Est Services

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 www.irs.gov/Form990PF for instructions and the latest information

For	calendar year 2019 or tax year beginning		, and ending		
Na	me of foundation	·=· · · ·		A Employer identificati	on number
<b>~</b> H	ESED FOUNDATION, INC.			02-051346	4
Nur	mber and street (or P O box number if mail is not delivered to street	address)	Room/suite	<b>B</b> Telephone number	
_ <u> </u>	O BOX 716			603-548-7	767
Cit	y or town, state or province, country, and ZIP or foreign pe	ostal code		C If exemption application is	s pending, check here
_ R	YE BEACH, NH 03871				
G	Check all that apply: Initial return	= '	ormer public charity	D 1. Foreign organization	ns, check here
	Final return	Amended return		2. Foreign organizations	meeting the 85% test.
	Address change	Name change		2. Foreign organizations a check here and attach	computation
H C	Check type of organization: X Section 501(c)(3) ex		$\mathcal{M}$	E If private foundation s	
<u></u>		Other taxable private founda		under section 507(b)(	1)(A), check here
	air market value of all assets at end of year J Accounting	-	Accrual	F If the foundation is in	. [ 1
		her (specify)	ue \	under section 507(b)(	1)(B), check here
			<del></del>		(d) Disbursements
L Pa	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	necessarily equal the amounts in column (a) )	onponed per dedice		N/A	(cash basis only)
_	1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B		<del></del>	IV/ A	
3	2 Check In the foundation is not required to attach schill be interest on savings and temporary cash investments	6,823.	6,823.		STATEMENT 1
U	4 Dividends and interest from securities	16,672.	16,672.		STATEMENT 2
-1	5a Gross rents	10,072.	10,012		
	b Net rental income or (loss)				· <del></del>
	6a Net gain or (loss) from sale of assets not on line 10	40,271.	·	-	
Jue	b Gross 719,483.				,
Revenue	7 Capital om Part IV, line 2)		40,271.		
æ					
	9 Income modifications				
	10a Gross sales less returns On and allowances				
	b Less Cos gracods sub V				
202	c Gross protupor (loss)				
2 2	11 Other income OCDEN UT				
<u> </u>	12 Total. Add lines Inrough 13	63,766.	63,766.		<del></del>
<b>—</b>	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
<u>၁</u> ၀	14 Other employee salaries and wages		-		
<u>Ω</u> 8	15 Pension plans, employee benefits		<u> </u>		
ii š	16a Legal fees	2 200	2 200		0.
<b>=</b>	b Accounting fees STMT 3 c Other professional fees STMT 4	2,289. 9,402.	2,289. 9,402.		0.
e E	c Other professional fees STMT 4	9,402.			<u> </u>
SCANNE	17 Interest 18 Taxes STMT 5	1,385.	1,385.	_	0.
SCANNE and Administrative Expense	18 Taxes STMT 5	1,303.			
Ë	20 Occupancy		11.		
Adr	21 Travel, conferences, and meetings		·-		
Ē	22 Printing and publications				
ā a	23 Other expenses				
atin	24 Total operating and administrative				
Operating	expenses. Add lines 13 through 23	13,076.	13,076.		0.
ō	25 Contributions, gifts, grants paid	76,864.			76,864.
	26 Total expenses and disbursements				
	Add lines 24 and 25	89,940.	13,076.		76,864.
	27 Subtract line 26 from line 12:				
	Excess of revenue over expenses and disbursements	<26,174.	>		
	b Net investment income (if negative, enter -0-)		50,690.		
	c Adjusted net income (if negative, enter -0-)			N/A	1
9235	01 12-17-19 LHA For Paperwork Reduction Act Notice	e, see instructions			Form <b>990-PF</b> (2019)

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29		
(must agree with end-of-year figure reported on prior year's return)	1	<u>839,661.</u>
2 Enter amount from Part I, line 27a	2	<26,17 <u>4.</u> >
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	<u>813,487.</u>
5 Decreases not included in line 2 (itemize)	5	<u> </u>
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	813,487.

Form **990-PF** (2019)

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Form **990-PF** (2019)

62,469.

76,864.

