Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491128007439

2018

OMB No 1545-0052

Return of Private Foundation

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

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

Open to Public Inspection

		ndar year 2018, or tax year beginning 01-01-20	18 , aı	nd er	nding 12-31-				
		ındatıon and Alaın Lebec Foundatıon Inc			, ,	entification numbe	ır		
		ntion Source	Deem/oute		20-1944833				
	Jumber and street (or P O box number if mail is not delivered to street address) Foundation Source 501 Silverside Rd					B Telephone number (see instructions)			
City	or town	n, state or province, country, and ZIP or foreign postal code	(800) 839-1754						
		DE 198091377			C If exemption	application is pendin	g, check here		
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				ganizations meeting k here and attach co			
		Address change Name change			_	undation status was	· -		
_		pe of organization $lacksquare$ Section 501(c)(3) exempt private 1				n 507(b)(1)(A), chec			
		n 4947(a)(1) nonexempt charitable trust U Other taxable					_		
of '	year (f	xet value of all assets at end from Part II, col (c), ▶\$ 4,163,898 J Accounting method □ Other (specify) (Part I, column (d) must	✓ Cash	al		ation is in a 60-mont n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	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)	742,250				(cd3ii bd3i3 oiii)		
	2	Check ▶ ☐ If the foundation is not required to attach	, 12,230						
	3	Sch B Interest on savings and temporary cash investments	1,770		1 ,770				
	4	Dividends and interest from securities	78,571		78,571				
	5a	Gross rents							
	ь	Net rental income or (loss)							
Ж	6a	Net gain or (loss) from sale of assets not on line 10	66,341						
Revenue	ь	Gross sales price for all assets on line 6a 310,989							
~	7	Capital gain net income (from Part IV, line 2)			66,341				
	8 9	Net short-term capital gain							
	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	888,932		146,682				
	13	Compensation of officers, directors, trustees, etc	0						
	14	Other employee salaries and wages							
ses	15	Pension plans, employee benefits							
Ē	16a b	Accounting fees (attach schedule)							
Ĕ	С	Other professional fees (attach schedule)							
ĭ	17	Interest							
tra tra	18	Taxes (attach schedule) (see instructions)	3,374				1		
<u> </u>	19	Depreciation (attach schedule) and depletion							
Ē	20	Occupancy							
₹ =	21	Travel, conferences, and meetings							
Ē	22	Printing and publications							
<u>5</u>	23	Other expenses (attach schedule)	20,694		285		20,40		
Operating and Administrative Expenses	24	Total operating and administrative expenses.	34.050		205		20.10		
<u>ă</u>	25	Add lines 13 through 23	24,068 295,700		285		20,40		
	26	Total expenses and disbursements. Add lines 24 and	293,700				293,70		
		25	319,768		285		316,10		
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements	569,164						
	ь	Net investment income (If negative, enter -0-)			146,397				
	С	Adjusted net income (If negative, enter -0-)							

3,380,259

3,764,929

3,764,929

3,764,929

3,764,929

3,995,720

4,334,093

4,334,093

4,334,093

4,334,093

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3

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5

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3,764,929

4,334,093

4,334,093 Form 990-PF (2018)

569,164

3,825,525

4,163,898

Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

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

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule)

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.

Less allowance for doubtful accounts ▶

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) .

Other increases not included in line 2 (itemize) > ____

Temporarily restricted

Grants payable

	5
	6
	7
2	8
Assets	9
As	10
	11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

