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2019

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

or	caler	ndar year 2019, or tax year beginning 01-01-20	)19 , aı	nd ending 12-31	-2019	
		Indation		A Employer id	lentification numbe	r
BU	CKNALI	L FAMILY FOUNDATION		06-1485574		
		d street (or P.O. box number if mail is not delivered to street address) NWICH ROAD	Room/suite	<b>B</b> Telephone nu	ımber (see instructior	ıs)
				(203) 536-219-	4	
		n, state or province, country, and ZIP or foreign postal code H, CT 06830	•	<b>C</b> If exemption	application is pending	g, check here
G Ch	neck al	ll that apply: 🔲 Initial return 🔲 Initial return of a	former public charity	<b>D 1.</b> Foreign or	ganizations, check he	ere
		Final return Amended return	received page enactor		rganizations meeting	▶ ∟
		☐ Address change ☐ Name change			ck here and attach co	
<b>1</b> Ch	neck tv	rpe of organization: ✓ Section 501(c)(3) exempt private	foundation		undation status was t	
		· · · · · · · · · · · · · · · · · · ·	e private foundation	under section	on 507(b)(1)(A), chec	k nere
			☑ Cash ☐ Accru	F If the found	ation is in a 60-month	n termination
of '	year (f	rom Part II, col. (c), ▶\$ 11,616 ☐ Other (specify) (Part I, column (d) must			n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total		<u> </u>		(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)				
	2	Check ▶ ☑ if the foundation is <b>not</b> required to attach Sch. B				
	3	Interest on savings and temporary cash investments	408	225	408	
	4	Dividends and interest from securities	11,404	11,404	11,404	
	5a	Gross rents				
	b	Net rental income or (loss)				
K	6a	Net gain or (loss) from sale of assets not on line 10	14,343			
Revenue	b	Gross sales price for all assets on line 6a 14,343				
2	7	Capital gain net income (from Part IV, line 2)		14,343		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances	<u> </u>			
	b	Less: Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)				
	11		26.455	25.073	11.012	
	12	Total. Add lines 1 through 11	26,155	25,972	11,812	
	13	Compensation of officers, directors, trustees, etc.				
	14	Other employee salaries and wages				
Ses	15 16a	Legal fees (attach schedule)				
Ē		Accounting fees (attach schedule)	5,400			
EX	b	,	<u> </u>			
Operating and Administrative Expenses	_ c	Other professional fees (attach schedule)	5,903			
<u> </u>	17	Interest	<b>%</b> 852			
<u> </u>	18	Taxes (attach schedule) (see instructions)	852			
፷	19	Depreciation (attach schedule) and depletion				
AG	20	Occupancy				
ב כ	21	Travel, conferences, and meetings				
ਰ ਹਾ	22	Printing and publications	32			
Ĕ			32			
era	24	Total operating and administrative expenses.  Add lines 13 through 23	12,187	l a		,
<u>ā</u>	25		33,000			33,000
-			33,000			33,000
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	45,187	C		33,000
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	-19,032			
	ь	Net investment income (if negative, enter -0-)		25,972		
	c	Adjusted net income (if negative, enter -0-)			11,812	
_			•		•	

Beginning of year

622,784

622,784

622,784

789,428

789,428

789,428

1

2

3

4

5

622,784

-19,032

185,676

789,428

789,428 Form **990-PF** (2019)

Page 2

End of year

Form 990-PF (2019)

18

19

20

21

22 23

24

25

26

27 28

29

30

Part III

2

3

4

5

Liabilities

Net Assets or Fund Balances

Grants payable

Other liabilities (describe >\_

Total liabilities (add lines 17 through 22) .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

Net assets with donor restrictions .

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

Mortgages and other notes payable (attach schedule). . . . .

Foundations that do not follow FASB ASC 958, check here ▶

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 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

**Analysis of Changes in Net Assets or Fund Balances** 

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds . . .

