Form **990-PF** 

## **Return of Private Foundation**

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

OMB No. 1545-0047

Départment of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as 1 may be made public. 

▶ Do not enter social security numbers on this form as it may be made public. 

Open to Public Inspection

	or calen	dar year 2019 or tax year beginning JANUA		019, and	ending	DECEMBER 31 or identification number	, 20 19
	_				A Employe		ır
TI	IE BECK	ERER FOUNDATION INC street (or P.O. box number if mail is not delivered to street address)	D Tolophon	06-1495830 ne number (see instructi			
			""	oom/suite	B releption	,	·
10	5 HOAL	LAND AVENUE , state or province, country, and ZIP or foreign postal code		· · ·	<u> </u>	203-333-1412	
	•				C if exempt	tion application is pendi	ng, check here▶ 🔲
		DRT, CT. 06605			_		
G	Check	<u> </u>	n of a former pub	olic charity	D 1. Foreigi	n organizations, check l	nere ▶ 🔃
		☐ Final return ☐ Amended				n organizations meeting	
-		Address change Name cha	<del></del>		-	here and attach compu	_
Н		type of organization: Section 501(c)(3) exempt p				foundation status was t 07(b)(1)(A), check here	
느		on 4947(a)(1) nonexempt charitable trust			- 5554,677.5	07 (5)(1)(7), 01.0011 1.0.0	
ı		narket value of all assets at J Accounting method	ı: ☑ Cash □	Accruai		ndation is in a 60-mont	
		f year (from Part II, col. (c), Other (specify)			under sec	ction 507(b)(1)(B), check	nere P
	line 16		e on cash basis.)	-	L	<u> </u>	
	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Ne	t investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	``	ncome	ıncome	purposes (cash basis only)
) —	<del></del> _			<del></del>			(CECH DECID ONLY)
<b></b>	1 1	Contributions, gifts, grants, etc., received (attach schedule)	24,750	.00	•		-
Ţĵ,	2 .	Check ► ☐ if the foundation is not required to attach Sch. B					
y	3	Interest on savings and temporary cash investments	725		725.37		<u> </u>
	4	Dividends and interest from securities	12,886	.62	12,194.83	12,886.62	
	5a	Gross rents				•	
	b	Net rental income or (loss)		. 0			
	3   6a	Net gain or (loss) from sale of assets not on line 10	2.726	.51			
9	_b	Gross sales price for all assets on line fia	,				
3	7	Capital gain net income (from Part IV, line 2)			2,568.99		
	-   -	Net short-term capital gain				157,52	
	9	Income modifications					<u> </u>
	10a	Gross sales less returns and allowances	<del> </del>	-			
	. b	Less: Cost of goods sold	<u> </u>	<del>-   •</del>		* * *	
	1,6	Gross profit or (loss) (attach schedule)		<del></del>	·		
	11 12	Other income (attach schedule)	44 000	50	45 400 40	42.700.54	
_	<del></del>	Compensation of officers, directors, trustees, etc.	41,088	.50	15,489.19	13,769.51	
ć	13	Other employee salaries and wages					
0000	15	Pension plans, employee benefits					
•	2 46-	Legal fees (attach schedule)	· · · · · ·				
ù	16a b	Accounting fees (attach schedule)	· · · · · · · · · · · · · · · · · · ·				
9	2	Other professional fees (attach schedule)		<del></del>			<del></del>
÷	17	Interest					
ŧ	18	Taxes (attach schedule) (see instructions)	158	60	158.69	158.69	158.69
	19	Depreciation (attach schedule) and depletion	130		130.03		130,03
<u> </u>	20	Occupancy		<del> ,</del>			
တွန	21	Travel, conferences, and meetings		<del></del>	_		
$\sum_{i=1}^{N}$	22	Printing and publications RECEIVED	<u> </u>		· ·		<del></del>
Ęį	23		3		· · · ·		<del></del>
m.	<b>24</b>	Other expenses (attach schedule)  Total operating and administrative expenses.  Add lines 13 through 23.  Contributions, gifts, grants paid	<u> </u>				
	2	Add lines 13 through 23 . S. JUL 1 5 7020	158.	69	158.69	158.69	158.69
SCANNED IN	25	Contributions, gifts, grants paid	45,020				45,020.00
ź٩	26	Total expenses and disbursements Add hees 24 and 25	45,178		158.69	158.69	45,178.69
<b>→</b>	27	Subtract line 26 from line 12:	15,170				.5,176.35
>	á	Excess of revenue over expenses and disbursements	(4,090.	19)		•	
<u>}</u>	b	Net investment income (if negative, enter -0-) .		1	15,330.50	-	
2022	C	Adjusted net income (if negative, enter -0-)				13,610.82	