7

Add lines 5 and 6

See the Part VI instructions.

3

	orm 990-PF (2019) HESED FOUNDATION, 'INC.					Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see i	nstru	ctio	ns)
1a	ı Exempt operating foundations described in section 4940(d)(2), check here ▶ 🔲 and enter "N/A" on line 1.		l			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1			5	<u>07.</u>
	of Part I, line 27b	1				•
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b)	1	_			1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2	'			0.
3	Add lines 1 and 2	3			<u>5</u>	<u>07.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			5	<u>07.</u>
6	Credits/Payments:					
а	a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 600	_				
b	Exempt foreign organizations - tax withheld at source 6b 0	-				
C	: Tax paid with application for extension of time to file (Form 8868)  6c 450	_				
đ	f Backup withholding erroneously withheld 6d 0	4				
7	Total credits and payments. Add lines 6a through 6d	7			<u>1,0</u>	<u>50.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <b>X</b> if Form 2220 is attached	8				<u>0.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			<u>5</u>	<u>43.</u>
	Enter the amount of line 10 to be: Credited to 2020 estimated tax	11				0.
Pa	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	
	any political campaign?			1a		<u>X</u>
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					
	distributed by the foundation in connection with the activities.					•
	: Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O	<u>-</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ O .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	Or		3		77
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					<u>X</u>
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3.7	/ 3	4a		<u>X</u>
	o if "Yes," has it filed a tax return on Form 990-T for this year?	1/	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T					
6						
	By language in the governing instrument, or      Outstands that a featurally a monde the accurrance matrix ment as that as mandatory diseasings that conflict with the state.	a law				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				х	
7	remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			6 7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year in tes, complete Part it, col. (c), and Part XV				Λ.	
0.	Enter the states to which the foundation reports or with which it is registered. See instructions.					
бa	· · · · · · · · · · · · · · · · · · ·					
L	NH of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		<del></del>			
D	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	x	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	andar		90	Λ	
9	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	enual		9 .		<u>x</u> _
10				10		X
10	DIO dily persona decome substantial continuoria during the tax year. If "tes," attach a schedule listing their names and addresses		For	m <b>990</b>	-PF	
			1 01	550		

Pa	art VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges,?			
	If "Yes," attach statement. See instructions	12		_X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address WWW.HESEDFOUNDATION.ORG			
14	The books are in care of ► ELIZA SHULMAN Telephone no. ► 603 – 54	<u>8-7</u>	<u> 767</u>	
	Located at ▶P.O. BOX 716, RYE BEACH, NH ZIP+4 ▶03	871		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		_X_
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		i	
	foreign country			
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions $N/A$	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years <b>&gt;</b>			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b></b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	_		
	Schedule C, to determine if the foundation had excess business holdings in 2019.) $N/A$	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a_		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		<u> </u>

Form 990-PF (2019) HESED FOUNDATION, INC.	<u> </u>		02-051346	4	Page 6
Part VII-B   Statements Regarding Activities for Which F	Form 4720 May Be F	Required (contin	ued)	1	
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) .Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,	[ <del>]</del>		
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	es LALINO		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		es X No		
4945(d)(4)(A)? See instructions			S LAL NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		es X No		
the prevention of cruelty to children or animals?			NO LAL 85		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in negulations	N/A 5		
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A 5	<del>'</del>	
Organizations relying on a current notice regarding disaster assistance, check to		inad			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		_ , _	es 🔲 No		
expenditure responsibility for the grant?	I.	I/A 16	:5 NO		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	nov promiumo on				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No		
a personal benefit contract?	arcanal hanafit contract?		ا 140 المصادي   6	,	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u>  •</u>	<b>"</b>	
If "Yes" to 6b, file Form 8870.	halter transaction?		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attribution.			N/A 7	<del>-</del>	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$		7	AVA   1		<u> </u>
,	1,000,000 111 1611141161411011 0	' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es X No		
excess parachute payment(s) during the year?  Part VIII Information About Officers, Directors, Trusto	ees Foundation Ma				
Paid Employees, and Contractors	ecs, i oundation wit	inagers, riiging	•		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.		<u> </u>		
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, allowa	, otner nces
SEE STATEMENT 9		0.	0.		0.
		İ			
		li .			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Exp account,	ense
(a) Name and address of each employee paid more than 400,000	devoted to position	(C) Compensation	and deferred compensation	allowa	
NONE /					
			_		
		1			
		<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000					<u> </u>
			Form 9	90-PF	(2019)