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

	2	Savings and temporary cash investments	112,373	11,616	11,616
	3	Accounts receivable ▶			
		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			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis >			
		Less: accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	510,411	777,812	
	14	Land, buildings, and equipment: basis >			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	622,784	789,428	11,616
	17	Accounts payable and accrued expenses			

Page **3** 

	pe the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation		(c) ite acquired o., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
	(f)		(g)	†		h)
(e) Gross sales price	Depreciation allowed		other basis		Gain o	r (loss)
Gross sales price	(or allowable)	plus exp	ense of sale		(e) plus (f	) minus (g)
а						
b						
c						
d						
e						
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69			T)
(i)	(j)		(k)			h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis		of col. (i)	со		less than -0-) or
	as of 12/31/69	over col	. (j), if any		Losses (fr	om col.(h))
а						
b						
С						
d						
е						
•	gain or (loss) as defined in sections art I, line 8, column (c) (see instructi	. ,	Part I, line 7	3		14,343
Part V Qualification U	Under Section 4940(e) for Re	educed Tax on Net	Investment I	ncome	<u> </u>	
(For optional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on ne	et investment inco	me.)		
If section 4940(d)(2) applies, le	eave this part blank.				_	_
	ne section 4942 tax on the distributa ot qualify under section 4940(e). Do			d?		es 🔽 No
1 Enter the appropriate an	nount in each column for each year;	see instructions before	making any entri	es.		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(col.	(d) Distribution rati (b) divided by c	
2018	35,400		672,434	•		0.052645
2017	34,500		689,500			0.050036
2016	40,485		672,930			0.060162
2015	42,406		723,992			0.058572
2014	44,698		761,045			0.058732
2 Total of line 1, column (	d)		2			0.280147
3 Average distribution ratio	o for the 5-year base period—divide	the total on line 2 by 5	.0, or by the			
	ndation has been in existence if less		3			0.056029
	oncharitable-use assets for 2019 fron	•	4			779,041
<b>5</b> Multiply line 4 by line 3			5	$\perp$		43,649
	ent income (1% of Part I, line 27b)		6			260
						43,909
	ions from Part XII, line 4 ,					33,000
If line 8 is equal to or gre instructions.	eater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part us	ing a 1º	% tax rate. Se	e the Part VI

Form	990-PF (2019)									F	age <b>6</b>
Pa	rt VII-B Sta	tements Regard	ling	<b>Activities for Which</b>	Form 4720 May Be	Required (conti	nued)				
5a	During the year	did the foundation	oay o	r incur any amount to:						Yes	No
	(1) Carry on pr	opaganda, or otherv	vise a	e attempt to influence legislation (section 4945(e))?							
	(2) Influence th	ne outcome of any s	pecific	public election (see sect	tion 4955); or to carry	<b>ш</b> '	es 🗸	NO			
	on, directly or indirectly, any voter registration drive? Yes							No			
	(3) Provide a grant to an individual for travel study or other similar nurposes?							No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described										
	in section 4945(d)(4)(A)? See instructions										
	(5) Provide for	any purpose other t	han r	eligious, charitable, scien	tific, literary, or						
			•	ention of cruelty to childr		Y	es 🗸	No			
b				<b>ny</b> of the transactions fa			n				
	Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions								5b		
	-			regarding disaster assist				]			
С		•		does the foundation clain	•						
		•		sponsibility for the grant		· · □ v	es 🗌	No			
		•		y Regulations section 53.							
6a				ive any funds, directly or							
						Y	es 🗸	No			
b			pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?			6b		No
	If "Yes" to 6b, fi										
7a	-	= :		foundation a party to a p		1	es 🗹	No			
	•			roceeds or have any net					7b		
8		-		960 tax on payment(s) o				_			
				ar?			es 🗸				<u> </u>
Pa			Offic	ers, Directors, Trust	tees, Foundation Ma	nagers, Highly	Paid E	mplo	yees,		
	and	Contractors									
1	List all officers	, directors, truste		oundation managers ar							
	(a) Name ar	nd address	(	<ul><li>b) Title, and average hours per week</li></ul>	(c) Compensation (If not paid, enter	(d) Contributio employee benefit p		, (e)	Exper	se acc	ount,
	(a) Name a	nu address		devoted to position	-0-)	deferred comper		1 0	ther a	llowand	ces
WILLI	AM H BUCKNALL			IDENT	0		-	0			0
	TANWICH ROAD		000.0	00							
	NWICH, CT 06830		VICE	PRECIPE				_			
	STANWICH ROAD		000.0	PRESIDE 00	0		1	이			0
	NWICH, CT 06830										
G STA	AFFORD BUCKNALL			ETARY	0			0			0
	TANWICH ROAD		000.0	00							
	NWICH, CT 06830	of five highest no	idon	enlavace (athor than t	hasa ingludad an lina 1	saa instrustion	\ Tf ma	<u> </u>	mtor "	NONE	71
	Compensation	or rive nignest-pa	ia en	nployees (other than t		(d) Contribution		me, e	nter	NONE	<u> </u>
(a)		ss of each employee an \$50,000	paid	<b>(b)</b> Title, and average hours per week devoted to position	(c) Compensation	employee ber plans and defe	efit rred			se acco	
NON						compensation	/11				
NON	<u> </u>										
						+					
Tet-	I number of other	n omployees as a second	or #F	0.000							
TOTA	i number of other	i employees paid ov	EI \$3	0,000			<b>•</b>	r-	OO	0_0=	(2010)
								LOI	111 J J	U-7F (	(2019)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rel organizations and other beneficiaries served, conferences convened, research papers produ	evant statistical information such as the numbe uced, etc.	r of Expenses
1	,	
2		_
3		
4		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during t		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		<b>•</b>
Iotal. Add lines 1 through 3	<del> </del>	Form 900 PE (2010)

