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As Filed Data -

Return of Private Foundation

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

OMB No. 1545-0052

DLN: 93491273009140

2019

Open to Public

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Department of the Treasury Internal Revenue Service

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.

Inspection For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019 A Employer identification number THE KING FAMILY CHARITABLE TRUST 11-6450731 Number and street (or P.O. box number if mail is not delivered to street address) 1100 FRANKLIN AVENUE B Telephone number (see instructions) (516) 741-3434 City or town, state or province, country, and ZIP or foreign postal code GARDEN CITY, NY $\,$ 11530 ${f C}$ If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply: **D 1.** Foreign organizations, check here....... 2. Foreign organizations meeting the 85% test, check here and attach computation ... Amended return ☐ Final return Address change ☐ Name change If private foundation status was terminated \square Section 501(c)(3) exempt private foundation **H** Check type of organization: under section 507(b)(1)(A), check here ☑ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation I Fair market value of all assets at end J Accounting method: ✓ Cash ☐ Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col. (c), ☐ Other (specify) line 16) ▶\$ 246,603 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total Disbursements Revenue and (b) Net investment Adjusted net (c) for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books equal the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach 407,600 schedule) Check \blacktriangleright lacksquare if the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments Dividends and interest from securities 3,538 3,538 Gross rents 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 580 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain . . . Income modifications . 10a Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 411,718 4,118 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . 4,000 3,000 1,000 Accounting fees (attach schedule) Other professional fees (attach schedule) 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . . 160 23 Other expenses (attach schedule) 2,266 2.121 145 24 Total operating and administrative expenses. Add lines 13 through 23 5,123 1,305 6,428 408,389 408,389 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 414,817 5,123 409,694 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) . . . For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form **990-PF** (2019)

Form	990-1	PF (2019)																		Page 2
Par	t II	Balance Sheets		ached so uld be fo										inning Book		+	(b) Bool		of yea	ar) Fair Market Value
	1	Cash—non-interest											, (<u>u</u>) DOOK	229	_	(B) Book	23:		231
	2	Savings and tempo	orary	cash i	nvestn	nents									10,725	5		5,682	2	5,682
	3	Accounts receivable													,	1		· ·		
	_	Less: allowance for	-				_									1			1	
	4	Pledges receivable				_										+				
		Less: allowance for																		
	5	Grants receivable				_										+				
	6	Receivables due fro										-				+				
	•	disqualified persons				•		,												
	7	Other notes and loa	•			, ,			•							1				
	•	Less: allowance for			•			•				_							1	
	8	Inventories for sale				_														
ets	9	Prepaid expenses a														+				
Š.	.0a	Investments—U.S.			_	-										+				
` '	.ua b	Investments—corp		_	_		_		•			•			122,967	7		124,81	+	240,614
		Investments—corpo			•			•							122,507	1		124,01.	+	
	C	Investments—land,			•			,											1	
Ι,	11	Less: accumulated	•						_										1	
١.			•		•			,								+			-	
	12	Investments—mort														+				
	13	Investments—othe				-						•							-	
- '	14	Land, buildings, an																		
		Less: accumulated										_	06-1			00-1		7.	C 00-1	7.0
	15	Other assets (descr)		% 3		6.	9			6 %	76
1	16	Total assets (to b		•	•		s—se	e the												
		instructions. Also, s	•												133,984	*		130,800	1	246,603
	17	Accounts payable a														1				
	18	Grants payable																	4	
ţį [i	19	Deferred revenue														_			4	
三 2	20	Loans from officers							-										4	
Liabilities	21	Mortgages and other		•	•	•			•										4	
_ 2	22	Other liabilities (de																		
	23	Total liabilities(ad	add lin	nes 17	throug	jh 22)) -	• •	•	• •		•						(
es		Foundations that	t folk	ow FA	SB AS	iC 95	8, ch	eck h	nere	•										
2		and complete line	ies 24	4, 25,	29 an	d 30.														
[등]	24	Net assets without	t donc	or restr	rictions				•											
<u> </u>	25	Net assets with dor	nor re	estricti	ions .		•													
Fund Balance		Foundations that	t do i	not fol	llow F	ASB /	ASC ·	958.	chec	k he	re ▶	✓								
띹		and complete line						,												
٥.	26	Capital stock, trust	t prin	cipal, c	or curr	ent fu	ınds								515,580			515,580	0	
et :	27	Paid-in or capital su	surplu	ıs, or la	and, bl	.dg., a	and e	quipm	าent f	fund					360,000			360,000	5	
Net Assets	28	Retained earnings,	, accu	umulate	ed inco	ome, e	endo	wmen	t, or	othe	r funds	;			-741,596	5		-744,780	5	
<u>ا</u>	29	Total net assets of	or fu	ınd ba	lances	s (see	inst	ruction	ns)						133,984	1		130,800		
z	30	Total liabilities ar	and n	et ass	ets/fu	and b	alan	ces (:	see ir	nstru	ctions)				133,984	1		130,800	5	
Par	t III	Analysis of Ch	hand	aes in	Net	Asse	ets c	r Fu	nd E		nces					-		-		
1		net assets or fund), line	e 29 (r	nust a	gree with	h end	-			
		ear figure reported o					,			•							1			133,984
2	Ente	er amount from Part	: I, lin	e 27a													2			-3,099
3		er increases not inclu													® _		3	<u> </u>		2
4		lines 1, 2, and 3 .						•		٠							4			130,887
5		reases not included i		•	,						-> -			/1.5 :	~		5	<u> </u>		87
6	ıota	l net assets or fund	palar	nces at	end o	r year	r (line	≥ 4 M	ınus l	iine 5	o)—Par	τ ΙΙ,	columr	ı (b), l	ine 29	•	6		_	130,800 990-PF (2019)