28

29

31

Part III

2

Liabilities

Balances

Fund

ŏ

Assets 27

Net 30

Page **3**

	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs	•	juired hase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a Publicly-traded Securities	S				
b					
С					
d					
<u>е</u>					
	(f)	(g)		(h)
(e) Gross sales price	Depreciation allowed	Cost or other basis			r (loss)
Gross sales price	(or allowable)	plus expense of sale)	(e) plus (f) minus (g)
a 31	.0,989		244,648	3	66,34
b					
c					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation on 12/31/6	9	1	1)
·	(i)	(k)			h) gain minus
(i) F M V as of 12/31/69	A .d	Excess of col (ı)			less than -0-) or
	as of 12/31/69	over col(j), ıf any		Losses (fr	om col (h))
a					66,34
b					
c					
d					
e					
2 Capital gain net income	e or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line		2	66,341
3 Net short-term capital	gain or (loss) as defined in sections :	1222(5) and (6)			
·	rt I, line 8, column (c) (see instruction		. }	3	
Part V Qualification I	Jnder Section 4940(e) for Re	educed Tay on Net Investm	ent In	come	
-					
For optional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on net investme	nt incon	ne)	
f section 4940(d)(2) applies, le	eave this part blank				
Mas the foundation liable for th	to costion 4942 tay on the distributal	ble amount of any year in the bac	noriod	л П v	es 🔽 No
	le section 4942 tax on the distributal ot qualify under section 4940(e) Do	* *	e period	, П.	25 100
	nount in each column for each year,		v entrie	· S	
(a)		_	1	(d)	
Base period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution rat	
year (or tax year beginning in)				(col (b) divided by c	
2017	302,689	3,898,93			0 077634
2016	284,972	3,792,99			0 075131
2015	292,247 65,370	4,071,25			0 071783
2014	'	, ,			0 038421
2013	51,600	1,281,0		T	0 040281
2 Total of line 1, column (•		2		0 30325
number of years the four	o for the 5-year base period—divide to indation has been in existence if less incharitable-use assets for 2018 from	than 5 years	e 3 4		<u>0 06065</u> 3,783,967
5 Multiply line 4 by line 3		·	5		229,498
• • •	ent income (1% of Part I, line 27b)		6		<u> </u>
	, , , , , , , , , , , , , , , , , , , ,				1,464
7 Add lines 5 and 6			7		230,962
	ions from Part XII, line 4 , eater than line 7, check the box in Pa		8 part usir		
				E	rm QQQ-DE (201)

(b)

(c) Date acquired

-(-	Statements Regard	iiig	Activities for willen	1 01111 47 20 May Be	Required (continued	1/				
5a	During the year did the foundation p		•					L	Yes	No
	(1) Carry on propaganda, or otherv		☐ Yes	✓	No					
	(2) Influence the outcome of any specific public election (see section 4955), or to carry									
	on, directly or indirectly, any voter registration drive?						No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?						No			
	(4) Provide a grant to an organization section 4945(d)(4)(A)? See in		•	, -		✓	No			
	(5) Provide for any purpose other t		- ·				NO			
b	educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$,	•	· ·		⊔ Yes	\checkmark	No			
D	Regulations section 53 4945 or in a		=					ь		
	Organizations relying on a current n				_		_ ⊢	┷		
_	If the answer is "Yes" to question 58		-			Ш				
С	tax because it maintained expenditu			·		_				
	If "Yes," attach the statement requi				· · L Yes	Ш	No			
6a	Did the foundation, during the year,	rece	ive any funds, directly or	indirectly, to pay premi	ums on					
	a personal benefit contract?				· 🔲 Yes	J	No			
Ь	Did the foundation, during the year,				1es		NO 6	ь		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		No			
b	If yes, did the foundation receive ar	ıy pro	ceeds or have any net in	come attributable to the				ъ		
8	Is the foundation subject to the sec	tion 4	1960 tax on payment(s) o	of more than \$1,000,000	ın remuneration or					
	excess parachute payment during th	ne ye	ar [?]		· · 🔲 Yes	~	No L			
	Information About (Offic	ers. Directors. Trust	tees. Foundation Ma		_		es.		
Pai	and Contractors		,,		g,g,		,	,		
1	List all officers, directors, truste	es. fo	oundation managers ar	nd their compensation	. See instructions					
	Elst an officers, an ectors, traster		b) Title, and average	(c) Compensation (If	(d) Contributions to	, [(-) [
	(a) Name and address	\	hours per week	not paid, enter	employee benefit plans	and	(e) Ex		e acco	
		ļ	devoted to position	-0-)	deferred compensation	n	00110		- Traine	
See /	Additional Data Table	4								
						\longrightarrow				
		1								
2	Compensation of five highest-pa	id en	nployees (other than t	hose included on line	1—see instructions). If	non	e, ente	r "N	ONE.	"
/- \	Name		(b) Title, and average		(d) Contributions to		(-) F			4
(a)	Name and address of each employee more than \$50,000	paid	hours per week	(c) Compensation	employee benefit plans and deferred		(e) Exp		e acco wance	
			devoted to position		compensation		01			
						-		—		
						-+				
	Lavordo en estableca	+-	0.000			_				
ıota	I number of other employees paid ov	er \$5	0,000		<u> </u>		_			.
							Form 9	77 0	-PF(2018

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid 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
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year Include rele organizations and other beneficiaries served, conferences convened, research papers produ		er of Expenses
1		
2		
3		
Part IX-B Summary of Program-Related Investments (see	nstructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
2		
All other program-related investments. See instructions		
Total. Add lines 1 through 3		<u> </u>
		Form 990-PF (2018)

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

6

1a

1b

2

3a 3h

4

5

187.734

316,109

316.109

1.464

314.645

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Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

6

1

2

3

4

5

Part XII

Page 9

187,734

187,734

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2	U-FI	(20	т.
1	XIII		

orm 990-PF (20	018)	
Part XIII	Undistributed Income	(see instructions)

Form 990-PF (20	018)
Part XIII	Undi

- 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.