B	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at <b>XII</b>	and cer	tain foreign
Pair	organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	38,952
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.)		
С	Add lines 2a and 2b	2c	519
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	38,433

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

4

5

6

7

1a

1b

2

За 3h

4

5

38,433

38.433

33,000

33,000

33,000

Form 990-PF (2019)

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

4

5

6

1

2

3

4

5

b

Part XII

38,433

33,000

5,433

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Page 9

Pai	rt )	ΧI	

Form 990

-PF (20	019)	
(III)	Undistributed Income	(see instructions)

Excess distributions carryover, if any, to 2019:

Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only. . . . . .

- a From 2014. . . . . **b** From 2015. . . . . c From 2016. . . d From 2017. . . . .
- e From 2018. . . . .
- 4 Qualifying distributions for 2019 from Part
- 2,459 f Total of lines 3a through e. . . . . . . . XII, line 4: ▶ \$
- a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years

**d** Applied to 2019 distributable amount. . . . .

same amount must be shown in column (a).)

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019.

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

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

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

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . .

**b** Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . . e Excess from 2019. .

6 Enter the net total of each column as

**b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . . f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 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 2014 not

indicated below:

- (Election required—see instructions). . . . .
- c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . .

7.427 6,425

28.472

503

6.425 28,472

503

2.459

(a)

Corpus

(b)

Years prior to 2018

(c)

2018

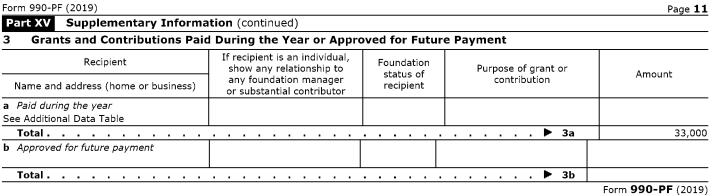
5,433

39,853

1.994

37,859

45.286



nter gross	amounts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.)
						1
				+		+
g Fees a	and contracts from government agencies					
Membe	rship dues and assessments					
Interest	t on savings and temporary cash nents					403
Dividen	ds and interest from securities					11,404
	tal income or (loss) from real estate:					,
a Debt-	financed property					
	ebt-financed property					
	tal income or (loss) from personal property					
	nvestment income					
	(loss) from sales of assets other than					
						14,34
	ome or (loss) from special events: profit or (loss) from sales of inventory					
Other r	,					
	AL TAX REFUND					
b						
d						
	al. Add columns (b), (d), and (e)					26,15
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			13	3	26,155
art XVI			ment of Exem	nt Purnoses		
	Explain below how each activity for which			· · · · · · · · · · · · · · · · · · ·	ited importantly to	
ine No. ▼	the accomplishment of the foundation's ex					
•	instructions.)					