	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a PUBLICLY TRADED SECU	RITIES		Р		
b					
c					
d					
e					
	(f)		g)	+ ,	h)
(e)	Depreciation allowed		other basis		or (loss)
Gross sales price	(or allowable)	plus expe	nse of sale	(e) plus (f) minus (g)
а	6,577		5 <i>,</i> 9	97	580
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation o	n 12/31/69		(I)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis	Excess	k) of col. (i)	Gains (Col. (col. (k), but not	h) gain minus less than -0-) or
	as of 12/31/69	over col.	(j), if any	Losses (II	om col.(h))
a					580
b					
С					
d					
e					
If gain, also enter in Pa in Part I, line 8	ain or (loss) as defined in sections at I, line 8, column (c) (see instruction	ons). If (loss), enter -0-		3	580
For optional use by domestic p f section 4940(d)(2) applies, le	rivate foundations subject to the sec ave this part blank.	ction 4940(a) tax on nei	t investment inc	ome.)	
	e section 4942 tax on the distributa t qualify under section 4940(e). Do		in the base perio	od? 🔲 Y	es 🔽 No
	ount in each column for each year;		making any ent	ries.	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable	e-use assets	(d) Distribution rat (col. (b) divided by c	
2018	480,857		201,079		2.39138
2017	540,163		338,227		1.59704
2016	430,005		394,444		1.09016
2015	192,129		518,312		0.37068
2014	12,814		8,608		1.48862
2 Total of line 1, column (1)		2	2	6.937878
3 Average distribution ratio	for the 5-year base period—divide	the total on line 2 by 5.	0, or by the		
number of years the foun	dation has been in existence if less ncharitable-use assets for 2019 fron	than 5 years	<u>3</u> 4		1.387576 219,656
5 Multiply line 4 by line 3		•	5		304,789
. , , ,	ent income (1% of Part I, line 27b)		 6	<u> </u>	
					304,789
	ons from Part XII, line 4 ,				409.694
If line 8 is equal to or green instructions.	ater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part u	·	
				Fo	orm 990-PF (2019)