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	chedules and amounts in the description column Beginning of year End of year		of year
``		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	143,833.36	123,404.6	123,404.67
	2	Savings and temporary cash investments	368,283.83	370,345.6	370,345.66
	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) ▶		, n n n	
	ļ	Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	110,579.73	105,296.4	210,596.24
	С	Investments—corporate bonds (attach schedule) [	246,691.22	266,251.2	271,670.90
	11	Investments land, buildings, and equipment, basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments-mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation (attach schedule) ▶			1
	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item I)	869,388.14	865,297.9	976,017.47
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
iţi	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe )			İ
	23	Total liabilities (add lines 17 through 22)			
alances		Foundations that follow FASB ASC 958, check here			
Ĕ		and complete lines 24, 25, 29, and 30.			
ä	24	Net assets without donor restrictions			ļ
9	25	Net assets with donor restrictions			
Ĕ		Foundations that do not follow FASB ASC 958, check here ▶ □			1
ᄄ	00	and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds			ļ
इं	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
556	28	Retained earnings, accumulated income, endowment, or other funds			
Ř	29	Total net assets or fund balances (see instructions)	869,388.14	865,297.9	5
Net Assets or Fund	30	Total liabilities and net assets/fund balances (see instructions)			_
	rt III	Analysis of Changes in Net Assets or Fund Balances	869,388.14	865,297.9	5
			nn (a) line 20 (	t navos vite	T
'	ı Ulâl end-	I net assets or fund balances at beginning of year—Part II, colun of-year figure reported on prior year's return)	agree with	*******	
2				869,388.14	
		minorana and traded or traded of the Contract			(4,090.19)
		lines 1, 2, and 3		4	005 007 00
5	Door	asses not included in line 2 /itemize)			865,297.95
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—P	Part II. column (b). Iir	ne 29 6	865,297.95
			.,, (/) 11		003,437.95

Part	V Capital Gains and	Losses for Tax on Investme	ent Income			· · · · · · · · · · · · · · · · · · ·
		d(s) of property sold (for example, real est se; or common stock, 200 shs. MLC Co.)	ate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
<u>b</u>				<u> </u>	<del> </del>	
<u>c</u>				ļ		
<u>d</u>						
<u>e</u>	· · · · · · · · · · · · · · · · · · ·	40 D	43.0.4	. 41 . 1 .		1
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	or other basis ense of sale		ain or (loss) s (f) minus (g))
а						
<u> </u>					<del></del>	· · · · · · · · · · · · · · · · · · ·
<u>c</u>		<u>.</u>	<del></del>			
d						<del></del>
<u>е</u>	Complete only for assets show	wing gain in column (h) and owned b	v the foundation	n on 12/31/69		
	(i) FMV as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Exce	ss of col. (i)	col. (k), but r	iol. (h) gain minus iot less than -0-) <b>or</b> (from col. (h))
		as 01 12/31/09	Over CO	y, it any		· · · · · · · · · · · · · · · · · · ·
<u>b</u>			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
d						
е						
2	Capital gain net income or		lso enter in Pa enter -0- in Pa		2	2,568.99
3	If gain, also enter in Part I	or (loss) as defined in sections in the section in the sections in the section in the sect	1222(5) and (6 tions. If (loss	): ), enter -0- ın }		
		· · · · · · · · · · · · · · · · · · ·			3	157.52
Part		er Section 4940(e) for Reductions subject to the se				
Was t	s," the foundation doesn't qu	this part blank. section 4942 tax on the distributa ualify under section 4940(e). Do r unt in each column for each year	not complete t	this part.		☐ Yes ☑ No
<u>.</u>	(a)		, 366 (16 1130		king any entries	(d)
Cale	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) of nonchantable-use as		stribution ratio ) divided by col. (c))
	2018	48,87	B.50	937,38		.0521
	2017	46,650	3.00	932,54	15.02	.0500
	2016	28,88	7.81	918,59	94.50	.0314
	2015	64,52		936,14		.0689
	2014	40,21	5.89	869,89	9.73	.0462
2	Total of line 1, column (d)				.   2	2400
3		or the 5-year base period—divid				.2486
		undation has been in existence if				.0497
4	Enter the net value of nonc	haritable-use assets for 2019 fro	m Part X, line	5	. 4	946,508.65
5	Multiply line 4 by line 3 .				. 5	47,041.48
6	Enter 1% of net investment	t income (1% of Part I, line 27b)			. 6	153.31
7	Add lines 5 and 6				. 7	47,194.79
8		s from Part XII, line 4			. 8	45,178.69
	Part VI instructions.	er than line 7, check the box in I	-art VI, line 1b	o, and complete th	nat part using a	1% tax rate. See the