Form 990-PF (2019) HESED FOUNDATION, INC.		0513464 Page 7
Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<u> </u>		
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 relevant number of organizations and other beneficiaries served, conferences convened, research paper	t statistical information such as the rs produced, etc.	Expenses
1 N/A		
2		
3		
4	-	
·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax y	ear on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
	-	
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3		0.
Total. Add lines 1 through 3		<u> </u>

0 . Form **990-PF** (2019)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	$\Box$	
	Average monthly fair market value of securities	1a	947,969.
	Average of monthly cash balances	1b	5,849.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	953,818.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	953,818.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	_4	14,307.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	939,511.
6	Minimum investment return Enter 5% of line 5	6	46,976.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	nd certair	1
1	Minimum investment return from Part X, line 6	1	46,976.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)	]	
C	Add lines 2a and 2b	2c	507.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	46,469.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	46,469.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	46,469.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	76,864.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	76,864.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	<u>507.</u>
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	76,357.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section

Form **990-PF** (2019)

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
4. Distributable amount for 0010 from Dark VI		Tears prior to 2010	2010	2010
1 Distributable amount for 2019 from Part XI,				16 160
line 7			<del></del>	46,469.
2 Undistributed income, if any, as of the end of 2019			•	
a Enter amount for 2018 only			0.	
<b>b</b> Total for prior years:		•		
<del></del>		0.		
3 Excess distributions carryover, if any, to 2019.				
a From 2014 14,866.				
b From 2015 7,887.				
c From 2016 26,390.				
d From 2017 19,050.				
e From 2018 14,253.				
f Total of lines 3a through e	82,446.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$ 76,864.				
a Applied to 2018, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior			• •	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				46,469.
e Remaining amount distributed out of corpus	30,395.			40,400.
5 Excess distributions carryover applied to 2019	30,333.		***************************************	
(If an amount appears in column (d), the same amount must be shown in column (a) )	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpuş Add lines 3f, 4c, and 4e Subtract line 5	112,841.		~~~~	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable	ĺ			
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line		• • •		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract			J •	-
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				· .
corpus to satisfy requirements imposed by				
				'
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.	_		
8 Excess distributions carryover from 2014	14 000			
not applied on line 5 or line 7	14,866.			
9 Excess distributions carryover to 2020	05.055			
Subtract lines 7 and 8 from line 6a	97,975.			
O Analysis of line 9:				
a Excess from 2015 7,887.				
<b>b</b> Excess from 2016 26,390.				
c Excess from 2017 19,050.	.			
d Excess from 2018 14,253.				
e Excess from 2019 30,395.				5 000 PF (0040)

Form 990-PF (2019) HESED F	OUNDATION,	INC.	A ====================================	02-05	13464 Pagé 10
Part XIV Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo  b Check box to indicate whether the found			n section	4942(J)(3) or 49	42( <sub>1</sub> )(5)
2 a Enter the lesser of the adjusted net	Tax year	g touridation described to	Prior 3 years	7542()(5) 6175	12()/(0)
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for	· · · /				<del></del>
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					_
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6, for each year					
listed					
c "Support" alternative test - enter:		,			
<ol> <li>Total support other than gross investment income (interest,</li> </ol>					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					-
an exempt organization					
(4) Gross investment income	/				
Part XV Supplementary Info			if the foundation	on had \$5,000 or mo	ore in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation wh			ibutions received by t	the foundation before the clos	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See Se	ection 507(a)(2).)			
NONE	<u> </u>				
b List any managers of the foundation when other entity) of which the foundation has			or an equally large po	rtion of the ownership of a pa	artnership or
	s a 1070 of greater filteres	···			
NONE	0 1001	0-1-1			<del></del>
2 Information Regarding Contribution				a not accept uppelleded requ	acts for funds. If
Check here \( \sum_{\text{\colored}} \) If the foundation of the foundation makes gifts, grants, etc.,	-	·	-	s not accept unsolicited requ Pa. b. c. and d.	ests 101 101105. 11
a The name, address, and telephone num					
HESED FOUNDATION, IN	C 603-548	-7767 GRAN	TS&HESEDE	OUNDATTON . ORG	
P.O. BOX 716, RYE BE			TOCHEDED!	JOINDINI 1 ON 1 ONG	
b The form in which applications should be			only include.	· · · · · · · · · · · · · · · · · · ·	
SEE ATTACHED	c 300milled and informati	ion and materials they sh	oute molecue.		
c Any submission deadlines:	<u> </u>				
NOVEMBER 30					
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kınds of institutions, o	or other factors:	
SEE ATTACHED					