Page **6**

5a	During the year did the foundation p	pay or	r incur any amount to:							Yes	No
	(1) Carry on propaganda, or otherw	vise at	ttempt to influence legisla	ation (section 4945(e))?		Yes	✓	No			
	(2) Influence the outcome of any sp		•	•			_				
	on, directly or indirectly, any vo	ter re	gistration drive?			☐ Yes	✓	No			
	(3) Provide a grant to an individual			•		☐ Yes	✓	No			
	(4) Provide a grant to an organizati										
	in section 4945(d)(4)(A)? See in					☐ Yes	✓	No			
	(5) Provide for any purpose other t		-	* * * * * * * * * * * * * * * * * * * *							
	educational purposes, or for the	•	· ·			Yes	✓	No			
b	b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions										
	Organizations relying on a current n							ŀ	5b		
_	If the answer is "Yes" to question 5						Ш				
С	•	` ''		•							
	tax because it maintained expenditu If "Yes," attach the statement require		-			☐ Yes	Ш	No			
c-	•		_								
6a	Did the foundation, during the year, a personal benefit contract?		, , , ,								
b	Did the foundation, during the year,					չ∐ Yes	\checkmark	No	6b		No
b	If "Yes" to 6b, file Form 8870.	, pay	premiums, directly or mu	illectiy, oli a persoliai be	nent contract		•	ŀ	00		NO
7a	At any time during the tax year, wa	c the	foundation a party to a p	rohibited tay shelter trai	esection?						
	If "Yes", did the foundation receive					Yes	✓	No	7b		
8	Is the foundation subject to the sect						•	F	7.5		
•	excess parachute payment during th						. 🚁				
	Information About (Yes			·000		<u> </u>
Pai	t VIII and Contractors	JIIIC	ers, Directors, Trust	ees, roundation Ma	illayers, m	gilly Pai	u Ell	іріоу	rees,		
1	List all officers, directors, truster	es. fo	undation managers an	d their compensation	See instruc	tions					
1	List all officers, directors, truste	$\overline{}$	undation managers an b) Title, and average	d their compensation (c) Compensation (If		tions ributions t	0	(2)			
1	List all officers, directors, trustee (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Cont employee be	ributions tenefit plans	and			se acc	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be	ributions t	and			se acc lowanc	
BRAD	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Cont employee be	ributions tenefit plans	and				
BRAD	(a) Name and address	Truste	b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be	ributions tenefit plans	and				
BRAD 1100 GARD	(a) Name and address EY D KING FRANKLIN AVE SUITE 102	Truste 1.00	b) Title, and average hours per week devoted to position ee	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred o	ributions tenefit plans	and				
BRADI 1100 GARD ROCH 450 W	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE	Truste	b) Title, and average hours per week devoted to position ee	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred o	ributions tenefit plans	and				
BRADI 1100 GARD ROCH 450 W NEW	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE 'ORK, NY 10024	Truste 1.00	b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contemployee be deferred of	ributions t nefit plans ompensati	and on	ot	her al	lowand	ces
BRADI 1100 GARD ROCH 450 W NEW	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE	Truste 1.00	b) Title, and average hours per week devoted to position ee ee	(c) Compensation (If not paid, enter -0-)	(d) Contemployee be deferred of	ributions to enefit plans ompensati octions). I	and on	ot	her al	lowand	ces
BRADI 1100 GARD ROCH 450 W NEW	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE 'ORK, NY 10024	Trusto 1.00 Trusto 0.00	b) Title, and average hours per week devoted to position ee ee hployees (other than the devoted) Title, and average	(c) Compensation (If not paid, enter -0-) 0 nose included on line 1	(d) Contemployee be deferred of	ributions t nefit plans ompensati	and on	ot ne, en	her al	lowand	ces
BRADI 1100 GARD ROCH 450 W NEW	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE YORK, NY 10024 Compensation of five highest-pa	Trusto 1.00 Trusto 0.00	b) Title, and average hours per week devoted to position ee ee	(c) Compensation (If not paid, enter -0-)	(d) Contemployee be deferred of the deferred o	ributions to enefit plans ompensati netions). I cributions to ee benefit deferred deferred deferred	s and on	ne, en	ter "I	NONE.	unt,
BRADI 1100 GARD ROCH 450 W NEW \ 2	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE ORK, NY 10024 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trusto 1.00 Trusto 0.00	b) Title, and average hours per week devoted to position ee ee hployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 nose included on line 1	(d) Contemployee be deferred of the deferred o	ributions to enefit plans ompensati ections). I cributions to see benefit	s and on	ne, en	ter "I	NONE.	unt,