Part	<b>Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—s</b>	ee ins	structi	ons)	
· 1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				Ī
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	_ _	<u>.</u>		]
b		1		306.6	<u>1</u>
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)	_	<del></del>	•	]
2		2			
3	Add lines 1 and 2	3		306.6	<u>1</u>
4	· · · · · · · · · · · · · · · · · · ·	4			_
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		306.6	1
6	Credits/Payments: .				1
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			•	1
þ	Exempt foreign organizations—tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c				1
d	Backup withholding erroneously withheld	_			J
7	Total credits and payments. Add lines 6a through 6d	<u>'</u>			D
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	<del></del>			_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			306.61	<u>1</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				-
11 Dort	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 1  VII-A Statements Regarding Activities	1			_
				_   NI_	_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	¹ nt   —		s No	-
<b>h</b>	participate or intervene in any political campaign?		la	<b>-</b>	-
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See t instructions for the definition		lb	✓	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material published or distributed by the foundation in connection with the activities.	als			
	Did the foundation file <b>Form 1120-POL</b> for this year?	<u> </u>	lc	<del>                                     </del>	7
u	(1) On the foundation. ► \$ (2) On foundation managers. ► \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose	_			
Ŭ	on foundation managers. ► \$	1			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	<u>-</u>  -	-	ı
	If "Yes," attach a detailed description of the activities.			<b>\</b>	Ī
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.		_ -	-	ł
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		3 Ia	+ -	-
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<u> </u>	b	+*	-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.		5	1	- 7
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1	
·	By language in the governing instrument, or				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions the</li> </ul>				
	conflict with the state law remain in the governing instrument?	at -	6		J
7	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		7 /	+ *-	-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	^*	<del>'   *</del>	<b></b>	í
	CONNECTICUT				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation		ıb ✓	-	İ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		<u> </u>		i _
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes	ے. 3," ا			
	complete Part XIV	9	9	✓	. '
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the names and addresses	eir 1	0	1	•

Par	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		1
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		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	13		
	Website address ► N/A			
14	The books are in care of ► FRANK S BECKERER JR  Telephone no. ►	203-333	-1412	
	Located at ► 165 HOLLAND AVENUE BPT CT ZIP+4 ►	0660	5	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year		•	▶ ⊔
16			Yes	No
10	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authorit over a bank, securities, or other financial account in a foreign country?	16	163	<b>√</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	f		
D	the foreign country			!
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>	V	- No
1a	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  During the year, did the foundation (either directly or indirectly):	-	Yes	No
, ,	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	,		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		İ	
	disqualified person?	,	1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   Yes  N	•		
	(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		į	
	foundation agreed to make a grant to or to employ the official for a period after			
ь	termination of government service, if terminating within 90 days.)		ļ	
•	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		 
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the were not corrected before the first day of the tax year beginning in 2019?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a privat 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?	•		
b	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
D	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	<u> </u>		
	all years listed, answer "No" and attach statement—see instructions.)	2b		<b>-</b>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>▶</b> 20 , 20 , 20 , 20			
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 of disqualified persons after May 26, 1969; (2) the lease of the F year period (a lease a resid decrease and but the	[ ] • •		• •
	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		31	
	foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize it			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019	4b		✓