orm	990-PF	· ,							Pa	ge <b>13</b>
Pai	t XVII	Information Re Exempt Organi		sfers To a	ind Transactio	ns and Relati	onships With Non	charitable		
		ganization directly or in than section 501(c)(3)						n 501	Yes	No
,	, ,	from the reporting foun	,		, ,	-				
		, ,						. 1a(1)		No
•	•	rassets						. 1a(2)		No
•	-	nsactions:						(-)		
		s of assets to a nonchari	itable exempt org	anization.				. 1b(1)		No
-	-	hases of assets from a n						. 1b(2)		No
(3	Rent	al of facilities, equipmer	nt, or other assets	· · · ·				1b(3)		No
(4	l) Reim	bursement arrangemen	ts					. 1b(4)		No
(5	) Loan	s or loan guarantees.						. 1b(5)		No
(6	) Perfo	rmance of services or m	embership or fun	draising soli	icitations			. 1b(6)		No
c SI	naring o	f facilities, equipment, n	nailing lists, other	assets, or	paid employees.			. 1c		No
of	the goo any tra	wer to any of the above ods, other assets, or sernsaction or sharing arra  (b) Amount involved	vices given by the	reporting for column (d	foundation. If the  i) the value of the	foundation receives goods, other as:	ved less than fair mark	et value ed.	ngemen	nts
		. ,	,				, ,			
					+					
					+					
		ndation directly or indire	•	*	•		_	s 🔽 No		
		in section 501(c) (other		L(C)(3)) or I	n section 52/?.		∐Ye	s 🖭 No		
b lf	"Yes," c	complete the following so (a) Name of organization		1 (1	) Type of organization	on I	(c) Description	of relationship		
		(a) Name of organization	, , , , , , , , , , , , , , , , , , ,	()	y Type of organization	511	(c) Description	or relationship		
	of n	ler penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, correc							
Sig: Her		*****			2020-07-01	*****		May the IRS di return	scuss th	nis
i i e i		Signature of officer or to	rustee		Date	Title		with the prepa below (see instr.)	_	
		Print/Type preparer's	name Pre	parer's Sign	nature	Date		TIN		
Paid	d	DAVID F ALFANO ( PFS CGMA	CPA			2020-07-14	Check if self- employed ▶ ☐	P00151	1333	
	parer Only		ID F ALFANO CPA			1	F	ïrm's EIN ▶06	-15062	 221
-3C	Cilly		BOULDER AVE							
		OI								7700
	OLD GREENWICH, CT 068701420 Phone no. (203) 698-									

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			
23 ARTS INITIATIVEPO BOX 379 TANNERSVILLE, NY 12485		CHARITABLE	250

5,322

33,000

CHARITABLE ALL SOULS' CHURCHPO BOX 451 TANNERSVILLE, NY 12485

AMERICAN DIABETES ASSOCIATION		CHARITABLE	500
PO BOX 1833			
MERRIFIELD, VA 22116			

AMERICAN DIABETES ASSOCIATION		CHARITABLE	5
PO BOX 1833			
MERRIFIELD, VA 22116			

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			
CHRIST EPISOPAL CHURCH 254 E PUTNAM AVE GREENWICH, CT 06830		CHARITABLE	1,278
COMMUNITY FOOD BANK OF S ARIZONA		CHARITABLE	500

ONLYCKIT OF THE CACRED HEART		CHARTTARIE	
D BOX 551 JCSON, AZ 857020551			
OMMUNITY FOOD BANK OF S ARIZONA		CHARITABLE	

PO BOX 551 TUCSON, AZ 857020551			
CONVENT OF THE SACRED HEART 1177 KING STREET		CHARITABLE	600

TUCSON, AZ 857020551			
CONVENT OF THE SACRED HEART 1177 KING STREET GREENWICH, CT 06831		CHARITABLE	6

CONVENT OF THE SACRED HEART 1177 KING STREET GREENWICH, CT 06831		CHARITABLE	600

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			
DUBLIN SCHOOL18 LEHMANN WAY		CHARITABLE	1,000

DUBLIN, NH 03444			
FAMILY CENTERS20 BRIDGE STREET GREENWICH, CT 06830		CHARITABLE	

FAMILY CENTERS20 BRIDGE STREET GREENWICH, CT 06830		CHARITABLE	1,200
FRANKLIN PIERCE UNIVERSITY		CHARITABLE	500

GREENWICH, CT 06830			
FRANKLIN PIERCE UNIVERSITY 40 UNIVERSITY DRIVE		CHARITABLE	50
RINDGE, NH 03461			

FRANKLIN PIERCE UNIVERSITY 40 UNIVERSITY DRIVE RINDGE, NH 03461		CHARITABLE	!