BRADI 1100 GARD ROCH 450 W NEW	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE ORK, NY 10024 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trusto 1.00 Trusto 0.00	b) Title, and average hours per week devoted to position ee ee hployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 nose included on line 1	(d) Contemployee be deferred of the deferred o	ributions to enefit plans ompensati netions). I cributions to ee benefit deferred deferred deferred	s and on	ne, en	ter "I	NONE.	unt,
BRADI 1100 GARD ROCH 450 W NEW \ 2	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE ORK, NY 10024 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trusto 1.00 Trusto 0.00	b) Title, and average hours per week devoted to position ee ee hployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 nose included on line 1	(d) Contemployee be deferred of the deferred o	ributions to enefit plans ompensati netions). I cributions to ee benefit deferred deferred deferred	s and on	ne, en	ter "I	NONE.	unt,
BRADI 1100 GARD ROCH 450 W NEW \ 2	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE ORK, NY 10024 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trusto 1.00 Trusto 0.00	b) Title, and average hours per week devoted to position ee ee hployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 nose included on line 1	(d) Contemployee be deferred of the deferred o	ributions to enefit plans ompensati netions). I cributions to ee benefit deferred deferred deferred	s and on	ne, en	ter "I	NONE.	unt,
BRADI 1100 GARD ROCH 450 W NEW \ 2	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE ORK, NY 10024 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trusto 1.00 Trusto 0.00	b) Title, and average hours per week devoted to position ee ee hployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 nose included on line 1	(d) Contemployee be deferred of the deferred o	ributions to enefit plans ompensati actions). I cributions to ee benefit and deferred	s and on	ne, en	ter "I	NONE.	unt,
BRADI 1100 GARD ROCH 450 W NEW \ 2	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE ORK, NY 10024 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trusto 1.00 Trusto 0.00	b) Title, and average hours per week devoted to position ee ee hployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 nose included on line 1	(d) Contemployee be deferred of the deferred o	ributions to enefit plans ompensati actions). I cributions to ee benefit and deferred	s and on	ne, en	ter "I	NONE.	unt,
BRADI 1100 GARD ROCH 450 W NEW \ 2	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE ORK, NY 10024 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trusto 1.00 Trusto 0.00	b) Title, and average hours per week devoted to position ee ee hployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 nose included on line 1	(d) Contemployee be deferred of the deferred o	ributions to enefit plans ompensati actions). I cributions to ee benefit and deferred	s and on	ne, en	ter "I	NONE.	unt,
BRADI 1100 GARD ROCH 450 W NEW \ 2	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE ORK, NY 10024 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trusto 1.00 Trusto 0.00	b) Title, and average hours per week devoted to position ee ee hployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 nose included on line 1	(d) Contemployee be deferred of the deferred o	ributions to enefit plans ompensati actions). I cributions to ee benefit and deferred	s and on	ne, en	ter "I	NONE.	unt,
BRADI 1100 GARD ROCH 450 W NEW \ 2	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE ORK, NY 10024 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trusto 1.00 Trusto 0.00	b) Title, and average hours per week devoted to position ee ee hployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 nose included on line 1	(d) Contemployee be deferred of the deferred o	ributions to enefit plans ompensati actions). I cributions to ee benefit and deferred	s and on	ne, en	ter "I	NONE.	unt,
BRADI 1100 GARD ROCH 450 W NEW \ 2	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE ORK, NY 10024 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trusto 1.00 Trusto 0.00	b) Title, and average hours per week devoted to position ee ee hployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 nose included on line 1	(d) Contemployee be deferred of the deferred o	ributions to enefit plans ompensati actions). I cributions to ee benefit and deferred	s and on	ne, en	ter "I	NONE.	unt,
BRADI 1100 GARD ROCH 450 W NEW Y 2 (a)	(a) Name and address EY D KING FRANKLIN AVE SUITE 102 EN CITY, NY 11530 ELLE B KING EST END AVENUE ORK, NY 10024 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trustof 1.00 Trustof 0.00 Trustof 0.00	b) Title, and average hours per week devoted to position ee nployees (other than the hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) 0 nose included on line (c) Compensation	(d) Contemployee be deferred of deferred o	ributions to enefit plans ompensati actions). I cributions to ee benefit and deferred	s and on	ne, en	ter "I	NONE.	unt,