	4
0	•
raue	4

Part	t VII-B Statements Regard	ding Activities	for W	/hich Form	4720	May Be R	equire	<b>d</b> (contir	nued)			
5a	3 , ,		•		n (aaat	ion 404E(a)	13	□ Voc	☑ No		Yes	No
	<ul><li>(1) Carry on propaganda, or othe</li><li>(2) Influence the outcome of any</li></ul>	•		-	•		-	☐ Yes	[₹] NO			
	directly or indirectly, any vote	r registration driv	/e?					☐ Yes	✓ No			
	<ul><li>(3) Provide a grant to an individu</li><li>(4) Provide a grant to an organiz</li></ul>	•						☐ Yes	✓ No			
	section 4945(d)(4)(A)? See ins							☐Yes	<b>☑</b> No			
	(5) Provide for any purpose othe purposes, or for the prevention	n of cruelty to ch	uldren	or animals?				□Yes	✓ No			
b	If any answer is "Yes" to 5a(1)–(5 in Regulations section 53.4945 or								cribed			
c	Organizations relying on a curren	t notice regarding on 5a(4), does the	g disa e four	ister assistan ndation claim	ce, che ı exem	ck here . ption from	 the tax		► □ □ No			
6a	If "Yes," attach the statement rec Did the foundation, during the ye on a personal benefit contract?		unds,	directly or in-	directly	, to pay pre		□Yes	√ No			
b	Did the foundation, during the ye							_	_	6b		<b>√</b>
7a	If "Yes" to 6b, file Form 8870. At any time during the tax year, wa	s the foundation a	a nartv	to a prohibit	ed tax s	helter trans:	action?	□ Ves	√ No			
b	If "Yes," did the foundation received									7b		
8	Is the foundation subject to the											
Dow	remuneration or excess parachut t VIII Information About O								✓ No			
Far	t VIII Information About O and Contractors	micers, Directi	Ur5, I	rusiees, F	ounaa	uon wana	igers,	nignly r	alu El	прюу	ees,	
1	List all officers, directors, trust	ees, and founda	tion r	nanagers ar	d their	compens	ation. S	ee instru	ctions			
	(a) Name and address		hou	e, and average rs per week ed to position	(Hr	mpensation not paid, ter -0-)	emplo	ontribution: yee benefit rred compe	plans	(e) Exper	nse acc allowan	
	K S BECKERER JR		RES/I	REASURER			•					
	FUTTLE AVENUE CHESHIRE CT. 064 BECKRER -JONES		/2 HR			0			0			0
	YLOR BROOK LANE DERRY, NH. 030		ECRE IRECT	TARY/		o			o			
	SE BRADY	J36 D	JIKEC	IOR					- 0			u
	ORE DRIVE OLD LYME CT. 06371	D	DIRECT	ror :		o			0			0
			- (-Al-	AL 11								
2	Compensation of five highest- "NONE."	paid employees	s (otn	er than thos	se incii	uaea on III	1e 1 — s	ee instri	uctions	s). IT NO	one, 6	enter
ı	(a) Name and address of each employee par	d more than \$50,000		(b) Title, and a hours per v devoted to po	veek -	(c) Compen	cation	(d) Contribution of the compension of the compen	benefit leferred	(e) Exper other a	nse acc Illowan	
IONE												
· <b></b>							ĺ					
								· · · · · · · · · · · · · · · · · · ·				
otal	number of other employees paid o	ver \$50,000							. •	N	ONE	
											_,,	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Er and Contractors (continued)	nployees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
***************************************	
,	
	ļ
Total number of others receiving over \$50,000 for professional services	NONE
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	<del></del>
organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
·	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	Amount
2	
All other program valeted investments. Con instructions	
All other program-related investments. See instructions.  3	1
·	
Otal. Add lines 1 through 3	

Form **990-PF** (2019)

Part	·	gn foundat	ions,
•	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	447,208.99
b	Average of monthly cash balances	1b	513,713.50
C	Fair market value of all other assets (see instructions)	1c	0 313,713.50
ď	<b>Total</b> (add lines 1a, b, and c)	1d	960,922.49
e	Reduction claimed for blockage or other factors reported on lines 1a and		300,322.49
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	960.922.49
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		960.922.49
•	instructions)	4	44 442 04
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	14,413.84
6	Minimum investment return. Enter 5% of line 5	6	946,508.65
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for		47,325.43
, air	and certain foreign organizations, check here ► and do not complete this part.)	ouridations	
1	Minimum investment return from Part X, line 6	1	47.225.42
2a		<del></del>	47,325.43
b	lncome tax for 2019. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b		202.54
3	Distributable amount before adjustments. Subtract line 2c from line 1	2c 3	306.61
4	Recoveries of amounts treated as qualifying distributions	4	47,018.82
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)		47,018.82
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	6	<del></del>
•	line 1	_	
Dart	XII Qualifying Distributions (see instructions)	7	47,018.82
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<del> </del>	
' a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26		
b	Program-related investments—total from Part IX-B	1a	45,178.69
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	<del></del>
-	purposes		
3	Amounts set aside for specific charitable projects that satisfy the:	2	
a	Suitability test (prior IRS approval required)		
b	Cash distribution test (attach the required schedule)	3a	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	3b	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	4	45,178.69
-	Enter 1% of Part I, line 27b. See instructions	_	
6		5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	45,178.69
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether th	e foundation