(a)

Corpus

303.746

128.375

432,121

432,121

92 734

97.362 113,650

92,734

97.362

113,650

128.375

(b)

Years prior to 2017

(c)

2017

- 2016, 2015, 2014
- Excess distributions carryover, if any, to 2018
- **b** Total for prior years a From 2013. **b** From 2014. . . .
- c From 2015. . . **d** From 2016. . . .
- e From 2017. f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part
- XII, line 4 🕨 \$ 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 required—see instructions).

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

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 instructions 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) . . .

6 Enter the net total of each column as

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. .

Subtract lines 7 and 8 from line 6a

indicated below:

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

same amount must be shown in column (a))



Enter gross amounts unless otherwise indicated		Unrelated bu	isiness income	Excluded by section	(e) Related or exemp	
-	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
g Fees	and contracts from government agencies					
2 Membe	ership dues and assessments					
3 Intere	st on savings and temporary cash ments			14	1,770	
	nds and interest from securities			14	78,571	
	ntal income or (loss) from real estate					
	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal property					
	r (loss) from sales of assets other than					
invent	• /			18	66,341	
9 Net ind	come or (loss) from special events			10	00,511	
	profit or (loss) from sales of inventory					
1 Other	revenue a					
b						
d						
d e						
d e 2 Subtot	al Add columns (b), (d), and (e).				146,682	
d e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	146,682	
d e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)			· · · · · · · · · · · · · · · · · · ·	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	146,682
d e 2 Subtor 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	146,682
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d e 2 Subtor 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	146,682
d e 2 Subtor 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	146,682
d e 2 Subtor 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	146,682
d e 2 Subtor 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	146,682
d e 2 Subtor 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	146,682
d e 2 Subtor 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	146,682

orm 990-PF (<u> </u>							Pa	ge 13
Part XVII	Information Re Exempt Organiz		ansfers To a	and Transactio	ns and Rela	tionships With Nonch	aritable		
	ganization directly or inc than section 501(c)(3)					ation described in section :	501	Yes	No
a Transfers f	rom the reporting found	dation to a no	oncharitable ex	empt organization	of				
							1a(1)		No
(2) Other	assets						1a(2)		No
b Other trans	sactions								
(1) Sales	of assets to a noncharr	table exempt	organization.				1b(1)		No
	ases of assets from a n						. 1b(2)	+	No
	l of facilities, equipmen	•					. 1b(3)		No
	oursement arrangement s or loan guarantees.						1b(4) 1b(5)		No No
	mance of services or me						1b(6)		No
` .	facilities, equipment, m	•	-				1c		No
-			· ·			d always show the fair mar			
		ngement, sho	w in column (c		goods, other a	eived less than fair market ssets, or services received n of transfers, transactions, an		ıngemer	nts
,	, ,					,			
	idation directly or indire in section 501(c) (other	•		•		_	☑ No		
b If "Yes," co	omplete the following so		1		1	(1)			
	(a) Name of organizatio	n	(1	b) Type of organizati	on	(c) Description of	elationship		
of m which		, it is true, co				anying schedules and state ner than taxpayer) is base			
Sign Here	*****			2019-04-19	****	* 	May the IRS d eturn with the prepa		
/ s	Signature of officer or tr	rustee		Date	Title		see instr)? [✓ Yes	□ _{No}
·	Print/Type preparer's	name	Preparer's Sigi	nature	Date	Check if self-	N		
	Jeffrey D Haskell					employed ▶ □	P0134	5770	
Paid Preparer	,								
Use Only		dation Source	=			Firr	n's EIN ▶		
		e Hollow Ln S ke Success N				Pho	ne no (800) 839-	1754
	Lake Success, NY 11042								

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, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation Alain Labor Drag Dir Cos

