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2018

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For | caler | ndar year 2018, or tax year beginning 01-01-20 |)18 , ar | nd ending 12-31- | 2018 | • |
|---------------------------------------|-------------------|---|------------------------------------|------------------------------------|---|---|
| | | indation ITER FAMILY FOUNDATION | | A Employer id | entification numbe | r |
| 111 | IE PECH | TER PAMILE POUNDATION | | 05-0618996 | | |
| | | d street (or P O $$ box number if mail is not delivered to street address) DTH STREET SOUTH | Room/suite | B Telephone nu | mber (see instructio | ns) |
| | | 1775 | | (561) 982-7770 |) | |
| BOC | or town A RATO | n, state or province, country, and ZIP or foreign postal code N, FL 33433 | | C If exemption | application is pendin | g, check here |
| G Cł | neck al | ll that apply 🔲 Initial return 🔲 Initial return of a | former public charity | D 1. Foreign or | ganızatıons, check he | ere ⊾ 🗍 |
| | | Final return Amended return | | | ganizations meeting k here and attach co | |
| | | Address change Name change | | · | undation status was t | · - |
| | , | /pe of organization ✓ Section 501(c)(3) exempt private f | | | n 507(b)(1)(A), chec | |
| | | | e private foundation Cash | T If the founds | ation is in a 60-mont | h termination — |
| of | year (f | From Part II, col (c), ▶\$ 13,249,544 Counting Hethou Counting Hethou | | | n 507(b)(1)(B), chec | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Davianus and | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | 400,250 | | | |
| | 2 | Check ▶ ☐ If the foundation is not required to attach | | | | |
| | 3 | Interest on savings and temporary cash investments | 2,210 | 2,210 | | |
| | 4 | Dividends and interest from securities | 13,370 | 13,370 | | |
| | 5a | Gross rents | 449,611 | 449,611 | | |
| | b | Net rental income or (loss) 103,353 | 240.502 | | | |
| Re | 6a | Net gain or (loss) from sale of assets not on line 10 | 310,683 | | | |
| Revenue | b | Gross sales price for all assets on line 6a3,005,480 | | | | |
| œ | 7 | Capital gain net income (from Part IV, line 2) | | 310,683 | | |
| | 8 | Net short-term capital gain | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | ь | Less Cost of goods sold | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) | 1,133 | 1,133 | | |
| | 12 | Total. Add lines 1 through 11 | 1,177,257 | 777,007 | | |
| | 13 | Compensation of officers, directors, trustees, etc | 227,420 | · | | 167,738 |
| v. | 14 15 | Other employee salaries and wages | 42,451 | 33,961 | | 8,490 |
| 156 | 16a | Legal fees (attach schedule) | | | | |
| EG. | ь | Accounting fees (attach schedule) | 1,512 | 1,058 | | 454 |
| e E | С | Other professional fees (attach schedule) | | | | |
| Ĭ | 17 | Interest | | | | |
| Str | 18 | Taxes (attach schedule) (see instructions) | 20,759 | · | | 963 |
| Ϊ | 19 | Depreciation (attach schedule) and depletion | 153,747 | · | | |
| Adı | 20 21 | Occupancy | 19,182 13,471 | 9,591 | | 9,591 |
| n d | 22 | Printing and publications | 13,471 | | | 15,471 |
| β | 23 | Other expenses (attach schedule) | 207,665 | 194,464 | | 13,201 |
| Operating and Administrative Expenses | 24 | Total operating and administrative expenses. | | | | |
|) ber | | Add lines 13 through 23 | 686,207 | 472,071 | | 213,908 |
| S | 25 | Contributions, gifts, grants paid | 794,047 | | | 794,047 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 1,480,254 | 472,071 | | 1,007,955 |
| | 27 | Subtract line 26 from line 12 | | | | |
| | а | Excess of revenue over expenses and disbursements | -302,997 | | | |
| | ь | Net investment income (if negative, enter -0-) | | 304,936 | | |
| Eo. | C | Adjusted net income (If negative, enter -0-) | | C., N. 41055 | | 000 PE (2015) |
| . 01 | . upei | WOLK REGULETION ACT NOTICE, SEE INSURCIONS. | | Cat No 11289> | \ F0I | m 990-PF (2018) |

656,611

10,161,277

2,182,413

230

7,790

13,249,544

567,028

9,372,000

2,182,413

12,370,684

28,693

28,693

12.341,991

12,341,991

12,370,684

2

3

4

5

6

12,644,988

12,341,991

12,341,991

Form 990-PF (2018)

-302,997

230

7,790

11,974,036

100,000

9

(چ

458

6,516

32,262

32,262

12,644,988

12,644,988

12,677,250

12,677,250

| | | Less allowance for doubtful accounts > | | |
|--------|-----|--|---------|----------|
| | 4 | Pledges receivable ▶ | | |
| | | Less allowance for doubtful accounts ▶ | | |
| | 5 | Grants receivable | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | |
| | | disqualified persons (attach schedule) (see instructions) | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | |
| | | Less allowance for doubtful accounts ▶ | | |
| S | 8 | Inventories for sale or use | | |
| Assets | 9 | Prepaid expenses and deferred charges | | |
| As | 10a | Investments—U S and state government obligations (attach schedule) | | |
| | ь | Investments—corporate stock (attach schedule) | 548,518 | % |
| | С | Investments—corporate bonds (attach schedule) | | |
| | 11 | Investments—land, buildings, and equipment basis ► 10,788,977 | | |

Less accumulated depreciation (attach schedule) ► 1,416,977

Less accumulated depreciation (attach schedule) ► 5,045

Accounts payable and accrued expenses

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here

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

Capital stock, trust principal, or current funds

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

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

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

Investments—other (attach schedule)

instructions Also, see page 1, item I)

Other assets (describe > _

Grants payable

Unrestricted

Temporarily restricted

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) -

Deferred revenue .