FRANKLIN PIERCE UNIVERSITY		CHARITABLE	, 50
40 UNIVERSITY DRIVE			I
RINDGE, NH 03461			I

40 UNIVERSITY DRIVE RINDGE, NH 03461		

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

recipient

▶ 3a

33,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
GREENWICH LAND TRUST 370 ROUND HILL RD GREENWICH, CT 06831		CHARITABLE	500
GREENWICH ARTS COUNCIL		CHARITABLE	300

GREENWICH ARTS COUNCIL 299 GREENWICH AVENUE GREENWICH, CT 06830		CHARITABLE	
HOBART & WILLIAM SMITH COLLEGES		CHARITABLE	

GREENWICH, CT 06830			
HOBART & WILLIAM SMITH COLLEGES 300 PULTENEY STREET GENEVA, NY 14456		CHARITABLE	200

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

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
HORTULUS12 FINI DRIVE			CHARITABLE	650

ORTULUS12 FINI DRIVE ARMEL HAMLET, NY 10512		CHARITABLE	
INTER FOUNDATIONED BOY E63		CHARTTARLE	

Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

CARMEE MAMEET, IVI 10512			
HUNTER FOUNDATIONPO BOX 563 TANNERSVILLE, NY 12485		CHARITABLE	500
MILLEBOOK SCHOOL		CHARITARIE	750

TANNERSVILLE, NY 12485			
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL ROAD		CHARITABLE	750

MILLBROOK SCHOOL		CHARITABLE	75
131 MILLBROOK SCHOOL ROAD			
MILLBROOK, NY 12545			

MILLBROOK SCHOOL		CHARITABLE	i
131 MILLBROOK SCHOOL ROAD			
MILLBROOK, NY 12545			

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			
MOUNTAIN TOP ARBORETUM PO BOX 379 ROUTE 23C MAUDE ADAMS TANNERSVILLE, NY 12485		CHARITABLE	2,000

TANNERSVILLE, NY 12485			
NATIONAL ALLIANCE ON MENTAL ILLNESS 100 CLEARBROOK ROAD 181 ELMSFORD, NY 10523		CHARITABLE	100
4			

100 CLEARBROOK ROAD 181 ELMSFORD, NY 10523			
NATIONAL LAW ENFORCEMENT OFFICERS 450 F ST NW		CHARITABLE	500
WACHINGTON DC 20001			

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33,000

ELMSFORD, NY 10523			
NATIONAL LAW ENFORCEMENT OFFICERS		CHARITABLE	5
450 F ST NW			
WASHINGTON, DC 20001			1

Total .

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

recipient

▶ 3a

33,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
NOLS730 STATE ROUTE 86 PO BOX 411 GABRIELS, NY 12939		CHARITABLE	1,000
NORTHEAST GREENWICH ASSOCIATION		CHARITABLE	500

NORTHEAST GREENWICH ASSOCIATION PO BOX 1122 GREENWICH, CT 06836		CHARITABLE	
SOUTHWEST RESERVATION AID		CHARITABLE	

GREENWICH, CT 06836			
SOUTHWEST RESERVATION AID PO BOX 18481 MERRIFIELD, VA 221169605		CHARITABLE	500

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			
SWIM ACROSS AMERICAPO BOX 10493 BALTIMORE, MD 21209		CHARITABLE	250

LTIMORE, MD 21209			
MPLE OF THE PRESENCE 1902 E IRVINGTON ROAD		CHARITABLE	
CCCN 47 05747	l .	l .	