Form 990-PF (2019)		Page 7
Part VIII Information About Officers, Directors, Trustees, Foundard Contractors (continued)	dation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (se	e instructions). If none, enter "NOI	IE".
(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 relevant state organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1		
2		
3		
4		
<u></u>		
Part IX-B Summary of Program-Related Investments (see instruc	 ctions)	
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2.	Amount
11		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	· · · · · · · · · · ·	
		F 000 DE (2010)

3

4

5

6

7

1a

1b

2

3a 3b

4

5

10.983

10.983

10.983

409,694

409,694

409,694

Form 990-PF (2019)

Distributable amount before adjustments. Subtract line 2c from line 1.

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

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

3

4 5

6

1

2

3

4

5

b

Part XII

Undistributed Income (see instructions)

tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount 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

d Excess from 2018.

e Excess from 2019.

Part XIII

Page 9

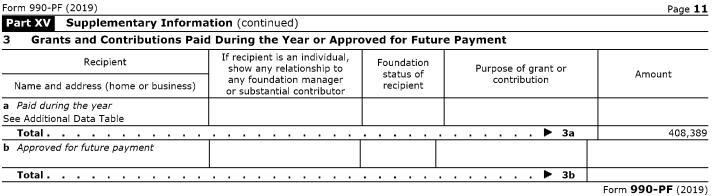
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7		- p		10,983
2	Undistributed income, if any, as of the end of 2019:				
а	Enter amount for 2018 only				
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
	Total of lines 3a through e	1,583,162			
4	Qualifying distributions for 2019 from Part				
	XII, line 4: ► \$409,694				
	Applied to 2018, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2019 distributable amount				10,983
е	Remaining amount distributed out of corpus	398,711			
5	Excess distributions carryover applied to 2019.				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,981,873			
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				

u	Applied to 2019 distributable amount		10,500
е	Remaining amount distributed out of corpus	398,711	
5	Excess distributions carryover applied to 2019.		
	(If an amount appears in column (d), the same amount must be shown in column (a).)		
6	Enter the net total of each column as indicated below:		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,981,873	
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)		

470,943

398,711

- - **b** The form in which applications should be submitted and information and materials they should include:
 - c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



nter gros	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exemp
_	m service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
е						
g Fees	and contracts from government agencies ership dues and assessments					
	st on savings and temporary cash					
5 Net re	nds and interest from securities			14	3,538	
b Not	:-financed property debt-financed property					
	ntal income or (loss) from personal property investment income.					
Gain o	or (loss) from sales of assets other than ory			10	500	
Net in	come or (loss) from special events:			18	580	
	profit or (loss) from sales of inventory revenue: a					
b						
				1		
Subto	tal Add columns (b) (d) and (e)			1	4,118 3	
2 Subto 3 Total. (See w	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calcu	lations.)			4,118	
2 Subto 3 Total .	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Orksheet in line 13 instructions to verify calcular T-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the foundation of the foundation.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	4,118
Subto Total. (See wart XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu T-B Relationship of Activities to the Explain below how each activity for which	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
Subto Total. (See wart XV	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Orksheet in line 13 instructions to verify calcular T-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the foundation of the foundation.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
Subto Total. (See wart XV ine No.	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Orksheet in line 13 instructions to verify calcular T-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the foundation of the foundation.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
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Subto Total. (See wart XV ine No.	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Orksheet in line 13 instructions to verify calcular T-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the foundation of the foundation.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
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=o	orm 990-PF (2019)		Pa
	Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncl Exempt Organizations	aritable	
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	501	Yes
а	a Transfers from the reporting foundation to a noncharitable exempt organization of:		