Other liabilities (describe -_

Land, buildings, and equipment basis

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

28

29

30

31

Part III

2

Liabilities

Balances

or Fund

Assets 27

Net

| | be the kınd(s) of property sold (e g , varehouse, or common stock, 200 shs | | How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | Date sold (mo , day, yr) |
|--|---|---|------------------------------------|---|---------------------------|
| 1 a SALE OF KANNER PROP | ERTY | | Р | 2008-12-05 | 2018-03-29 |
| b CAPITAL GAIN DISTRIB | UTIONS | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| | (f) | | (g) | (| h) |
| (e) Gross sales price | Depreciation allowed | Cost or | other basis | Gain o | or (loss) |
| | (or allowable) | | ense of sale | (e) plus (f |) minus (g) |
| a 3,0 | 00,000 57 | 6,429 | 3,271,226 | | 305,203 |
| b | 5,480 | | | | 5,480 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for asset | ts showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | (| (I) |
| | (i) | i . | (k) | | h) gain minus |
| (i) F M V as of 12/31/6 | Adjusted basis | | of col (ı) | | less than -0-) or |
| | as of 12/31/69 | over col | (j), if any | Losses (fr | om col (h)) |
| a | | | | | 305,203 |
| b | | | | | 5,480 |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net incom | e or (net capital loss) | If gain, also enter in P If (loss), enter -0- in F | | 2 | 310,683 |
| If gain, also enter in P | gain or (loss) as defined in sections : art I, line 8, column (c) (see instructi | |)- | _ | - |
| ın Part I, line 8 | | | • • • • } | 3 | |
| Part V Qualification | Under Section 4940(e) for Re | educed Tax on Net | Investment Inc | come | |
| (For optional use by domestic | private foundations subject to the sec | tion 4940(a) tax on ne | et investment incom | e) | |
| | | | | | |
| If section 4940(d)(2) applies, | leave this part blank | | | _ | _ |
| | he section 4942 tax on the distributa not qualify under section 4940(e) Do | | n the base period? | , L Y | es 🗸 No |
| 1 Enter the appropriate a | mount in each column for each year, | see instructions before | making any entries | 5 | |
| (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 | |
| 2017 | 790,482 | | 12,652,264 | | 0 062478 |
| 2016 | 617,077 | | 767,227 | | 0 804295 |
| 2015 | 716,714 | | 867,387 | | 0 826291 |
| 2014 | 603,680 | | 1,964,479 | | 0 307298 |
| 2013 | 682,450 | | 2,497,427 | | 0 273261 |
| 2 Total of line 1, column | (d) | | 2 | | 2 273623 |
| | io for the 5-year base period—divide | | | | |
| number of years the fou | indation has been in existence if less oncharitable-use assets for 2018 fron | than 5 years | 3 | | 0 454725 13,454,087 |
| 5 Multiply line 4 by line 3 | | | 5 | | 6,117,910 |
| 6 Enter 1% of net investn | nent income (1% of Part I, line 27b) | | 6 | | 3,049 |
| | | | 7 | | 6,120,959 |
| | tions from Part XII, line 4 , | | | | 1,007,955 |
| | reater than line 7, check the box in Pa | | | | e the Part VI |
| | | | | E. | rm 000-DE (2010) |

Page **6**

| 1. | Statements Regard | iiiig | ACTIVITIES IOI WITHCIT | FOITH 4720 May Be | Kequirea (continuea |) | | | |
|------------|--|--------|------------------------------|----------------------------|---------------------------------|-------------|----------------------|-------|-------|
| 5a | During the year did the foundation p | oay o | r incur any amount to | | | | | Yes | No |
| | (1) Carry on propaganda, or otherw | vise a | ittempt to influence legisl | ation (section 4945(e))? | ☐ Yes | ✓ No | , | | |
| | (2) Influence the outcome of any sp | pecifi | c public election (see sect | tion 4955), or to carry | | | | | |
| | on, directly or indirectly, any vo | | - | | · · · 🔲 Yes | ✓ No | , | | |
| | (3) Provide a grant to an individual | for t | ravel, study, or other sım | ılar purposes? | | ✓ No | | | |
| | (4) Provide a grant to an organization section 4945(d)(4)(A)? See in | | • | , - | d | | | | |
| | (5) Provide for any purpose other t | han r | eligious, charitable, scien | tific, literary, or | ⊔ Yes | ⊻ No | ' | | |
| | educational purposes, or for the | | · · | | ∟ Yes | ✓ No | , | | |
| b | If any answer is "Yes" to $5a(1)-(5)$, | did a | any of the transactions fa | nd to qualify under the ex | ceptions described in | | | | |
| | Regulations section 53 4945 or in a | curre | ent notice regarding disas | ter assistance? See instr | ructions | | 5b | | |
| | Organizations relying on a current n | otice | regarding disaster assist | ance check here | | П | | | |
| C | If the answer is "Yes" to question 5a | a(4), | does the foundation clain | n exemption from the | | _ | | | |
| | tax because it maintained expenditu | ire re | sponsibility for the grant? | ⁷ | · · 🔲 Yes | □ No | , | | |
| | If "Yes," attach the statement requi | red b | y Regulations section 53 | 4945-5(d) | | | ´ | | |
| 6 a | Did the foundation, during the year, | rece | ive any funds, directly or | indirectly, to pay premi | ums on | | | | |
| | a personal benefit contract? | | | | · 🔲 Yes | . | _ | | |
| b | Did the foundation, during the year, | | | | res : | · NC | ° 6ь | | No |
| | If "Yes" to 6b, file Form 8870 | | | | | | | | |
| 7a | At any time during the tax year, wa | s the | foundation a party to a p | prohibited tax shelter tra | nsaction? Yes | | | | |
| b | If yes, did the foundation receive ar | | | | ∟ res i | ⊻ No | 7b | | |
| 8 | Is the foundation subject to the sec | | • | | | | | | |
| _ | excess parachute payment during th | | , , , | | | | | | |
| | | | | | ∟ Yes | ✓ No | | | l |
| Pai | and Contractors | JIIIC | ers, Directors, Trust | ices, roundation ma | anagers, Highly Paid | Emp | ioyees, | | |
| 1 | List all officers, directors, truste | es. fo | oundation managers ar | nd their compensation | . See instructions | | | | |
| | | | b) Title, and average | (c) Compensation (If | | Τ, | - \ | | |
| | (a) Name and address | | hours per week | not paid, enter | employee benefit plans a | and 1 | e) Expen other al | | |
| | | ļ | devoted to position | -0-) | deferred compensation | n | | | |
| See / | Additional Data Table | 1 | | | | | | | |
| | | | | | | | | | |
| | | 1 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | 1 | | | | | | | |
| 2 | Compensation of five highest-pa | id en | nployees (other than t | hose included on line | 1-see instructions). If | none, | enter " | NONE. | ." |
| | | | (b) Title, and average | | (d) Contributions to | | | | |
| (a) | Name and address of each employee | paid | hours per week | (c) Compensation | employee benefit | (€ | Expens | | |
| | more than \$50,000 | | devoted to position | | plans and deferred compensation | | other all | owanc | es |
| NON | =============================== | | | | Compensation | | | | |
| | _ | | | | | | | | |
| | | | | | | | | | |
| | | | - | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tota | I number of other employees paid ov | er \$5 | 0,000 | | | | | | |
| | | | | | | F | orm 99 0 | 0-PF | (2018 |

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|--|---------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued) | Foundation Managers, Highly Pa | id Employees, |
| 3 Five highest-paid independent contractors for professional service | es (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 | | |
| | | |
| | | |
| | | |
| | | |
| 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 relev organizations and other beneficiaries served, conferences convened, research papers produc | | Expenses |
| 1 | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (see in | astructions) | |
| Describe the two largest program-related investments made by the foundation during the | <u>'</u> | Amount |
| 1 | | |
| | | |
| 2 | | |
| All other program-related investments See instructions | | |
| 3 | | |
| Total. Add lines 1 through 3 | | P 0 |
| | | Form 990-PF (2018) |

2

3a 3h

4

5

1.007.955

1.007.955

Form 990-PF (2018)

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

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

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

2

3

4

5

Amounts set aside for specific charitable projects that satisfy the

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

b Total for prior years

d From 2016. . . .

From 2013.

b From 2014. . . . c From 2015. . .

e From 2017.