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

1	WESTOVER SCHOOL		CHARITARIE	750
	TEMPLE OF THE PRESENCE 111902 E IRVINGTON ROAD TUCSON, AZ 85747		CHARITABLE	2,500

TUCSON, AZ 85747			
WESTOVER SCHOOL 412 STILLWATER AVE		CHARITABLE	750

			<del> </del>	
I	WESTOVER SCHOOL		CHARITABLE	750
ı	412 STILLWATER AVE			
ı	STAMFORD, CT 06902			

33,000

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WESTOVER SCHOOL		CHARITABLE	/
412 STILLWATER AVE			
STAMFORD, CT 06902			

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

500

33,000

За

<b>a</b> Paid during the year			I
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI, OH 452500301		CHARITABLE	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

CINCINNATI, OH 452500301			
GLOBAL LYME ALLIANCE 1290 E MAINT ST 3RD FLOOR		CHARITABLE	
STAMFORD CT 06902			I

GLOBAL LYME ALLIANCE 1290 E MAINT ST 3RD FLOOR STAMFORD, CT 06902		CHARITABLE	1,000
PARALYZED VETERANS OF AMERICA 7 MILL BROOK RD		CHARITABLE	500

STAMFORD, CT 06902			
PARALYZED VETERANS OF AMERICA 7 MILL BROOK RD PO BOX 921		CHARITABLE	500

PARALYZED VETERANS OF AMERICA 7 MILL BROOK RD		CHARITABLE	50
PO BOX 921			
WILTON. NH 030860921			

Total .

PARALYZED VETERANS OF AMERICA		CHARITABLE	50
7 MILL BROOK RD			
PO BOX 921			
WILTON, NH 030860921			

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			
ST LAWRENCE UNIVERSITY 23 ROMODA DR CANTON, NY 13617		CHARITABLE	250

ANTON, NT 1361/			
T JUDE'S CHILDREN'S RESEARCH O BOX 50		CHARITABLE	
EMPHIS TN 381010020			

Total .

BLACK BOCK FORECTCE RECEDIVOID DD		CHARITARIE	350
ST JUDE'S CHILDREN'S RESEARCH PO BOX 50 MEMPHIS, TN 381019929		CHARITABLE	500

MEMPHIS, TN 381019929			
BLACK ROCK FOREST65 RESERVOIR RD		CHARITABLE	250

33,000

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· · · · · · · · · · · · · · · · · · ·			
BLACK ROCK FOREST65 RESERVOIR RD CORNWALL, NY 12518		CHARITABLE	2

BLACK ROCK FOREST65 RESERVOIR RD		CHARITABLE	
CORNWALL, NY 12518			

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			
CALL A RIDE37 LAFAYETTE PLACE COLLYER CENTER		CHARITABLE	250
GREENWICH, CT 06830			

REENWICH, CT 06830		
IANNEL THIRTEEN825 EIGHTH AVE W YORK, NY 10019		CHARITABLE

Total .

CHANNEL THIRTEEN825 EIGHTH AVE NEW YORK, NY 10019		CHARITABLE	1,250
FAIFIELD UNIVERSITY		CHARTIBLE	100

NEW 10RK, NY 10019			
FAIFIELD UNIVERSITY 1073 NORTH BENSON RD		CHARTIBLE	100
FAIRFIELD, CT 06824			

FAIFIELD UNIVERSITY		CHARTIBLE	100
1073 NORTH BENSON RD FAIRFIELD, CT 06824			

33,000

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

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
ISI-AUTHENTIC PRESENCE 118 MCCLENNAN DRIVE FAYETTEVILLE, NY 13066		CHARITABLE	1,000
NEWBURYPORT ART ASSOCIATION		CHARITABLE	500

NEWBURYPORT ART ASSOCIATION 65 WATER ST NEWBURYPORT, MA 01950	CHARITABLE	500
OHPT10 BOSEWELL AVE TORONTO, ON 51400	CHARTIBLE	250

NEWBURYPORT, MA 01950			
OHPT10 BOSEWELL AVE TORONTO, ON 51400 CA		CHARTIBLE	250

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			
PROSTATE CANCER FOUNDATION 1250 FOURTH ST SANTA MONICA CA 90401		CHARITABLE	250

5,441,41161416,4,6,4,56161			
REACH THE WORLD222 BROADWAY		CHARITABLE	
8TH FL			
NEW YORK, NY 10038			

REACH THE WORLD222 BROADWAY 8TH FL NEW YORK, NY 10038	CHARITABLE	250
SHRINERS HOSPITALS FOR CHILDREN	CHARITABLE	500

NEW YORK, NY 10038			
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 33607		CHARITABLE	5