Signature of officer or trustee Date Print/Type preparer's name Preparer's Signature Date Date Date Check if self-employed ▶ ✓ P00759410														
Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash. (2) Other sasets. (3) Other transactions: (3) Sales of assets from a noncharitable exempt organization. (3) Purchases of assets from a noncharitable exempt organization. (4) Remain of facilities, equipment, nor other assets. (5) Loans of long upsanciess. (6) Performance of services or membership or fundasing solicitations. (6) Performance of services or membership or fundasing solicitations. (7) Interest of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value or the above is "Yes," complete the following schedule. Column (b) should always show the fair market value or navy of the above is "Yes," complete the following schedule. Column (b) about always show the fair market value or navy of the above is "Yes," complete the following schedule. Column (b) about always show the fair market value or navy of the above is "Yes," complete the following schedule. Column (b) about always show the fair market value or navy of the above is "Yes," complete the following schedule. Column (c) the value of the goods, criter assets, or services received. (a) Name of organization (b) Type of evaparization (c) Above the section 501(c) (other than section 501(c) or in sectio											tion 501		Yes	No
(13) Cash. (20) Other assets. 0 other transactions: (15) Sales of assets to a noncharitable exempt organization. (16) Sales of assets to a noncharitable exempt organization. (17) Sales of assets to a noncharitable exempt organization. (18) Parchase of assets from a noncharitable exempt organization. (19) Parchase of assets from a noncharitable exempt organization. (19) Reimbursement arrangement arrangement. (19) Loss of loans or loan guarantees. (19) Parchase of assets from a noncharitable exempt organization. (19) Parchase of assets from a noncharitable exempt organization. (19) Loss of the section of services or membership or fundrating solicitations. (10) No. (10) N	()	`	()()	-	,		, ,		garrization	5:				
(2) Other assetts. Sad2 No Dither transactions: Sad2 No Dither transaction: Sad2 No Dither transaction:												1a(1)		No
Other transactions: (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Sharing of facilities, equipment, mailing lists, other assets, a paid employees. (a) It has a service or any of the above in "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation receive less than fair market value in any transaction or wharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foundation receive less than fair market value in any transaction or wharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foundation receive less than fair market value in any transaction or wharing arrangement; show it column (d) the sold of the goods, other assets, or services greaters and the services received. (a) Manual involved. (b) Amount involved. (c) Manual involved. (c) Manual involved. (d) Description of transfurs, transactions, and sharing arrangements described in section 501(c) (other than section 501(` ′										· ·	_ ` 		
(a) Purchases of assets from a noncharitable exempt organization. 11(2) No. 13(3) No. 14) Reimbursement arrangements. 11(4) No. 15) Loans or lean guarantees. 11(4) No. 15(5) Loans or lean guarantees. 11(6) No. 15(6) Performance of services or membership or fundraising solicitations. 11(6) No. 15(6) No. 15(7) No. 15(8) No. 15(9) Performance of services or membership or fundraising solicitations. 15(1) No. 1	• •													
(3) Rental of facilities, equipment, or other assets. 10(3) No	(1)	Sales	of assets to a nonchari	table exempt	t orga	nization.						1b(1)		No
(4) Reimbursament arrangements. 110(3) No (15) Loans of loan quarantees. 110(3) No (15) Loans of loan quarantees. 110(3) No (15) Loans of loan quarantees. 110(3) No (15) No (15)				•	-									No
(5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) If the answer to any of the above is "Yes," complete the following schedule. Column (9) should always show the fair market value of the goods, other assets, or services given by the septraing foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (0) the value of the goods, other assets, or services received. (9) Line No. (b) Amount involved. (c) Name of nencharitable exempt organization. (d) Discription of transfurs, transactions, and sharing arrangements. (e) Amount involved. (b) Amount involved. (c) Name of nencharitable exempt organization. (d) Discription of transfurs, transactions, and sharing arrangements. (e) Amount involved. (a) Name of involved in section 501(c) (31) or in section 527? (b) Amount involved. (c) Name of involved in section 501(c) (31) or in section 527? (c) Discription of transfurs, transactions, and sharing arrangements. (e) Price," complete the following schedule. (e) Name of organization. (e) Description of relationship. (f) Description of relationship. (g) Discription of transfurs, transactions, and sharing arrangements. (g) Discription of transfurs, transactions, and sharing arrangements. (h) Type of organization. (e) Description of relationship. (e) Description of relationship. (f) Description of relationship. (g) Discription of transfurs, transactions, and sharing arrangements. (g) Discription of transfurs, transactions, and sharing arrangements. (h) Discription of transfurs, transactions, and sharing arrangements. (h) Discription of transfurs, transactions of transfurs, transactions, and sharing						-						1b(3)		No