2018

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666,605

666,605

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0

| Form 990-PF (20 | 018) |
|-----------------|------|
| Part XIII | Und |

distributed Income (see instructions)

595.580 527,957

685 323

591.156 170,269

527.957

685,323

591.156

170.269

341.350

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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 2013 not

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 1,007,955 a Applied to 2017, 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 (a)

Corpus

2.570.285

341,350

2,911,635

595.580

2,316,055

(b)

Years prior to 2017

(c)

2017

factors NO



| nter gross ar | nounts unless otherwise indicated | Unrelated bu | isiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|--|---|--|-----------------------------------|---------------------------------------|----------------------|--|
| _ | ervice revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | d contracts from government agencies | | | | | |
| | nip dues and assessments | | | | | |
| | n savings and temporary cash | | | 14 | 2,210 | |
| 1 Dividends | and interest from securities | | | 14 | 13,370 | |
| | income or (loss) from real estate | | | | | |
| | anced property | | | 16 | 103,353 | |
| | income or (loss) from personal property | | | 10 | 103,333 | |
| | estment income | | | 18 | 1,133 | |
| | oss) from sales of assets other than | | | | | |
| inventory | | | | 18 | 310,683 | |
| | e or (loss) from special events fit or (loss) from sales of inventory | | | | | _ |
| | enue a | | | | | |
| | | | | | | |
| | | | | | | |
| А | | 1 1 | | | | |
| | | | | | | |
| е | | | | | 420.740 | |
| e | Add columns (b), (d), and (e). | | 0 | | 430,749 | |
| e | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu | lations) | | 13 | 430,749 | 430,749 |
| e 2 Subtotal 3 Total. Ad (See work 2 art XVI-E | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu | lations) ne Accomplish | ment of Exemp | ot Purposes | B | |
| e | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e Subtotal Total. Ad (See work art XVI-E | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e Subtotal Total. Ad (See work art XVI-E | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e Subtotal Total. Ad (See work art XVI-E | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e Subtotal Total. Ad (See work art XVI-E | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e Subtotal Total. Ad (See work Part XVI-E | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e Subtotal Total. Ad (See work Part XVI-E | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e Subtotal Total. Ad (See work art XVI-E) ine No. | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e Subtotal Total. Ad (See work art XVI-E) ine No. | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e Subtotal Total. Ad (See work art XVI-E) ine No. | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e Subtotal Total. Ad (See work Part XVI-E | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e Subtotal Total. Ad (See work Part XVI-E | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |
| e2 Subtotal 3 Total. Ad (See work Part XVI—: | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) ne Accomplish Income is reporte | ment of Exempled in column (e) of | 13 ot Purposes Part XVI-A contribut | ted importantly to | |

| orm 99 | 90-PF (2 | 2018) | | | | | | | Pa | ge 13 |
|----------------|------------|--|------------------|----------------------|------------------------------|--------------------|--|-----------------|--|--------------|
| Part | XVII | Information Re Exempt Organi | | ransfers To | and Transaction | ons and Relation | onships With Nonchai | itable | | |
| | | | directly enga | | | | ion described in section 50: ns? | - | Yes | No |
| a Trai | nsfers f | rom the reporting foun | dation to a n | oncharitable ex | empt organization | of | | | | |
| (1) | Cash. | | | | | | | 1a(1) | | No |
| (2) | Other | assets | | | | | | 1a(2) | | No |
| b Oth | er trans | sactions | | | | | | | | |
| (1) | Sales | of assets to a nonchar | ıtable exempt | t organization. | | | | 1b(1) | | No |
| | | ases of assets from a r | | | | | | 1b(2) | | No |
| | | l of facilities, equipmer | • | | | | | 1b(3) | | No |
| | | oursement arrangemen | | | | | | 1b(4) | | No |
| | | or loan guarantees. | | | | | | 1b(5) | | No No |
| ٠. | | nance of services or m facilities, equipment, n | • | - | | | | 1b(6) 1c | | No |
| | - | | | • | | | · · · · · · · · · · · · · · · · · · · | | | NO |
| | ny tran | | ngement, sho | ow in column (| | e goods, other ass | yed less than fair market va sets, or services received of transfers, transactions, and sl | | ngemer | nts |
| | | | | | | | | | | |
| | _ | | | | | | | | | |
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| | | | | | | | | | | |
| 2a Is t | he foun | dation directly or indire | ectly affiliated | d with, or relate | ed to, one or more | tax-exempt orga | nızatıons | _ | | |
| | | n section 501(c) (othei | | 501(c)(3)) or | ın section 527? . | | ∟ Yes | ✓ No | | |
| b If " | Yes," co | mplete the following s | | | | | | | | |
| | | (a) Name of organization | ın | | b) Type of organizati | on | (c) Description of rela | tionship | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | of m | | , it is true, co | | | | ying schedules and stateme r than taxpayer) is based o | | | |
| Sign | . * | **** | | | 2019-10-21 | ***** | | the IRS di | scuss th | nis |
| Here | _ | | | | 2017 10 21 | \ | retu with | rn the prepa | rer show | wn |
| | / , | Signature of officer or t | rustee | | Date | Title | belo | _ | _ | _ |
| | | | | | | | (see | ınstr)? | ⊻ Yes | ⊔ No |
| | | Print/Type preparer's | name | Preparer's Sig | nature | Date | PTIN | | | |
| | | , | = | | | | Check if self- | P00040 | 2061 | |
| | | HENRY A GRANDIZ | 710 | | | | employed ▶ □ | P00040 | 7001 | |
| Paid | | I ILINI A GIVANDIZ | | | | | | | | |
| Prep | arer | Firm's name ▶ GRA | MDIZIO WILK | L KINS LITTLE & 1 | MATTHEWS | 1 | <u> </u> | | 2224 | 260 |
| Use (| Only | | | | | | Firm's | EIN ►52 | -23348 | 308 |

Firm's address ▶ 954 RIDGEBROOK ROAD SUITE 200 Phone no (410) 494-0885 SPARKS, MD 21152 Form **990-PF** (2018)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation JACK HPECHTER ٥ Ω CHAIRMAN OF THE BOARD, TRU 8230 210TH STREET SOUTH 10 00 BOCA RATON, FL 33433 MARILYN A PECHTER O O TRUSTEE 10 00 8230 210TH STREET SOUTH BOCA RATON, FL 33433 VICE MARTIN A PECHTER O 0 PRESIDENT, TRUSTEE 8230 210TH STREET SOUTH 10.00 BOCA RATON, FL 33433 TRUSTEE DARRELL FRIEDMAN 2,500 0 10 00 8230 210TH STREET SOUTH BOCA RATON, FL 33433 MITCHELL D SCHEPPS ESQ TRUSTEE 0 0 10 00

119,364

0

0

| BOCA RATON, FL 33433 | 10 00 | | | |
|---|----------------------------|---------|---|--|
| JEFFREY S PECHTER | VICE | 0 | 0 | |
| 8230 210TH STREET SOUTH BOCA RATON, FL 33433 | PRESIDENT,TRUSTEE 10 00 | | | |
| SHELLY PECHTER HIMMELRICH | PRESIDENT,TRUSTEE | 105,556 | 0 | |
| 8230 210TH STREET SOUTH | 40 00 | | | |

TRUSTEE

SECRETARY-TREASURER

10 00

40.00

8230 210TH STREET SOUTH BOCA RATON, FL 33433 R BRADY OSBORNE JR ESO

8230 210TH STREET SOUTH BOCA RATON, FL 33433 RENEE' MCGOVERN

8230 210TH STREET SOUTH

BOCA RATON, FL 33433

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

than \$5,000).