SHRINERS HOSPITALS FOR CHILDREN		CHARITABLE	5
2900 N ROCKY POINT DR			
TAMPA, FL 33607			

SHRINERS HOSPITALS FOR CHILDREN		CHARITABLE	500
2900 N ROCKY POINT DR			
TAMPA, FL 33607			

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

	or substantial continuation		
a Paid during the year			
SILVERMINE ARTS CENTER 1037 SILVERMINE RD NEW CANAAN, CT 06840		CHARITABLE	500
THE SHEEPFOLD OF ARIZONA		CHARITABLE	1,000

THE SHEEPFOLD OF ARIZONA PO BOX 13316 TUCSON, AZ 85732		CHARITABLE	1,000
THE TRUSTEES OF COLUMBIA UNIVERAITY 516 WEST 168TH ST		CHARTIBLE	500

PO BOX 13316 TUCSON, AZ 85732			
THE TRUSTEES OF COLUMBIA UNIVERAITY 516 WEST 168TH ST 3RD FL		CHARTIBLE	50

-			
THE TRUSTEES OF COLUMBIA UNIVERAITY		CHARTIBLE	500
516 WEST 168TH ST			
3RD FL			
NEW YORK, NY 10032			

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

Traine and dadress (nome or business)	or substantial contributor		
a Paid during the year			
TROUT UNLIMITEDPO BOX 7400		CHARITABLE	250

WOOLY BUGGER, WV 25438		CHARITABLE	
YWCA259 EAST PUTNAM AVE		CHARTIBLE	

Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

The state of the s			
YWCA259 EAST PUTNAM AVE GREENWICH, CT 06830		CHARTIBLE	1,2

YWCA259 EAST PUTNAM AVE		CHARTIBLE	1,250
GREENWICH, CT 06830			

1110/1255 2/151 1 0 111/11 / 11/11	1	CITATIBLE	1,200
GREENWICH, CT 06830			

efile GRAPHIC print - DO NOT	PROCESS	As Filed Da	ata -			DLN: 93491197000010	
TY 2019 Accounting Fees Schedule							
_							
Name: BUCKNALL FAMILY FOUNDATION EIN: 06-1485574							
Category	Amo	ount	Net Inves Incom		Adjusted Net Income	Disbursements for Charitable Purposes	
INDIRECT ACCOUNTING FEES		5,400					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491197000010
TV 2010 Investments Compare	ta Banda Caba	ماديام	
TY 2019 Investments Corpora	ite Bonas Sche	auie	
Name:	BUCKNALL FAMILY	Y FOUNDATION	
EIN:	06-1485574		

Investments Corporate Bonds Schedule				
Name of Bond	End of Year Bo Value	ok End of Year Fair Market Value		
NATIONAL GENERAL HOLDINGS				

effie GRAPHIC print - DO NOT PROCESS	AS FIIED Data -	DLN: 93491197000010
TY 2019 Investments Corpora	te Stock Schedule	
2013 Investments corpore	to stock scribball	
Name:	BUCKNALL FAMILY FOUNDATION	
EIN:	06-1485574	

DIN. 02404407000040

offic CDADUTC weight DO NOT DDOCESS. As filed Date

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
RBC 2230 (INTERNATIONAL EQUITIES)		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491197000010
TY 2019 Investments - Other	Schedule	
Name:	BUCKNALL FAMILY FOUNDA	TION
EIN:	06-1485574	
Tourselments Other Cabadula 2		

Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
RBC 2230 (MIXED ASSETS)	AT COST	777,812	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491197000010
TY 2019 Other Expenses Sche	edule			_
Name:	BUCKNALL FAM	ILY FOUNDATION	J	
EIN:	06-1485574			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
POSTAGE AND DELIVERY	32			

efile GRAPHIC print - DO NOT PROCE TY 2019 Other Profession	•		DL	N: 93491197000010
	me: BUCKNALL EIN: 06-148557	FAMILY FOUNDATION	NC	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

5,903

ADVISORY FEES

efile GRAPHIC print - DO NOT F	PROCESS	As Filed Data	-	DLI	N: 93491197000010
TY 2019 Taxes Schedu	ıle				
	Name:	BUCKNALL F	AMILY FOUNDATION	ON	
		06-1485574			
	CTIA:	- UD-14000/4			
Category	<u> </u>	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Category  STATE TAX	<u> </u>		Net Investment	_	for Charitable