Foundation Source 501 Silverside Rd Wilmington, DE 198091377	1 0	0	U	0
Christina M Lebec	VP	0	0	0
Foundation Source 501 Silverside Rd] 1 0			

Christina M Lebec	VP	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			
Gabriel L Lebec	VP	0	0	0
Foundation Source 501 Silverside Rd	710			

Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			
Gabriel L Lebec	VP	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			
Leah Lebec	Dir. VP	0	0	0

Gabriel L Lebec	VP	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			
Leah Lebec	Dir, VP	0	0	0
Foundation Source 501 Silverside Rd] 1 0			

Wilmington, DE 198091377				
Leah Lebec	Dir, VP	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	1 0			

Leah Lebec	Dir, VP	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	1 0			

Foundation Source 501 Silverside Rd Wilmington, DE 198091377				
Xavier A Lebec	VP	0	0	0

Wilmington, DE 198091377				
Xavier A Lebec	VP	0	0	
Foundation Source 501 Silverside Rd	710			

Wilmington, DE 198091377

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).

Alaın Lebec Leah Lebec

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				
101 EAST 69TH STREET CONSERVANCY 101 E 69TH ST NEW YORK, NY 10021	N/A	PC	General & Unrestricted	1,000
· · · · · · · · · · · · · · · · · · ·				

NEW YORK, NY 10021				
AMERICAN CORPORATE PARTNERS 140 E 45TH ST FL 19 NEW YORK, NY 10017	N/A	PC	Charitable Event	25,000
ASSOCIATION FOR SCIENCE IN AUTISM TREATMENT INC	N/A	PC	General & Unrestricted	15,000

NEW YORK, NY 10017				
ASSOCIATION FOR SCIENCE IN AUTISM TREATMENT INC PO BOX 1447 HOBOKEN, NJ 07030	N/A	PC	General & Unrestricted	15,000
				(

Total .

295,700

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

- `				
BOYS & GIRLS CLUB OF INDIAN RIVER COUNTY INC	N/A	PC	General & Unrestricted	1,000
1729 17TH AVE				
VERO BEACH, FL 32960				

VERO BEACH, FL 32960				
BRUNSWICK SCHOOL INC 100 MAHER AVE GREENWICH, CT 06830	N/A	PC	Horizons at Brunswick Program	2,000
CALL A RIDE OF GREENWICH	N/A	PC	General & Unrestricted	250

100 MAHER AVE GREENWICH, CT 06830				
CALL A RIDE OF GREENWICH 37 LAFAYETTE PL GREENWICH, CT 06830	N/A	PC	General & Unrestricted	250

CALL A RIDE OF GREENWICH 37 LAFAYETTE PL GREENWICH, CT 06830	N/A	PC	General & Unrestricted	250
Total			▶ 3a	295,700

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient

Output

Purpose of grant or contribution

Amount

Amount

CROSS CATHOLIC OUTREACH INC 2700 N MILITARY TRAIL STE 240 BOCA RATON, FL 33427	N/A	PC	Amanecer Project & Working Boys Center in Ecuador	50,000
EAST END HOSPICE INCPO BOX 1048 WESTHAMPTON BEACH, NY 11978	N/A	PC	General & Unrestricted	1,000

EAST END HOSPICE INCPO BOX 1048 WESTHAMPTON BEACH, NY 11978	N/A	PC	General & Unrestricted	1,000
EAST HAMPTON FOOD PANTRY INC PO BOX 505 EAST HAMPTON, NY 11937	N/A	PC	General & Unrestricted	250

Total . .

295,700

▶ 3a

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 EAST HAMPTON HEALTHCARE N/A PC General & Unrestricted 1.000

FOUNDATION 200 PANTIGO PL EAST HAMPTON, NY 11937				·
EAST HAMPTON MEALS ON WHEELS INC 33 NEWTOWN LN EAST HAMPTON, NY 11937	N/A	PC	General & Unrestricted	250
GREENWICH EMERGENCY MEDICAL	N/A	PC	General & Unrestricted	250

33 NEWTOWN LN EAST HAMPTON, NY 11937	1471	. •		250
GREENWICH EMERGENCY MEDICAL SERVICE INCORPORATED 1111 E PUTNAM AVE RIVERSIDE, CT 06878	N/A	PC	General & Unrestricted	250
Total			▶ 3a	295,700

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

GREENWICH LIBRARY 101 W PUTNAM AVE GREENWICH, CT 06830	N/A	PC	General & Unrestricted	250
HOME FOR THE AGED OF THE LITTLE	N/A	PC	General & Unrestricted	2,500

HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POO 1365 ENFIELD ST ENFIELD, CT 06082	N/A	PC	General & Unrestricted	2,500
INDIAN RIVER LAND TRUST INC	N/A	PC	General & Unrestricted	1,000

ENFIELD, CT 06082				
INDIAN RIVER LAND TRUST INC 80 ROYAL PALM POINTE STE 301 VERO BEACH, FL 32960	N/A	PC	General & Unrestricted	1,00

Total .