JACK HPECHTER

MARILYN A PECHTER

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

BOCA RATON, FL 334337146

Total .

| a Paid during the year | | | | |
|--|------|----|------------|--------|
| ACHIEVEMENT CENTER FOUNDATION 555 NW 4TH ST DELRAY BEACH, FL 33444 | NONE | NC | CHARITABLE | 13,500 |
| ANTI-DEFAMATION LEAGUE | NONE | NC | CHARITABLE | 6,500 |

recipient

| ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 9TH FLOOR NEW YORK, NY 101583560 | NONE | NC | CHARITABLE | 6,500 |
|--|------|----|------------|--------|
| B'NAI TORAH | NONE | NC | CHARITABLE | 56,800 |

| ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 9TH FLOOR NEW YORK, NY 101583560 | NONE | NC | CHARITABLE | 6, |
|--|------|----|------------|-----|
| B'NAI TORAH | NONE | NC | CHARITABLE | 56, |

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 show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total.

| | or substantial contributor | | | |
|--|----------------------------|----|------------|--------|
| a Paid during the year | | | | |
| BANK STREET COLLEGE SCHOLARSHIP 610 WEST 112TH ST NEW YORK, NY 100251120 | NONE | NC | CHARITABLE | 10,000 |
| BNOS YISROEL OF BALTIMORE 6300 PARK HEIGHTS AVENUE | NONE | NC | CHARITABLE | 50,000 |

recipient

| ' | | | | |
|--|------|----|------------|--|
| BNOS YISROEL OF BALTIMORE 6300 PARK HEIGHTS AVENUE BALTIMORE, MD 21215 | NONE | NC | CHARITABLE | |
| BOCA HELPING HANDS | NONE | NC | CHARITABLE | |

| BNOS YISROEL OF BALTIMORE 6300 PARK HEIGHTS AVENUE BALTIMORE, MD 21215 | NONE | NC | CHARITABLE | 50, |
|--|------|----|------------|-----|
| BOCA HELPING HANDS | NONE | NC | CHARITABLE | 1, |

| 6300 PARK HEIGHTS AVENUE BALTIMORE, MD 21215 | | | | , |
|---|------|----|------------|-------|
| BOCA HELPING HANDS 1500 NW 1ST COURT | NONE | NC | CHARITABLE | 1,000 |

| BALTIMORE, MD 21215 | | | | |
|---------------------|------|----|------------|-------|
| BOCA HELPING HANDS | NONE | NC | CHARITABLE | 1,000 |
| 1500 NW 1ST COURT | | | | |
| DOCA DATON EL 30400 | | l | I | i |

| BOCA HELPING HANDS | NONE | NC | CHARITABLE | 1,000 |
|----------------------|------|----|------------|-------|
| 1500 NW 1ST COURT | | | | |
| BOCA RATON, FL 33432 | | | | |
| | | | | |

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 show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

| a Paid during the year | | | | |
|--|------|----|------------|--------|
| BOCA RATON REGIONAL HOSPITAL 745 MEADOWS ROAD BOCA RATON, FL 33486 | NONE | NC | CHARITABLE | 39,457 |
| CONNECTED WARRIORS | NONE | NC | CHADITABLE | 1 750 |

recipient

| CONNECTED WARRIORS 3651 FAU BLVD SUITE 400 BOCA RATON, FL 33431 | NONE | NC | CHARITABLE | 1,750 |
|---|------|----|------------|--------|
| EDUCATION FOR EMPLOYMENT 501 MADISON AVENUE 18TH FLOOR | NONE | NC | CHARITABLE | 25,000 |

| 3651 FAU BLVD SUITE 400 BOCA RATON, FL 33431 | NONE | | OTHER TRANSPORT | -/ |
|--|------|----|-----------------|-----|
| EDUCATION FOR EMPLOYMENT 501 MADISON AVENUE 18TH FLOOR NEW YORK NY 10022 | NONE | NC | CHARITABLE | 25, |

| 3651 FAU BLVD SUITE 400 BOCA RATON, FL 33431 | | | | |
|---|------|----|------------|------|
| EDUCATION FOR EMPLOYMENT 501 MADISON AVENUE 18TH FLOOR | NONE | NC | CHARITABLE | 25,0 |

| BOCA RATON, FL 33431 | | | | |
|---|------|----|------------|--------|
| EDUCATION FOR EMPLOYMENT 501 MADISON AVENUE 18TH FLOOR NEW YORK, NY 10022 | NONE | NC | CHARITABLE | 25,000 |

| NEW YORK, NY 10022 | | |
|--------------------|----------|---------|
| Total | ▶ 3a | 794,047 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| EISENHOWER INSTITUTE 818 CONNECTICUT AVENUE NW STE 800 WASHINGTON, DC 20006 | NONE | NC | CHARITABLE | 5,000 |
|--|------|----|------------|--------|
| FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD | NONE | NC | CHARITABLE | 26,032 |

| WASHINGTON, DC 20006 | | | | |
|--|------|----|------------|--------|
| FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD BOCA RATON, FL 33431 | NONE | NC | CHARITABLE | 26,032 |
| FRIENDS OF THE ISRAEL DEFENSE FORCES PO BOX 395 STEVENSON, MD 21153 | NONE | NC | CHARITABLE | 2,835 |

| Total | | | ▶ 3a | 794.047 |
|--|------|----|------------|---------|
| FRIENDS OF THE ISRAEL DEFENSE FORCES PO BOX 395 STEVENSON, MD 21153 | NONE | NC | CHARITABLE | 2,835 |
| BOCA RATON, FL 33431 | | | | |

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HILLEL OF BROWARD AND PALM BEACH | NONE NC CHARITABLE 3,500

| 777 GLADES ROAD BLDG LY-3A BOCA RATON, FL 33431 | | | | |
|---|------|----|------------|--------|
| HOLOCAUST MUSEUM HOUSTON 5401 CAROLINE STREET HOUSTON, TX 77004 | NONE | NC | CHARITABLE | 100,00 |

| HOLOCAUST MUSEUM HOUSTON 5401 CAROLINE STREET HOUSTON, TX 77004 | NONE | NC | CHARITABLE | 100,000 |
|---|------|----|------------|---------|
| INTERNATIONAL SOCIETY FOR YAD VASHEM 500 5TH AVENUE 42ND FLOOR | NONE | NC | CHARITABLE | 32,570 |

| HOUSTON, TX 77004 | | | | |
|--|------|----|------------|--------|
| INTERNATIONAL SOCIETY FOR YAD VASHEM 500 5TH AVENUE 42ND FLOOR NEW YORK, NY 101104299 | NONE | NC | CHARITABLE | 32,570 |

| INTERNATIONAL SOCIETY FOR YAD VASHEM 500 5TH AVENUE 42ND FLOOR NEW YORK, NY 101104299 | NONE | NC | CHARITABLE | 32,570 |
|--|------|----|------------|---------|
| Total | | | ▶ 3a | 794,047 |