Form **990-PF** (2019)

art	Vill Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2018	( <b>c</b> ) 2018	<b>(d)</b> 2019
1	Distributable amount for 2019 from Part XI,				
_	line 7	-			47,018.82
2	Undistributed income, if any, as of the end of 2019:				
a	Enter amount for 2018 only			<del></del>	<u> </u>
ь 3	Total for prior years: 20, 20, 20 Excess distributions carryover, if any, to 2019:				
о a	From 2014				
b	From 2015 1,824.09				
c	From 2016				
ď	From 2017 167,94				
е	From 2018				
f	Total of lines 3a through e	4,318.65			
4	Qualifying distributions for 2019 from Part XII,				
	line 4: ▶ \$45,178.69				
а	Applied to 2018, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	reated as distributions out of corpus (Election required—see instructions)		, ,		•
d	Applied to 2019 distributable amount				45,178.69
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2019				·
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)	1,840.13			1,840.13
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,478.52			ļ
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				<u> </u>
	amount-see instructions				
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see				
	instructions				
f	Undistributed income for 2019. Subtract lines			<del></del>	
•	4d and 5 from line 1. This amount must be				
	distributed in 2020	,			1,840.13
7	Amounts treated as distributions out of corpus				1,010.10
•	to satisfy requirements imposed by section	ĺ	}		
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2014 not				
	applied on line 5 or line 7 (see instructions) .				
9	Excess distributions carryover to 2020.				
_	Subtract lines 7 and 8 from line 6a	2,478.52			
0	Analysis of line 9:				
a h	Excess from 2015	İ			
			<b>_</b>		
d	Excess from 2017		'		
	Excess from 2019	ļ			
_					

NONE

Part	XIV Private Operating Founda	<b>tions</b> (see instru	ctions and Part	VII-A, question 9	)	<del></del>
.1a	If the foundation has received a ruling foundation, and the ruling is effective for					
b	Check box to indicate whether the four		_		ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	1	Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	(e) Total
	each year listed					
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:					
а	"Assets" alternative test—enter: (1) Value of all assets					
b	"Endowment" alternative test—enter <sup>2</sup> / <sub>9</sub> of minimum investment return shown in Part X, line 6, for each year listed					
c	"Support" alternative test-enter:	/			<del></del>	
	(1) Total support other than gross investment income (interest, 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				he foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-		1 <b>S.</b> )			
1	Information Regarding Foundation I		stad mara than 20	/ of the total name	de discone consiste di	
a	List any managers of the foundation value before the close of any tax year (but o					by the foundation
EDANI				iaii 45,000). (See S	600001 307 (0)(2).)	
b	S BECKERER JR., JOAN BECKERER-JO List any managers of the foundation	who own 10% of	more of the stor	ck of a comporation	for an equally la	rge portion of the
_	ownership of a partnership or other en					rge portion of the
NONE	, , , , , , , , , , , , , , , , , , , ,	,,				
2	Information Regarding Contribution	. Grant. Gift. Loa	n. Scholarship, e	tc. Programs	<del></del>	·····
_	Check here ▶ ☑ if the foundation (				organizations and	does not accept
	unsolicited requests for funds. If the fo	oundation makes	gifts, grants, etc.,	to individuals or or	rganizations under	other conditions.
	complete items 2a, b, c, and d. See in	structions.	, , ,		<b>J</b>	,
а	The name, address, and telephone nu	mber or email add	dress of the perso	n to whom applica	tions should be ac	Idressed:
NONE						
	The form in which applications should	be submitted and	information and	materials they show	uld include:	
	, , , , , , , , , , , , , , , , , , , ,					
NONE						
С	Any submission deadlines:		, · ·		<del></del>	
NONE						
ď	Any restrictions or limitations on aw factors:	ards, such as by	/ geographical ar	reas, charitable fie	elds, kinds of inst	itutions, or other