295,700

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 INNER-CITY FOUNDATION FOR CHARITY | N/A PC General & Unrestricted 5.000 & EDUCATION INC 238 JEWETT AVE

BRIDGEPORT, CT 06606				
JOHN'S ISLAND FOUNDATION INC 6001 HWY A1A PMB 8323 INDIAN RIVER SHORES, FL 32963	N/A	PC	General & Unrestricted	2,500
LADIES VILLAGE IMPROVEMENT SOCIETY INC 95 MAIN ST EAST HAMPTON, NY 11937	N/A	PC	General & Unrestricted	2,000

Total .

▶ 3a

295,700

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

a raid during the year				
LITERACY PARTNERS INC 75 MAIDEN LN STE 1102 NEW YORK, NY 10038	N/A	PC	General & Unrestricted	1,000
MANHATTAN INSTITUTE FOR POLICY	N/A	PC	General & Unrestricted	1,000

NEW YORK, NY 10038				
MANHATTAN INSTITUTE FOR POLICY RESEARCH INC 52 VANDERBILT AVE NEW YORK, NY 10017	N/A	PC	General & Unrestricted	1,000
MEALS-ON-WHEELS INC OF GREENWICH CONNECTICUT 89 MAPLE AVE	N/A	PC	General & Unrestricted	250

52 VANDERBILT AVE NEW YORK, NY 10017				
MEALS-ON-WHEELS INC OF GREENWICH CONNECTICUT 89 MAPLE AVE GREENWICH, CT 06830	N/A	PC	General & Unrestricted	250

▶ 3a

295,700

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

any foundation manager

Name and address (home or business)

Total .

Hame and address (nome or basiness)	or substantial contributor			
a Paid during the year				
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVE NEW YORK, NY 10065	N/A	PC	General & Unrestricted	1,000

recipient

295,700

NEW YORK, NY 10065				
NATIONAL EXECUTIVE SERVICE CORPS 1177 AVE OF THE AMERICAS FL 5 NEW YORK, NY 10036	N/A	PC	General & Unrestricted	1,000
				1

1177 AVE OF THE AMERICAS FL 5 NEW YORK, NY 10036	N/A	۲۷	General & Unrestricted	1,000
NEW YORK UNIVERSITYPO BOX 6706 HAGERSTOWN, MD 21740	N/A	PC	Goldwater Hospital Writing Project	1,000

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

N/A	PC	Dean's Fund for Restoration of Bobst Library	100,000
	N/A	N/A PC	

<u>'</u>			,	
PASSIONIST COMMUNICATIONS INC PO BOX 111 RYE BROOK, NY 10573	N/A	PC	The Sunday Mass Program	200
READ ALLIANCE INC	N/A	PC	General & Unrestricted	75.000

RYE BROOK, NY 10573				
READ ALLIANCE INC 80 MAIDEN LN 11TH FL NEW YORK, NY 10038	N/A	PC	General & Unrestricted	75,000

READ ALLIANCE INC 80 MAIDEN LN 11TH FL NEW YORK, NY 10038	N/A	PC	General & Unrestricted	75,000
Total			▶ 3a	295,700

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				
STUDENT SPONSOR PARTNERSHIP INC 424 MADISON AVE STE 1002 NEW YORK, NY 10017	N/A	PC	General & Unrestricted	1,500
THE NATURE CONSERVANCY 250 LAWRENCE HILL RO	N/A	PC	General & Unrestricted	1,500

THE NATURE CONSERVANCY 250 LAWRENCE HILL RD COLD SPRING HARBOR, NY 11724	N/A	PC	General & Unrestricted	1,500
UNITED WAY OF INDIAN RIVER COUNTY INC PO BOX 1960 VERO BEACH, FL 32961	N/A	PC	General & Unrestricted	1,000

Total			▶ 3a	295,700
INC PO BOX 1960 VERO BEACH, FL 32961				
UNITED WAY OF INDIAN RIVER COUNTY	N/A	PC	General & Unrestricted	1,000
COLD SPRING HARBOR, NY 11724				

Recipient If recipient is an individual, show any relationship to status of contribution status of contribution status of contribution

recipient

295,700

any foundation manager

Name and address (home or business)

VERO BEACH, FL 32960

Total . .