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JEWISH FEDERATION (SOUTH PALM NONE NC CHARITABLE 111,000 BEACH) 9901 DONNA KLEIN BLVD

| BOCA RATON, FL 334281788 | | | | |
|--|------|----|------------|--------|
| KRIEGER SCHECHTER DAY SCHOOL 8100 STEVENSON ROAD BALTIMORE, MD 21208 | NONE | NC | CHARITABLE | 5,000 |
| LIFEBRIDGE HEALTH INSTITUTE 2410 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 | NONE | NC | CHARITABLE | 12,100 |

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, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

| | or substantial contributor | | | |
|---|----------------------------|----|------------|--------|
| a Paid during the year | | | | |
| PALM BEACH COUNTY FOOD BANK 525 GATOR DRIVE LANTANA, FL 33462 | NONE | NC | CHARITABLE | 13,055 |
| ROBIN HOOD 826 BROADWAY 9TH FLOOR | NONE | NC | CHARITABLE | 8,250 |

recipient

| LANTANA, FL 33462 | | | | |
|--|------|----|------------|---|
| ROBIN HOOD 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003 | NONE | NC | CHARITABLE | ٤ |
| SAMARITANS 365 | NONE | NC | CHARITARIE | |

| LANTANA, FL 33462 | | | | |
|--|------|----|------------|---|
| ROBIN HOOD 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003 | NONE | NC | CHARITABLE | 8 |
| | | | | |

| ROBIN HOOD 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003 | NONE | NC | CHARITABLE | 8,250 |
|--|------|----|------------|-------|
| SAMARITANS 365 11865 PRESERVATION LANE | NONE | NC | CHARITABLE | 300 |

| 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003 | | | | |
|--|------|----|------------|-----|
| SAMARITANS 365 11865 PRESERVATION LANE | NONE | NC | CHARITABLE | 300 |

| SAMARITANS 365 11865 PRESERVATION LANE BOCA RATON, FL 33498 | NONE | NC | CHARITABLE | 300 |
|---|------|----|------------|-----|
| | | | | |

| 11865 PRESERVATION LANE BOCA RATON, FL 33498 | | |
|---|--|--|
| | | |

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 show any relationship to contribution status of

| Name and address (home or business) | any foundation manager or substantial contributor | recipient | |
|-------------------------------------|--|-----------|--|
| a Paid during the year | | | |
| | | | |

| SCHOLAR CAREER COACHING PO BOX 7733 DELRAY BEACH, FL 33482 | NONE | NC | CHARITABLE | 542 |
|--|------|----|------------|-------|
| SHALOM HARTMANN INSTITUTE OF | NONE | NC | CHARITABLE | 5,000 |

| DELRAT BEACH, FL 33462 | | | | |
|--|------|----|------------|-------|
| SHALOM HARTMANN INSTITUTE OF NORTH AMERICA ONE PENN PLAZA STE 1606 NEW YORK, NY 10119 | NONE | NC | CHARITABLE | 5,000 |

| NORTH AMERICA ONE PENN PLAZA STE 1606 NEW YORK, NY 10119 | None | | CHARLE | 5,000 |
|--|------|----|------------|--------|
| SHORESH2704 BARTOL AVENUE | NONE | NC | CHARITABLE | 10,000 |

| ONE PENN PLAZA STE 1606 NEW YORK, NY 10119 | | | | |
|---|------|----|------------|--------|
| SHORESH2704 BARTOL AVENUE | NONE | NC | CHARITABLE | 10,000 |

| NEW YORK, NY 10119 | | | | |
|--|------|----|------------|--------|
| SHORESH2704 BARTOL AVENUE BALTIMORE, MD 21209 | NONE | NC | CHARITABLE | 10,000 |

| SHORESH2704 BARTOL AVENUE | NONE | NC | CHARITABLE | 10,000 |
|---------------------------|------|----|------------|--------|
| BALTIMORE, MD 21209 | | | | · |
| · | | | | |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

| Name and address (nome or business) | or substantial contributor | | | |
|-------------------------------------|----------------------------|----|------------|-------|
| a Paid during the year | | | | |
| SOS CHILDREN'S VILLAGE OF FLORIDA | NONE | NC | CHARITABLE | 5,000 |

| 3681 NW 59TH PLACE COCONUT CREEK, FL 33073 | NONE | NC . | CHARITABLE | 3,000 |
|--|------|------|------------|-------|
| TEMPLE BETH EL OF BOCA RATON 9800 YAMATO ROAD | NONE | NC | CHARITABLE | 1,056 |

| COCONOT CREEK, TE 33073 | | | | |
|--|------|----|------------|-------|
| TEMPLE BETH EL OF BOCA RATON 9800 YAMATO ROAD BOCA RATON, FL 334345538 | NONE | NC | CHARITABLE | 1,056 |
| TORAH ACADEMY OF BOCA RATON 447 NW SPANISH RIVER BLVD | NONE | NC | CHARITABLE | 5,000 |

| BOCA RATON, FL 334345538 | | | | |
|--|------|----|------------|-------|
| TORAH ACADEMY OF BOCA RATON 447 NW SPANISH RIVER BLVD BOCA RATON, FL 33431 | NONE | NC | CHARITABLE | 5,000 |
| | | | | |

794,047

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year | | | | |
|--|------|------|------------|--------|
| UNITED STATES HOLOCAUST MUSEUM 2200 NW CORPORATE BLVD SUITE 305 BOCA RATON, FL 334317307 | NONE | NC | CHARITABLE | 31,250 |
| LINITY ED CITY OF MIAMI | NONE | l NC | CHADITABLE | 30,000 |

| 500/(10/10/10/17) | | | | |
|---|------|----|------------|--------|
| UNIVERSITY OF MIAMI 1150 NW 14TH STREET SUITE 150 MIAMI, FL 33136 | NONE | NC | CHARITABLE | 20,000 |
| AUTISM SPEAKS 557 N WYMORE ROAD SUITE 101 | NONE | NC | CHARITABLE | 2,500 |

| 1150 NW 14TH STREET SUITE 150 MIAMI, FL 33136 | | | | |
|--|------|----|------------|-------|
| AUTISM SPEAKS 557 N WYMORE ROAD SUITE 101 MAITLAND, FL 32751 | NONE | NC | CHARITABLE | 2,500 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

| a Paid during the year | | | | |
|--|------|----|------------|--------|
| BETHESDA HOSPITAL FOUNDATION PO BOX 243628 BOYNTON BEACH, FL 33435 | NONE | NC | CHARITABLE | 10,000 |

| | | | 0 | |
|--|------|----|------------|--|
| TRI COUNTY HUMANE 735 8TH STREET NE ST CLOUD, MN 56304 | NONE | NC | CHARITABLE | |
| | | | | |

| TRI COUNTY HUMANE 735 8TH STREET NE ST CLOUD, MN 56304 | NONE | NC | CHARITABLE | 500 |
|---|------|----|------------|-------|
| FRIENDS OF YEMIN ORDE 4340 EAST WEST HIGHWAY 202 BETHESDA, MD 20814 | NONE | NC | CHARITABLE | 1,000 |

| 735 8TH STREET NE ST CLOUD, MN 56304 | NONE | NC | CHARITABLE | |
|---|------|----|------------|----|
| FRIENDS OF YEMIN ORDE | NONE | NC | CHARITABLE | 1, |

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 show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