	Supplementary Information (conti	inued)			
_3	Grants and Contributions Paid During t	he Year or Approv		ture Payment	
	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient	Communication	
а	Paid during the year				
SFF A	ATTACHED STATEMENT				45,020.00
JLL /	TAONED STATEMENT				43,020.00
			ı		
	Total				
	Total	<u> </u>	· · ·	▶ 3a	45,020.00
	Approved for fature payment				
	,				
	,				
	T -4-1				

Ра	Analysis of Income-Producing Act	livities				
Ente	r gross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	on 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt
		Business code	Amount	Exclusion code	Amount	function income (See instructions.)
1	Program service revenue:			<b></b>		
	a					
	b					
	c					
	d					
	e					
	1					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	725.37	
4	Dividends and interest from securities			14	12,886.62	
5	Net rental income or (loss) from real estate:			- '-	12,000.02	
J	a Debt-financed property					
	<b>b</b> Not debt-financed property			<del>                                     </del>		
_	The state of the s			<del></del>	<del></del> .	
	Net rental income or (loss) from personal property		<del></del>			
7	Other investment income					<del></del>
8	Gain or (loss) from sales of assets other than inventory			18	2,726.51	
9	Net income or (loss) from special events			ļ <u> </u>		<del></del>
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
	С					
	.a		-			
	d					
	e					
12	e					
12 13	e Subtotal. Add columns (b), (d), and (e)				13	16.338.50
13	e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				13	16,338.50
<b>13</b> (See	Subtotal. Add columns (b), (d), and (e)	 s.)			13	16,338.50
13 (See Pa	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  XVI-B  Relationship of Activities to the Add	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  t XVI-B Relationship of Activities to the Advanced in the Ad	s.) complishm	ent of Exemp	t Purposes		

rom 99	Ú-62 (S	019)				_					Pag	ge 13
Part	XVII	Information Organization	n Regarding Trans ons	sfers to	and Transa	ections and R	elationshi	ps With I	Nonchar	itable	Exe	mpt
1	Did t	he organization of	directly or indirectly e	engage ir	n any of the fol	llowing with any	other orga	nization de	escribed	)	Yes	No
	in se		ther than section									
а	_		porting foundation to	a nonch	naritable exem	pt organization	of:			1 1	1	
	(1) C	ash								1a(1)		<b>√</b>
	(2) 0	ther assets .								1a(2)		✓
b	Othe	r transactions:										]
	(1) S	ales of assets to	a noncharitable exer	mpt orga	anization .					1b(1)		<u> </u>
	• •		ets from a noncharita							1b(2)		✓_
			, equipment, or other							1b(3)		✓_
			rrangements							1b(4)		✓_
		_	rantees							1b(5)		<u>√</u>
			ervices or membershi		-					1b(6)	-+	<u> </u>
		•	quipment, mailing lis							1c		<u>√</u>
			of the above is "Yes									
			ther assets, or service on or sharing arrange									
(a) Line		(b) Amount involved	(c) Name of nonch				iption of transfe					
(4) 2110		(b) Amount involved	(b) Name of Heriana	- Indiana ox	ompt organization	(4) 5000	- Transit	ora, transactio	710, 2110 0112	Ting arran	gome	
	-+		·		<del></del>	·						
	$\rightarrow$											
	_											
	一十						<del></del>	<del></del>	<del></del>	··		
						<del></del>						
			<del> </del>			<del></del>			· · · · · ·			
	$\neg$											
				-					ŀ			
				<u>.</u>	<u> </u>							
2a			ectly or indirectly aff		•	-	ore tax-exe	mpt organ	izations			
			501(c) (other than sec		l(c)(3)) or in se	ction 527? .				☐ Yes	;	No
b	If "Y∈	<u> </u>	following schedule.						·			
		(a) Name of organ	ization		(b) Type of organ	ızatıon		(c) Descripto	on of relation	nship		
							<del></del>					
					<u></u>	<del></del>			<del></del>			
		<del></del>	<del></del>				<u>.</u>			<del></del>		
	Unde	er penalties of penury. I	declare that I have examined	d this return	including accompa	nving schedules and	statements, and	to the best of	my knowled	ge and be	lief it i	is true
Sign			gration of preparer (other than						F			
Here		Frank	1 Beckerer	// 1	427/20	PRESIDENT			May the IR with the pr	eparer sho	own be	elow?
		nature of officer or trus	<del>- //</del>	·/	Date	Title			See instruc	tions.	Yes [	□No
De: 4	<u> </u>	Print/Type preparer	's name	Preparer	's signature		Date	Ch	k 🗍 ıf F	אודי		
Paid Propa	2200			1			ĺ		employed			
Prepa Use (		Firm's name ▶					<del></del>	Firm's EIN	<b>&gt;</b>		_	
	Jilly	Firm's address ▶						Phone no.				
									Fo	m 990	-PF	(2019)

## Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

06-1495830 THE BECKERER FOUNDATION INC Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization √ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, chantable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\ldots \ldots \ldots \ldots \ldots \ldots$ 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Name of organization Employer identification number
THE BECKERER FOUNDATION INC 06-1495830

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is	needed.
(a) No.	. (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	FRANK S BECKERER JR  1755 TUTTLE AVENUE  CHESHIRE, CT. 06410	\$ 6,750.00	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	· (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOAN BECKERER-JONES  27 TAYLOR BROOK LANE  DERRY, NH. 03038	\$ 10,000.00	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ELOISE BRADY  83 SHORE DRIVE  OLD LYME, CT. 06371	\$ 8,000.00	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Employer identification number

Noncash Property (see instructions). Use duplicate co	ppies of Part II if additional spa	ce is needed.
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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	Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given	Description of noncash property given    FMV (or estimate) (See instructions.)

Name of organization

**Employer identification number** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## THE BECKERER FOUNDATION

			>
TOTAL	271,670.90 PART II 10C (C)		210,596.24 PART II LINE 10B (C) V
	<b>₩</b>	•	€\$
SCHWAB FIDELITY NEW #1449-2147	8,625.62 \$	EXXON MOBIL	\$ 98.070.9
	<b>↔</b> ∥ .	Ω)	<b>⇔</b>
TROWE  NY  BOND  #522108451-2	\$ 24,231.27 \$	449-2147 COCA COLA	\$ 75,978.10 \$
SPECTRUM INCOME :	80,665.52 \$	SCHWAB #1449-2147 AT&T COCA C	5,382.21 \$
**	↔		↔
TROWE CORPORATE INCOME #521822829-7	158,148.49	#522108447-3 BLUE CHIP	123,165.07
) *	↔	#52 B	₩
Part II	L10c-c		L10b-c

The Beckerer Foundation Contributions Paid in 2019

DONEE TYPE Taxpayer ID # 06-1495830 Tax Period 12/31/19 Recipient EIN Purpose Address Part XV Line 3 Supplementary Information