3 Grants and Contributions Paid During the \		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
SEE ATTACHED SCHEDULE				
SEE ATTACHED SCHEDULE				76,864.
		;		
Total			<b>▶</b> 3a	76,864.
<b>b</b> Approved for future payment				
NONE				
Total			<b>▶</b> 3b	0.
10101				

## Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	Couc		1	-	
ab					
c		_			
d					<u>-</u>
e					
1					. <u> </u>
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	6,823.	
4 Dividends and interest from securities			14	16,672.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property 7 Other investment income			<del></del>		
8 Gain or (loss) from sales of assets other					
than inventory			18	40,271.	
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
c	_				
d	_				
e	_				
2 Subtotal. Add columns (b), (d), and (e)		0	•	63,766.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	63,766.
See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie		mnlishment of F	Exempt P	urnoses	
Line No. Explain below how each activity for which i					dishment of
the foundation's exempt purposes (other the			A COMMIDUICO	importantly to the accomp	Mishimont of
		· · · · · · · · · · · · · · · · · · ·			<u> </u>
	_				
					·-··
	<del></del>		<del></del>		
		<del>-</del>		<u> </u>	
	<u>.</u>			···	
					_ <del></del>
			<u>-</u> .		

UIII 990-PF (		FOUNDATION, 1			17404	a	yc IJ
Part XVII	」 `Information Re Exempt Organ		and Transactions an	d Relationships With Nonch	arıtable		
1 Did the o			wing with any other organization	described in section 501(c)		Yes	No
		nizations) or in section 527, rela		r described in Section 30 NC)			
•		ation to a noncharitable exempt	•				
(1) Cash		ation to a nononantable exempt	or gameanon or.		1a(1)		X
(2) Othe					1a(2)		X
<b>b</b> Other train							
_	s of assets to a noncharital	ble exempt organization			1b(1)		X
` '		ncharitable exempt organization	1		1b(2)		Х
` '	al of facilities, equipment,	· •			1b(3)		Х
	bursement arrangements				1b(4)		Х
(5) Loan	is or loan guarantees				1b(5)		Х
(6) Perfe	ormance of services or me	mbership or fundraising solicita	ations		1b(6)		X
c Sharing o	of facilities, equipment, ma	iling lists, other assets, or paid	employees		1c		X
d If the ans	wer to any of the above is	"Yes," complete the following so	chedule. Column ( <b>b)</b> should alwa	ays show the fair market value of the goods	s, other asse	ets,	
or service	es given by the reporting fo	oundation. If the foundation rec	eived less than fair market value	in any transaction or sharing arrangement	, show in		
column (	<del></del>	other assets, or services receive					
a) Line no	(b) Amount involved		ible exempt organization	(d) Description of transfers, transactions, ar	nd sharing arra	angeme	nts
		N/A	<u> </u>				
	<del></del>		<u> </u>				
	-		<del></del>		**		
	· · · · · · · · · · · · · · · · · · ·		_				
_			· · · · · ·				
			· · · · · · · · · · · · · · · · · · ·				
			<del></del>				
			······································				
		·					
	· ·				***		
2a Is the fou	indation directly or indirect	tly affiliated with, or related to, o	one or more tax-exempt organiza	ations described		-	
	=	n 501(c)(3)) or in section 527?			Yes Yes	X	No
	omplete the following sch						
	(a) Name of org	anization	(b) Type of organization	(c) Description of relation	nship		
	N/A_						
				<u> </u>			
				<u> </u>			
					May the IRS di		
Sign   and b Here	$\mathbb{N}$		Maclilan		hown below?		str
			<u> </u>	SECRETARY	X Yes		J No
	nate of officer or trustee		Date	Title Check if PTII			
	Print/Type preparer's na	arne Preparer	s signature	Date   Check [] if   PTII   self- employed	•		
Paid	MADIE O M		III MUCIA	1 ' ' 1	002949	221	
r ald Preparer	MARIE C. M	ELOW & COMPANY	· · · · · · · · · · · · · · · · · · ·	Firm's EIN ▶ 02-			
Use Only		ELOW & COMPANI	, CEA, ELIPC	THIIISEIN P UZ-	<del></del> .	ر ر	
		0 COMMERCIAL S	TREET				
		NCHESTER, NH 0		Phone no. 6036	277659	9	
	, PAG						