FREMONT, CA 94539

Total .

| a Paid during the year | | | | |
|---|------|----|------------|-------|
| DONNA KLEIN JEWISH ACADEMY 6701 DONNA KLEIN BLVD BOCA RATON, FL 33428 | NONE | NC | CHARITABLE | 1,500 |
| BALT LEADERSHIP SCHOOL | NONE | NC | CHARITABLE | 500 |

| BALT LEADERSHIP SCHOOL 128 W FRANKLIN STREET BALTIMORE, MD 21201 | NONE | NC | CHARITABLE | 500 |
|--|------|----|------------|--------|
| STARSTRUCK THEATRE | NONE | NC | CHARITABLE | 50,000 |

| BALT LEADERSHIP SCHOOL 128 W FRANKLIN STREET BALTIMORE, MD 21201 | NONE | NC | CHARITABLE | Ę |
|--|------|----|------------|------|
| STARSTRUCK THEATRE 43575 MISSION BLVD 616 | NONE | NC | CHARITABLE | 50,0 |

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|---|------|----|------------|-----|
| CHIZUK AMUNO8100 STEVENSON ROAD PIKESVILLE, MD 21208 | NONE | NC | CHARITABLE | 250 |

| PIKESVILLE, MD 21208 | | | | |
|--|------|----|------------|---------|
| YEDA9800 YAMATO ROAD BOCA RATON, FL 33434 | NONE | NC | CHARITABLE | 100,000 |
| DYSLEXIA TUTORING PROGRAM INC | NONE | NC | CHARITABLE | 2,500 |

| BOCA RATON, FL 33434 | | | | |
|--|------|----|------------|---------|
| DYSLEXIA TUTORING PROGRAM INC 711 W 40TH 310 BALTIMORE, MD 21211 | NONE | NC | CHARITABLE | 2,500 |
| Total | | | ▶ 3a | 794,047 |

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 show any relationship to status of contribution

any foundation manager

Name and address (home or business)

BALTIMORE, MD 21228

Total .

| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | or substantial contributor | | | |
|--|---------------------------------------|----|------------|---------------------------------------|
| a Paid during the year | | | | |
| ISRAEL TENNIS CENTER 57 W 38TH ST SUITE 605 NEW YORK, NY 10018 | NONE | NC | CHARITABLE | 20,000 |
| | · · · · · · · · · · · · · · · · · · · | | | · · · · · · · · · · · · · · · · · · · |

recipient

| JOHNS HOPKINS 750 EAST PRATT STREET 17TH FLOOR BALTIMORE, MD 21202 | NONE | NC | CHARITABLE | 1, |
|--|------|----|------------|----|
| BELIEVE IN TOMORROW | NONE | NC | CHARITABLE | 1, |

| JOHNS HOPKINS 750 EAST PRATT STREET 17TH FLOOR BALTIMORE, MD 21202 | NONE | NC | CHARITABLE | 1,3 |
|--|------|----|------------|-----|
| BELIEVE IN TOMORROW | NONE | NC | CHARITABLE | 1,0 |

| OHNS HOPKINS 750 EAST PRATT STREET 17TH FLOOR BALTIMORE, MD 21202 | NONE | NC | CHARITABLE | 1,350 |
|---|------|----|------------|-------|
| BELIEVE IN TOMORROW | NONE | NC | CHARITABLE | 1,000 |

| BALTIMORE, MD 21202 | | | | |
|---------------------|------|----|------------|-------|
| BELIEVE IN TOMORROW | NONE | NC | CHARITABLE | 1,000 |

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 show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284 | NONE | NC | CHARITABLE | 100 |
|---|------|----|------------|-----|
| MILAGRO CENTER695 AUBURN AVE | NONE | NC | CHARITABLE | 250 |

| MILAGRO CENTER695 AUBURN AVE DELRAY BEACH, FL 33444 | NONE | NC | CHARITABLE | 250 |
|--|------|----|------------|-----|
| RED NOSE 488 MADISON AVE 10TH FLOOR | NONE | NC | CHARITABLE | 500 |

| DELRAY BEACH, FL 33444 | | | | |
|--|------|----|------------|-----|
| RED NOSE 488 MADISON AVE 10TH FLOOR NEW YORK, NY 10022 | NONE | NC | CHARITABLE | 500 |

Total . .

Recipient If recipient is an individual, show any relationship to status of Purpose of grant or contribution Status of Status

recipient

794,047

any foundation manager

Name and address (home or business)

| Name and address (nome of business) | or substantial contributor | · | | |
|-------------------------------------|----------------------------|----|------------|-----|
| a Paid during the year | | | | |
| NORMAN & RUTH RALES JEWISH | NONE | NC | CHARITABLE | 600 |

| NORMAN & RUTH RALES JEWISH | NONE | NC | CHARITABLE | 60 |
|-------------------------------|------|----|------------|----|
| FAMILY SERVICES | | | | |
| 21300 RUTH BARON COLEMAN BLVD | | | | |
| BOCA RATON, FL 33428 | | | | |
| | | | | |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491308012109 TY 2018 Accounting Fees Schedule | | | | | | | | |
|--|--|-------|--|-------|--|-----|--|--|
| Name: THE PECHTER FAMILY FOUNDATION EIN: 05-0618996 | | | | | | | | |
| Category Amount Net Investment Adjusted Net Disbursements Income Income For Charitable Purposes | | | | | | | | |
| ACCOUNTING | | 4 540 | | 4 050 | | 454 | | |

ACCOUNTING 1,512 1,058 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Depreciation Schedule

Name: THE PECHTER FAMILY FOUNDATION

EIN: 05-0618996

Depreciation Schedule

| Description of Property | Date Acquired | Cost or Other Basıs | Prior Years' Depreciation | Computation Method | Rate / Lıfe (# of years) | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
|---|------------------|------------------------|------------------------------|--------------------|-----------------------------|---|--------------------------|------------------------|---------------------------------------|
| PDC DEVELOPMENT | 2012-08-27 | 1,708 | 1,708 | SL | 5 000000000000 | 0 | 0 | | |
| COMPUQUIP HP ELITEBOOK | 2012-03-12 | 1,178 | 1,178 | SL | 5 000000000000 | 0 | 0 | | |
| COMPUTER | 2012-08-11 | 1,247 | 1,247 | SL | 5 000000000000 | 0 | 0 | | |
| COMPUTER | 2014-12-30 | 1,142 | 684 | SL | 5 000000000000 | 228 | 0 | | |
| BUILDINGS MELBOURNE FL | 2005-07-01 | 2,289,468 | 629,589 | SL | 40 000000000000 | 57,237 | 57,237 | | |
| BUILDING IMPROVEMENTS | 2005-07-01 | 8,500 | 2,343 | SL | 40 000000000000 | 213 | 213 | | |
| BUILDING IMPROVEMENTS A/C | 2007-08-20 | 1,595 | 1,095 | SL | 15 000000000000 | 106 | 106 | | |
| BUILDING IMPROVEMENTS COMMERCIAL WALL | 2007-11-20 | 6,370 | 1,624 | SL | 40 000000000000 | 159 | 159 | | |
| BUILDING IMPROVEMENTS | 2008-10-07 | 15,123 | 3,497 | SL | 40 000000000000 | 378 | 378 | | |
| LAND | 2010-07-01 | 441,291 | | L | | 0 | 0 | | |
| SIGNS EAST DRIVE, MELBOURNE | 2009-04-21 | 2,500 | 2,500 | SL | 7 000000000000 | 0 | 0 | | |
| FURNITURE & FIXTURES | 2009-07-09 | 2,000 | 2,000 | SL | 5 000000000000 | 0 | 0 | | |
| BUILDINGS KANNER HWY | 2008-12-05 | 2,150,598 | 493,272 | SL | 40 000000000000 | 13,441 | 13,441 | | |
| IMPROVEMENTS | 2008-12-05 | 112,542 | 67,840 | SL | 15 000000000000 | 1,876 | 1,876 | | |
| LAND | 2008-12-05 | 893,673 | | L | | 0 | 0 | | |
| BUILDINGS PFGI | 2009-08-07 | 2,954,708 | 631,192 | SL | 40 000000000000 | 73,868 | 73,868 | | |
| LAND | 2009-08-07 | 2,230,057 | | L | | 0 | 0 | | |
| BRCC | 2011-12-31 | 2,460,275 | | L | | 0 | 0 | | |
| BRCC | 2011-12-31 | 102,503 | | L | | 0 | 0 | | |
| IMPROVEMENTS | 2014-11-18 | 10,228 | 768 | SL | 40 000000000000 | 256 | 256 | | |