<u> </u>	or substantial contributor			
a Paid during the year				
VISITING NURSE ASSOCIATION & HOSPICE FOUNDATION 1110 35TH LN	N/A	SO I	General & Unrestricted	1,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491128007439 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 Leah and Alain Lebec Foundation Inc EIN: 20-1944833

erile GRAPHIC Print - DO NOT PROCESS	AS Filed Data -	DLN: 93491128007439

TY 2018 Investments Corporate Stock Schedule

Name: The Leah and Alain Lebec Foundation Inc

EIN: 20-1944833

EIN. 20-1944033				
Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
BANK OF AMERICA CORP	328,554	172,160		
BLACKROCK EVENT DRIVEN EQUITY	225,416	224,457		
BLACKROCK FDS HLTH SCI INV A	131,590	197,507		
BLACKROCK GLOBAL ALLOCATION C	34,726	31,610		
BLACKROCK HLTHSC OP C	135,480	201,369		
ELI LILLY & CO	70,080	173,580		
FIRST EAGLE SOGEN GLOBAL FUND	586,004	545,871		
GENERAL ELECTRIC CO	277,540	75,700		
IVA WORLDWIDE FUND CLASS C	340,084	323,850		
JPMORGAN INCOME BUILDER FUND	1,167,386	1,103,816		
MICROSOFT CORP	70,395	152,355		
THE COCA-COLA CO	136,215	142,050		
TWENTY FIRST CENTURY FOX COMPA	492,250	481.200		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491128007439
TY 2018 Other Expenses Schedule				
Name:	The Leah and F	Alaın Lebec Founda	ation Inc	
EIN:	EIN: 20-1944833			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Administrative Fees	20,384			20,384
Bank Charges	285	285		

25

State or Local Filing Fees

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491128007439
TY 2018 Taxes Schedule				
Name: The Leah and Alaın Lebec Foundation Inc EIN: 20-1944833				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
990-PF Estimated Tax for 2018	1,500			
990-PF Excise Tax for 2017	1,874			

efile GRAPHIC print - De	NOT PROCESS As Filed Da	ta -		DLN: 93491128007439		
Schedule B	Sche	edule of Contributors		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Go to <u>www irs gov/Form990</u> for the latest information		2018			
Name of the organization			Employer i	dentification number		
Organization type (chec			20-1944833	1		
organization type (one)	K one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number	er) organization				
	4947(a)(1) nonexempt	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 political organization	☐ 527 political organization				
Form 990-PF						
	4947(a)(1) nonexempt	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable privat	e foundation				
		90-PF that received, during the yor Complete Parts I and II See in				
Special Rules						
under sections 50 received from any	9(a)(1) and 170(b)(1)(A)(vı), that	filing Form 990 or 990-EZ that m checked Schedule A (Form 990 , total contributions of the greater Complete Parts I and II	or 990-EZ), Part II, line 13	, 16a, or 16b, and that		
during the year, to	otal contributions of more than \$1	, (8), or (10) filing Form 990 or 99 ,000 <i>exclusively</i> for religious, cha n or animals Complete Parts I, II	aritable, scientific, literary,			
during the year, of If this box is check purpose Don't co	ontributions exclusively for religions ked, enter here the total contribut mplete any of the parts unless th	(8), or (10) filing Form 990 or 99 ous, charitable, etc., purposes, butions that were received during the General Rule applies to this or 000 or more during the year.	ut no such contributions tot ne year for an <i>exclusively</i> re rganization because it rece	aled more than \$1,000 eligious, charitable, etc , eived <i>nonexclusively</i>		
990-EZ, or 990-PF), but	t must answer "No" on Part IV, lii	Il Rule and/or the Special Rules on the Rules of the 2, of its Form 990, or check the that it doesn't meet the filing rec	e box on line H of its			
For Paperwork Reduction Affor Form 990, 990-EZ, or 990	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2018)		

Name of organization

Employer identification number

Part I	Contributors (See instructions) Use duplicate copies of Part I if add	litional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Lebec Alain 10 Lauder Lane Greenwich, CT 06831	\$ 742,250	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 Payroll Noncash (Complete Part II for noncash contributions)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) N o.	(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)