(6) Performance of services or membership or fundraising solicitations. Sharing of facilities, eaginement, mailing lists, other assets. or paid employees. If the provide other assets or solicities, eaginement, mailing lists, other assets or paid the above to "rey," compete the following schedule, Column (b) should always show the fair market value. If the goads, other assets or solicities that fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Name of the provided of the provided in the second of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization of transfers, transactions, and sharing arrangements of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization of transfers, transactions, and sharing arrangements of the goods, other assets, or services received. (a) It is not considered that the provided in section 501(c) (other than section 501(c)(3)) or in section 527? (b) If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, if declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. You was all the failure of officer or truste. Print/Type preparer's name Print/T	(4)	Reiml	bursement arrangement	ts								1b(4)		No
Sharing of facilities, equipment, mailing lists, other assets, or paid employees. If the answer to any of the above is "vei," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services received. In line No. (b) Amount involved (c) Name of noncharitable exempt organizations (d) Description of transfers, transactions, and sharing arrangements as the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?	(5)	Loans	s or loan guarantees.									1b(5)		No
1 If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received least than fair arrivated value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (f) Prospect of transfers, transactions, and sharing arrangements (e) Description of transfe	(6)	Perfor	mance of services or me	embership or	fund	raising sol	icitations					1b(6)		No
of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services excleved. (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (e) Name of organizations arrangements (f) Name of organizations are set of the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (d) Description of relationship (e) Description of relationship (f) Description of relationship (g) Name of organization (h) Type of organization (c Sha	ring of	facilities, equipment, m	nailing lists, d	ther a	assets, or	paid employees					1c		No
a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52??	of t	he good	ds, other assets, or serv	vices given b	y the	reporting t	foundation. If th	e foundati	on receive	ed less than fair m	arket valu			
described in section 501(c) (other than section 501(c)(3)) or in section 527?	a) Line	No.	(b) Amount involved	(c) Name of	noncha	ritable exer	mpt organization	(d) De	scription of	transfers, transaction	ns, and sha	ring arra	ngemen	ts
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. ****** 2020-09-29			•	•		'	•			_		7 1		
(a) Name of organization (b) Type of organization (c) Description of relationship Comparison (c) Description of relationship (c) Description (c) Description of relationship (c) Description (c) Descripti			, , ,		501(c)(3)) or i	n section 527? .			⊔	Yes 🗅	∐ No		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. ******* 2020-09-29 ********	b If "	Yes," co	•						1		6 1			
of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. ******* 2020-09-29 ******* Title ******* Title ***********************************			(a) Name of organizatio	n		(E) Type of organiza	ition		(c) Descripti	on of relation	nsnip		
of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. ******* 2020-09-29 ******* Title ******* Title ***********************************														
of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. ******* 2020-09-29 ******* Title ******* Title ***********************************														
of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. ******* 2020-09-29 ******* Title ******* Title ***********************************														
of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. ******* 2020-09-29 ******* Title ******* Title ***********************************														
Signature of officer or trustee Date Title Print/Type preparer's name Laurence E Homler Firm's name ► Homler & Homler CPAS PC Firm's address ► 700 Veterans Memorial Hwy Ste 325 Hauppauge, NY 11788 Title Check if self-employed ► ✓ Firm's EIN ►83-2562907 Phone no. (516) 747-1191	Sign	of m whic	y knowledge and belief, th preparer has any kno	, it is true, co			plete. Declaratio		rer (other		based on	aĺl infor	mation	of
Signature of officer or trustee Date Title Date Da	lere						2020-09-29	\					er show	_{vn} [
Print/Type preparer's name Preparer's Signature Date Check if self-employed ▶ ✓ PTIN Laurence E Homler Proparer's Signature Preparer's Signature Proparer's Signature Proparer's Signature Prim's name ▶ Homler & Homler CPAS PC Firm's name ▶ Homler & Homler CPAS PC Firm's address ▶ 700 Veterans Memorial Hwy Ste 325 Hauppauge, NY 11788 Phone no. (516) 747-1191		 	C:				D-+-		T:LI -			те ргера	CI 31101	
Laurence E Homler Laurence E Homler Laurence E Homler Homler & Homler CPAS PC Firm's name ► Homler & Homler CPAS PC Firm's address ► 700 Veterans Memorial Hwy Ste 325 Hauppauge, NY 11788 Check if self- employed ► ✓ Firm's EIN ►83-2562907 Phone no. (516) 747-1191		*	Signature of officer or tr	ustee			Date		TITIE		(see ir	nstr.) 🔽	Yes [] No
Laurence E Homler Laurence E Homler Laurence E Homler Homler & Homler CPAS PC Firm's name ► Homler & Homler CPAS PC Firm's address ► 700 Veterans Memorial Hwy Ste 325 Hauppauge, NY 11788 Check if self- employed ► ✓ Firm's EIN ►83-2562907 Phone no. (516) 747-1191			Deint/Type		Dw	anaula Cico					DTIN			
Laurence E Homler Laurence E Homler Firm's name ► Homler & Homler CPAS PC Firm's eIN ►83-2562907 Firm's address ► 700 Veterans Memorial Hwy Ste 325 Hauppauge, NY 11788 Phone no. (516) 747-1191			Print/ Type preparer's	name	Prepa	arer's Sign	ıacure	Date		Check if self-	LITIN			
Firm's EIN ▶83-2562907 Firm's address ▶ 700 Veterans Memorial Hwy Ste 325 Hauppauge, NY 11788 Firm's EIN ▶83-2562907 Phone no. (516) 747-1191	Paid		Laurence E Homler							employed ▶ ✓		P00759	410	
Hauppauge, NY 11788 Phone no. (516) 747-1191	-							1		1	Firm's E	IN ►83	-25629	07
Form 990-PF (2019)						,	e 325				Phone n	o. (516	747-1	1191
			1								Fo	rm 99 0)-PF (2019)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN HORTICULTURAL SOCIETY N/A PC FOSTERS THE ART AND SCIENCE 200 PO BOX 96411 OF HORTICULTURE. WASHINGTON, DC 20077

