filing Fo 509(a)(1) and 170(b)(1)(A)(vi), that checke my one contributor, during the year, total c ne 1h, or (ii) Form 990-EZ, line 1 Comple | ed Schedule A (Form 990 or 990-EZ), ontributions of the greater of (1) \$5,00 | Part II, line 13, | 16a, or 16b, and that | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | | | |
| during the year, If this box is che purpose Do no | tion described in section 501(c)(7), (8), or contributions <i>exclusively</i> for religious, cha cked, enter here the total contributions th complete any of the parts unless the Ger ible, etc, contributions totaling \$5,000 or | aritable, etc., purposes, but no such co at were received during the year for ai neral Rule applies to this organization | ontributions tota n <i>exclusively</i> re i because it rec | led more than \$1,000 ligious, charitable, etc , eived <i>nonexclusively</i> | | |
| 990-EZ, or 990-PF), bu | on that is not covered by the General Rule at must answer "No" on Part IV, line 2, of form 990PF, Part I, line 2, to certify that it | fits Form 990, or check the box on line | e H of its | | | |
| For Paperwork Reduction for Form 990, 990-EZ, or 9 | Act Notice, see the Instructions 0-PF | Cat No 30613X Sche | dule B (Form 990 | , 990-EZ, or 990-PF) (2016) | | |

| Name of organi PECKHAM FAMIL\ C/O JOHN R PECH | / FOUNDATION | Employer identification 14-1814765 | number |
|--|--|---------------------------------------|---|
| Part I | Contributors (see instructions) Use duplicate copies of Part I if ac | dditional space is needed | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | PECKHAM INDUSTRIES INC | | Person 🗸 |
| | 20 HAARLEM AVENUE | \$ 1,240,000 | Noncash |
| (-) | WHITE PLAINS, NY10603 | (5) | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution Person |
| - | | | Payroll |
| | | <u>\$</u> | Noncash |
| | 4) | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | | Person Payroll |
| | | <u> </u> | Noncash |
| | | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _ | | | Person |
| | | \$ | Payroll |
| | | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| - | - | | Payroll |
| | | <u>\$</u> | Noncash |
| | 4) | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll |
| | | \$ | Noncash |
| | | | (Complete Part II for noncash contributions) |
| | | Schedule B (Fr | orm 990, 990-EZ, or 990-PF) (2016) |

| Schedule B (Form 99 | 0, 990-EZ, or 990-PF) (2016) | | Page 3 |
|---|--|--|--------------------------------|
| Name of organizatio PECKHAM FAMILY FOU | NDATION | Employer identification number | |
| C/O JOHN R PECKHAM Part II Noncash Property | | 14-1814765 | |
| Fairt II | (see instructions) Use duplicate copies of Part II if additional space is needed | 1 (2) | |
| (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.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | s | |
| (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 |
| | | s | |
| | | Schedule B (Form 9 | 990, 990-EZ, or 990-PF) (2016) |

| Schedule B (Form | 990, 990-EZ, or 990-PF) (2016) | | Page 4 | |
|---|--|--|--|--|
| Name of organization PECKHAM FAMILY FOUNDATION C/O JOHN R PECKHAM | | | Employer identification number 14-1814765 | |
| than \$1 organiz the year | ,000 for the year from any one contributor | r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$ | d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for | |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | |
| | | | | |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 F | t Relationship of transferor to transferee | |
| | | | | |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | |
| | | | | |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 | t Relationship of transferor to transferee | |
| | - | | | |
| | | | | |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | |
| | | | | |
| | Transferee's name, address, and | (e) Transfer of gift | t Relationship of transferor to transferee | |
| | | | | |
| | | | | |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | |
| | | | | |
| | | (e) Transfer of gift | L | |
| | Transferee's name, address, and | P 4 Relationship of transferor to transferee | | |
| | | | | |
| | | | | |
| | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2016) | |