Description of

Depreciation Schedule

Cost or Other

107,891

131,867

Date

2017-12-31

2018-07-10

Prior Years'

| Property | Acquired | Basıs | Depreciation | | Life (# of years) | Depreciation Expense | Income | Income | Sold Not Included |
|----------------------------------|------------|--------|--------------|----|-------------------|-------------------------|--------|--------|----------------------|
| IMPROVEMENTS-LIGHT POLES PFGI | 2015-03-31 | 4,000 | 734 | SL | 15 000000000000 | 267 | 267 | | |
| IMPROVEMENTS-LIGHT | 2015-06-30 | 20,601 | 3,433 | SL | 15 000000000000 | 1,373 | 1,373 | | |

Rate /

40 000000000000

40 000000000000

Current Year's

2.697

1,648

Adjusted Net

Net Investment

2,697

1,648

Cost of Goods

Computation Method

SL

SL

IMPROVEMENTS-LIGHT POLES PFGI

IMPROVEMENTS - EAST

IMPROVEMENTS - EAST

BUILDING

DRIVE BUILDING

DRIVE

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491308012109 | | | | |
|--|-----------------|----------------|---------------------|--|--|--|--|
| TV 2018 Investments Corners | to Stock Scho | dulo | | | | | |
| TY 2018 Investments Corporate Stock Schedule | | | | | | | |
| | | | | | | | |
| Name: | THE PECHTER FA | MILY FOUNDATIO | N . | | | | |
| EIN: | 05-0618996 | | | | | | |

| Investments Corporation Stock Schedule | | | | | | | |
|--|-------|----------------------|----------------------------------|--|--|--|--|
| Name of Stock | End o | f Year Book Value | End of Year Fair Market Value | | | | |
| AMERITRADE | | 567,028 | 656,611 | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491308012109 |
|--------------------------------------|-----------------|---------------------|
| | | |

TY 2018 Investments - Land Schedule

Name: THE PECHTER FAMILY FOUNDATION

ETN: 05-0618996

| EIN: 05-0618996 | | | | | | | | |
|--|---------------------|-----------------------------|------------|----------------------------------|--|--|--|--|
| Category/ Item | Cost/Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value | | | | |
| BUILDINGS MELBOURNE FL | 2,289,468 | 686,826 | 1,602,642 | 2,150,059 | | | | |
| BUILDING IMPROVEMENTS | 8,500 | 2,556 | 5,944 | 7,974 | | | | |
| BUILDING IMPROVEMENTS A/C | 1,595 | 1,201 | 394 | 529 | | | | |
| BUILDING IMPROVEMENTS COMMERCIAL WALL | 6,370 | 1,783 | 4,587 | 6,154 | | | | |
| BUILDING IMPROVEMENTS | 15,123 | 3,875 | 11,248 | 15,090 | | | | |
| LAND | 441,291 | 0 | 441,291 | 592,023 | | | | |
| SIGNS EAST DRIVE, MELBOURNE | 2,500 | 2,500 | 0 | 0 | | | | |
| FURNITURE & FIXTURES | 2,000 | 2,000 | 0 | 0 | | | | |
| BUILDINGS PFGI | 2,954,708 | 705,060 | 2,249,648 | 2,249,648 | | | | |
| LAND | 2,230,057 | 0 | 2,230,057 | 2,230,057 | | | | |
| BRCC | 2,460,275 | 0 | 2,460,275 | 2,460,275 | | | | |
| BRCC | 102,503 | 0 | 102,503 | 102,503 | | | | |
| IMPROVEMENTS | 10,228 | 1,024 | 9,204 | 12,348 | | | | |
| IMPROVEMENTS-LIGHT POLES PFGI | 4,000 | 1,001 | 2,999 | 2,999 | | | | |
| IMPROVEMENTS-LIGHT POLES PFGI | 20,601 | 4,806 | 15,795 | 15,795 | | | | |
| BUILDING IMPROVEMENTS - EAST DRIVE | 107,891 | 2,697 | 105,194 | 141,125 | | | | |
| BUILDING IMPROVEMENTS - EAST DRIVE | 131,867 | 1,648 | 130,219 | 174,698 | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491308012109 |
|--------------------------------------|-----------------|---------------------|
| TY 2018 Investments - Other S | Schedule | |
| | | |

100,000

133,857

1,948,556

100,000

1,948,556

133,857

Name: THE PECHTER FAMILY FOUNDATION

BRIDGEEDU

ARCADIAN INVESTORS

TAC ATHENS INVESTORS

FIN: 05-0618996

| Investments Other Schedule 2 | | | |
|------------------------------|-----------------------|------------|----------------------------------|
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |

| le 2 | | |
|---------|-----------------------|------|
| y/ Item | Listed at Cost or FMV | Book |
| | AT COST | |

AT COST

AT COST

| | • | |
|--------------------|---|--|
| TY 2018 Land, Etc. | | |
| Schedule | | |

DLN: 93491308012109

Name: THE PECHTER FAMILY FOUNDATION

| Category / Item | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|------------------------|-----------------------|-----------------------------|------------|----------------------------------|
| PDC DEVELOPMENT | 1,708 | 1,708 | 0 | 0 |
| COMPUQUIP HP ELITEBOOK | 1,178 | 1,178 | 0 | 0 |
| COMPUTER | 1,247 | 1,247 | 0 | 0 |
| COMPUTER | 1,142 | 912 | 230 | 230 |

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DLN: 93491308012109

As Filed Data -

Name: THE PECHTER FAMILY FOUNDATION

| FTN: | 05-0618996 | |
|--------|------------|--|
| F 714" | 02 0010220 | |

Other Assets Schedule Description Beginning of Year -End of Year - Book End of Year - Fair **Book Value** Value Market Value UTILITY DEPOSITS 625 427 427 ACCRUED INTEREST RECEIVABLE 5,891 7,363 7,363