Date Pald	Organization	Address	Recipient EIN	Purpose	DONEE TYPE	Amount	
						- 1	
	Bridge Academy	401 Kossuth St., Bridgeport, CT 06608	06-1479710	Education	501C3	_	Į.
	Catholic Charitles of New Hampshire	PO Box 686 Manchester, NH. 03105	02-0222163	Support	501C3	\$ 875.00	굨
	Southeast New Hampshire Habitat for Humanity	PO Box 4428 Portsmouth, NH. 03802	02-0475356	Support	501C3	\$ 875.00	<b>JBJ</b>
	American Humane	1400 16th Street NW, Suite 360 Washington, DC. 20036	84-0432950	Support	501C3	\$ 750.00	Œ.
	St. Anne's Food Pantry	26 Emerson Ave., Hampstead, NH 03841	02-0346535	Support	501C3	4	187 187
	St. Anne's Parish	26 Emerson Ave., Hampstead, NH 03841	02-0346535	Support	501C3	1	JBJ
	St. Lawrence University Endowment Fund	22 Romoda Dr., Canton, NY 13617-9988	15-0532239	Education	501C3	\$ 437.50	JBJ
	Shake A Leg Miami Inc.	2620 South Bayshore Drive Miami, FL. 33133	65-0611917	Support	501C3	\$ 6,000.00	JBJ
	Smile Train	633 Third Ave. NY, NY 10017	13-3661416	Support	501C3	\$ 875.00	<b>JB</b> J
	Friends of Big Island Pond	PO Box 222 Hampstead, NH. 03841	27-0185758	Support	501C3	\$ 437.50	JBJ
	Doctors Without Borders	40 Rector Street, 16th FI, NY, NY 10006	13-3433452	Support	501C3		89
		PO Box 2959 Harfford, CT. 06104-2959	53-0198605	Support	501C3	\$ 1,500.00	EB
	National Multiple Scierosis Society	733 Third Avenue New York, NY. 10017	13-5661935	Support	501C3		EB
	Old Lyme Land Trust, Inc	P.O. Box 163 Old Lyme CT 06371	06-6085184	Support	501C3	\$ 300.00	<b>E</b> B
	Shelter Rock Church	626 Plandome Rd, Manhasset, NY 11030	11-2547247	Support	501C3		EB
	The Shoreline Soup Kitchens & Pantries Inc.	PO Box 804 Essex, CT. 06426	46-3773017	Support	501C3	\$ 300.00	E9
	High Hopes Therapeutic Riding	36 Town Woods Road Old Lyme, CT. 06371	06-0987749	Support	501C3	\$ 300.00	8
	Acton Library	60 Old Boston Post Road Old Saybrook, CT 06475	06-1036280	Education	50103	\$ 150.00	8
	Lymes Youth Serv Bureau	59 Lymes St. PO Box 589 Old Lyme, CT 06371	06-1015706	Education	50103	450.00	<b>EB</b>
	Sterling House	2283 Main St. Stratford, CT 06615	06-0665192	Support	501C3	450.00	<b>EB</b>
	Cedar Sinai	6125 SW Boundary St. Portland, OR 97221	04-3774565	Support	501C3	375.00	EB
	American Diabetes Association	P.O. Box 1834, Merrifleid, VA 22116-8034	13-1623888	Support	501C3	\$ 300.00	EB
	Connecticut Food Bank-A1014	2 Research Parkway, Wallingford, CT 06429	06-1083025	Support	501C3	\$ 450.00	83
	Florence Griswold Museum	96 Lyme Street Old Lyme, CT 06371	06-8062157	Support	501C3	\$ 825.00	8
	Guilford Library	67 Park Street Guilford, CT. 06437	06-1293236	Support	501C3	\$ 300.00	EB
	Ivoryton Playhouse	PO Box 458 Ivoryton, CT. 08442	08-1020720	Support	501C3		8
	Lyme Art Association	90 Lyme Street Old Lyme CT 06371	06-0932073	Support	501C3	\$ 750.00	8
	National Parks Foundation	1110 Vermont NW, Suite 200, Washington, DC 20005	52-1086761	Support	501C3		EB
	Old Lyme Volunteer Ambulance	P.O. Box 911, Old Lyme, CT 06371	22-2677959	Support	501C3	\$ 375.00	EB
	Old Lyme Fire Department	P.O. Box 102, Old Lyme, CT 06371	08-1522371	Support	501C3		EB
	Old Lyme Phoebe Griffin Noyes Library	Z Library Lane Old Lyme C I 063/1	23-7209074	Support	501C3	ı	E8
	Old Lyme Visiting Nurse Association	P.O. Box 56 Old Lyme CT 06371	06-8107757	Support	501C3	١	8
	Save the Children Federation Inc.	501 Kings Hwy East Suite 400 Fairneid, C1. 06825	06-0726487	Support	59163	1	8
	St. Lawlence University Endowment rund	404 Voc.::45 Didage of 13617-9966	15-0532239	Education	50.03	1	E 20
	Chechire Fire Denatment Inc	250 Mario Avenio Cherino CT 06410	20 4230240	Education	200	ľ	בי ה ה
	The Southbort School Beckerer Endowment Eura	244 Main Street Southeast CT 06800	06 4425200	noddne	3	ı	בי בי בי
	Esirfield College Department School	1073 North Renson Rd Estrated CT 08824	00-1133303	Concanon	310	ì	200 G
	Porceitor Del Acetrical Control	Part 12 (all nellection had, I all nellet, 1000 and 1000 at 10	00-0040023	Education	50103	ł	TSB CE
	rensselaer Folytecilline maume	4073 North Bengon Boad Enthold Of NESSA	14-1340095	Education	200	1	75 85 F
	rainieid Oillyeisity	AND ESCHOOL SOUTH AND AND AND AND AND AND AND AND AND AND	06-0646623	Education	20103	-[	TSB SE
	ASPUA ASSESS BOSSESS DESCRIPTION OF THE PERS	KNA SA LIND DISCO MORPHANIC TAI 3840E	13-1623629	Support	20103	١	SB SE
	St. Jude Children's Research Hospital	John St. March Mempins. IN. 30103	35-1044585	Support	50103	١	FSB JR
	Shelper December Despital	2900 Booky Bolet Days Tames El 33607	06-0646652	Support	50103		FSB JR
	Siliners nospiral for Children	Sac Nocky Found Dilive (dilipa, FL. 3360)	04-21213//	noddns	50103	\$ 500.00	FSB JR
		lotal				\$ 45,020.00	