Form **990-PF** (2019)

FORM 990-PF INTEREST (	ON SAVIN	GS AND TEM	PORARY	CASH II	NVESTMENTS	STATEMENT	1
SOURCE UBS FINANCIAL SERVICES		REVE	(A) REVENUE NI PER BOOKS 6,823.		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	
					6,823.		
TOTAL TO PART I, LINE 3	3		6,823.		6,823.		
FORM 990-PF DI	IVIDENDS	AND INTER	EST FRO	OM SECUI	RITIES	STATEMENT	2
	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS		(C) T- ADJUST ME NET INC	
UBS FINANCIAL SERVICES	16,672.		0.	16,672	. 16,67	2.	
TO PART I, LINE 4	16,672.		0.	16,672	16,67	2.	
FORM 990-PF		ACCOUNTI	NG FEE	S		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET II	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
PROFESSIONAL FEES		2,289.		2,289.			0.
TO FORM 990-PF, PG 1, I	LN 16B	2,289.		2,289.			0.
FORM 990-PF	OTI	HER PROFES	SIONAL	FEES		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
UBS FINANCIAL FEES		9,402.		9,402.			0.
TO FORM 990-PF, PG 1, I	 LN 16C	9,402.		9,402.			0.

FORM 990-PF	TAXES			STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM	CHARIT	(D) CHARITABLE PURPOSES	
NH ANNUAL REPORT FILING FEE LATE FILING FEE FEDERAL TAX	75. 75. 1,235.	75. 75.				0. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	1,385.				0.		
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6	
DESCRIPTION			вос	OK VALUE	FAIR MARK VALUE	ET	
CORPORATE STOCK				694,335.	924,879.		
TOTAL TO FORM 990-PF, PART I	694,335.		924,879.				
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	7	
DESCRIPTION			вос	OK VALUE	FAIR MARK VALUE	ET	
CORPORATE BONDS				60,790.	61,	605.	
TOTAL TO FORM 990-PF, PART II, LINE 10C				60,790.	61,605.		
FORM 990-PF	OTHER	OTHER ASSETS			STATEMENT	8	
DESCRIPTION		NING OF K VALUE		OF YEAR K VALUE	FAIR MARK VALUE	ET	
INVESTMENT IN VERITRUST		0.	25,000.		25,000.		
TO FORM 990-PF, PART II, LINE	= 15	0.		25,000.	. 25,000.		

	II - LIST OF OFFICERS, DETECTION MANA	STATEMENT		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ELIZA SHULMAN 6 HOLLIS PARK CAMBRIDGE, MA 02140	SECRETARY 0.00	0.	0.	0.
JASON SHULMAN 50 WASHINGTON PARK AVE MILL VALLEY, CA 94941	TREASURER 0.00	0.	0.	0.
ALEXANDER SHULMAN 75 PARK TERRACE EAST NEW YORK, NY 10034	TRUSTEE 0.00	0.	0.	0.
JENNIFER SHULMAN 50 WASHINGTON PARK AVE MILL VALLEY, CA 94941	TRUSTEE 0.00	0.	0.	0.
LUKE SHULMAN 2 PEARL STREET CHARLESTOWN, MA 02129	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF	, PAGE 6, PART VIII	0.	0.	0.