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: | 93491308012109 | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2018 Other Expenses Schedule | | | | | |
| | | | | | |
| Name: | THE PECHTER F | AMILY FOUNDAT | ION | | |
| EIN: | : 05-0618996 | | | | |
| Other Expenses Schedule | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |

2,641

11,880

2,879

300

195

1,788

15

OFFICE EXPENSE

MELBOURNE FL REPAIRS AND MAINTENANCE

MELBOURNE FL LICENSES AND PERMITS

MELBOURNE FL COMMISSIONS

MELBOURNE FL R/E TAXES

MELBOURNE FL INSURANCE

KANNER ACCOUNTING FEES

PFGI REPAIRS AND MAINTENANCE

BANK FEES

MEALS

35,337

8,496

35,472

35,472 2,879

300

195

1,788

1,320

35,337

8,496

15

0

1,321

11,880

0

0

0

Description Revenue and Net Investment **Adjusted Net** Disbursements for Charitable Expenses per Income Income Books **Purposes** 293 293 PFGI ACCOUNTING FEES PFGI ANNUAL REPORT 139 139 78,409 78,409 PFGI REAL ESTATE TAXES

Other Expenses Schedule

| BOCA RATON REPAIRS AND MAINTENANCE | 500 | 500 | 0 |
|------------------------------------|-------|-------|---|
| BOCA RATON CONSULTING FEES | 1,112 | 1,112 | 0 |
| BOCA RATON R/E TAXES | 6,510 | 6,510 | 0 |

| BOCA RATON R/E TAXES | 6,510 | 6,510 | 0 |
|--------------------------|-------|-------|---|
| BOCA RATON ANNUAL REPORT | 200 | 200 | 0 |
| KANNER REAL ESTATE TAXES | 8.590 | 8.590 | 0 |

| KANNER REAL ESTATE TAXES | 8,590 | 8,590 | 0 |
|--------------------------|-------|-------|---|
| | | | |

| RANNER REAL ESTATE TAXES | 0,590 | 0,590 | |
|--------------------------------|-------|-------|--|
| KANNER REPAIRS AND MAINTENANCE | 818 | 818 | |

1,300 1,300 KANNER CONSULTING FEES

Description **Net Investment Adjusted Net** Disbursements for Revenue and Expenses per Income Income Charitable Books **Purposes** PFGI INSURANCE EXPENSE 1.009 1.009 MELBOURNE POSTAGE 36 36 KANNER LEGAL FEES 9,334 9,334 KANNER POSTAGE 22 22

90

300

90

300

Other Expenses Schedule

OPERATING POSTAGE

ADVERTISING & PROMOTION

efile GRAPHIC print - DO NOT PROCESS

Name: THE PECHTER FAMILY FOUNDATION

AMERITRADE

| ETN: | 05-0618996 | |
|-------|------------|--|
| CTIA: | 03-0010330 | |

Other Income Schedule

| • | OOLOJJC | , | | |
|---|---------|---|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1,133

Adjusted Net Income

Revenue And

As Filed Data -

1,133

Net Investment Income

DLN: 93491308012109

1.133

Description

Expenses Per Books

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | D | LN: 93491308012109 | |
|--------------------------------------|-------------------------------------|-------------|-----------------------------------|-----------------------------|--|
| TY 2018 Other Liabilities Schedule | | | | | |
| | | | | | |
| Name | THE PECHTER | FAMILY FOLL | NDATION | | |
| | Name: THE PECHTER FAMILY FOUNDATION | | | | |
| EIN: 05-0618996 | | | | | |
| Description | n | | Beginning of Year - Book Value | End of Year - Book Value | |
| SECURITY DEPOSITS | | | 22,726 | 24,493 | |
| SALES TAX PAYABLE | | | 2,773 | 531 | |
| REAL ESTATE TAXES PAYABLE | | | 6,763 | 3,669 | |

| efile GRAPHIC print - DO NOT PROCES | SS As Filed Data | - | DL | N: 93491308012109 | | |
|-------------------------------------|------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Taxes Schedule | | | | | | |
| | | | | | | |
| Name: THE PECHTER FAMILY FOUNDATION | | | | | | |
| EIN: 05-0618996 | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| FEDERAL EXCISE TAYES | 10.022 | 10.022 | | Pulposes | | |
| FEDERAL EXCISE TAXES | 18,833 | 18,833 | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |

963

963

1,926

REAL ESTATE TAXES

| efile GRAPHIC print - | DO NOT PROCESS | As Filed Data - | | | Γ | DLN: 93491308012109 | |
|---|--|--|---|---|---|--|--|
| Schedule B | | Schedu | le of Contributo | rs | | OMB No 1545-0047 | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | , | | Form 990, 990-EZ, or 990- o <u>v/Form990</u> for the latest ii | | | 2018 | |
| Name of the organizat | | | | | Employer ide | entification number | |
| | | | | | 05-0618996 | | |
| Organization type (ch | eck one) | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | ☐ 501(c)() |) (enter number) o | rganızatıon | | | | |
| | ☐ 4947(a)(1 | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | ☐ 527 politic | cal organization | | | | | |
| Form 990-PF | ✓ 501(c)(3) | exempt private fou | undation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| | | | F that received, during to property Parts I and II So | | | | |
| Special Rules | | | | | | | |
| under sections received from a | 509(a)(1) and 170(b)(| (1)(A)(vı), that chec uring the year, tota | Form 990 or 990-EZ the cked Schedule A (Form to the great to the great to the great blete Parts I and II | 990 or 990-EZ), Pa | art II, line 13, 1 | 16a, or 16b, and that | |
| during the year. | total contributions of | more than \$1,000 | or (10) filing Form 990 o exclusively for religious animals Complete Parts | , charitable, scient | | | |
| during the year If this box is che purpose Don't | contributions exclusions exclusions exclusions content the complete any of the p | rvely for religious, or total contributions parts unless the Ge | or (10) filing Form 990 c charitable, etc., purposes that were received during eneral Rule applies to the or more during the year | s, but no such cont ng the year for an ϵ ns organization bed | tributions total exclusively reli cause it receiv | ed more than \$1,000 glous, charitable, etc , red nonexclusively | |
| 990-EZ, or 990-PF), bu | t it must answer "No' | on Part IV, line 2, | e and/or the Special Rul of its Form 990, or chec t it doesn't meet the filing | k the box on line h | H of its | | |
| For Paperwork Reduction for Form 990, 990-EZ, or 9 | | ructions | Cat No 30613X | Schedu | le B (Form 990, | 990-EZ, or 990-PF) (2018) | |

Name of organization

| Name of organiz THE PECHTER FAM | ation ILLY FOUNDATION | Employer identification 05-0618996 | number |
|------------------------------------|--|---------------------------------------|--|
| Part I | Contributors (See instructions) Use duplicate copies of Part I if ad | ditional space is needed | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | JACK MARILYN PECHTER 8230 210TH STREET SOUTH BOCA RATON, FL 33433 | \$ 400,000 | Payroll Noncash |
| (a) | (b) | (c) | (Complete Part II for noncash contributions) |
| . No. | Name, address, and ZIP + 4 | Total contributions \$ | Type of contribution Person Payroll Noncash (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) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (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) orm 990, 990-EZ, or 990-PF) (2018) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)