AMERICAN MUSEUM OF NATURAL HISTORY 15 W 77TH STREET NEW YORK, NY 10132	N/A	PC	PRESERVES HISTORICAL SPECIMENS, ADVANCES RESEARCH, PROVIDED EDUCATIONAL SERVICES AND PROGRAMS.	600
COMPASSION CHOICES 4155 E JEWELL AVE	N/A	PC	TO SUPPORT END-OF-LIFE CHOICE IN NEW YORK.	200

За

408,389

DENVER, CO 80222

Total .

Recipient Foundation If recipient is an individual, 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)

211 FULTON AVENUE

Total . .

HEMPSTEAD, NY 11550

a Paid during the year				
FOOD BANK FOR NEW YORK CITY 39 BROADWAY NEW YORK, NY 10006	N/A	PC	FOOD PANTRY.	100
HAMPTON THEATRE COMPANY PO BOX 734 WESTHAMPTON BEACH, NY 11978	N/A	PC	PERFORMING ARTS.	1,000
INTERFAITH NUTRITION NETWORK	N/A	PC	PROVIDES FOOD AND SHELTER	150

FOR HUNGRY AND HOMELESS

408,389

OF LONG ISLAND, NY.

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 contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LONG ISLAND CARES-HARRY CHAPIN N/A PC FOOD PANTRY. 200 FOOD 10 DAVIDS DRIVE HAUPPAUGE, NY 11788

11/10/11/10/02,141 11/00				
MEDICAL MISSION INTERNATIONAL 1100 FRANKLIN AVENUE GARDEN CITY, NY 11530	N/A	PC	PROVIDES MEDICAL AND SURGICAL CARE IN UNDER- SERVED REGIONS WITH LIMITED ACCESS TO HEALTH CARE SERVICES.	389,750
NATIONAL PARKS CONSERVATION ASSOCIA	N/A	PC	TO PROTECT THE PARKS.	200

▶ 3a

408,389

GARDEN CITY, NY 11530			SERVED REGIONS WITH LIMITED ACCESS TO HEALTH CARE SERVICES.	
NATIONAL PARKS CONSERVATION ASSOCIA 777 6TH STREET NW	N/A	PC	TO PROTECT THE PARKS.	20

WASHINGTON, DC 20001

Total .

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

a Paid during the year				
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BOULEVARD BRONX, NY 10458	N/A	PC	PUBLIC BOTANICAL GARDENS.	150

BRONX, NY 10458				
NY HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024	N/A	PC	FOSTERS RESEARCH AND PUBLIC PROGRAMS; PRESENTS HISTORY AND ART EXHIBITIONS.	250

NY HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024	N/A	PC	FOSTERS RESEARCH AND PUBLIC PROGRAMS; PRESENTS HISTORY AND ART EXHIBITIONS.	2
NY PUBLIC RADIOPO BOX 1550	N/A	PC	SUPPORTS PUBLIC RADIO.	2

170 CENTRAL PARK WEST NEW YORK, NY 10024			PUBLIC PROGRAMS;PRESENTS HISTORY AND ART EXHIBITIONS.	
NY PUBLIC RADIOPO BOX 1550	N/A	PC	SUPPORTS PUBLIC RADIO.	20

NEW TORK, NT 10024			EXHIBITIONS.	
NY PUBLIC RADIOPO BOX 1550 NEW YORK, NY 10116	N/A	PC	SUPPORTS PUBLIC RADIO.	200

				100 000
NY PUBLIC RADIOPO BOX 1550 NEW YORK, NY 10116	N/A	PC	SUPPORTS PUBLIC RADIO.	200

NEW YORK, NY 10116		
Total	 ▶ 3a	408,389

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				
PECONIC BAY MEDICAL CENTER PO BOX 1952 QUOGUE, NY 11959	N/A	PC	PROVIDES MEDICAL CARE TO COMMUNITY.	10,000
PHI BETTA KAPPA SOCIETY	N/A	PC	ACADEMIC HONOR SOCIETY.	85

Q0000E, N1 11333				
PHI BETTA KAPPA SOCIETY PO BOX 97269 WASHINGTON, DC 20077	N/A	PC	ACADEMIC HONOR SOCIETY.	85
PLANNED PARENTHOOD OF NYC 26 BLEECKER ST	N/A	PC	TO PROTECT REPRODUCTIVE RIGHTS AND HELP PROVIDE	300

Total			▶ 3a	408,389
PLANNED PARENTHOOD OF NYC 26 BLEECKER ST NEW YORK, NY 10012	N/A	PC	TO PROTECT REPRODUCTIVE RIGHTS AND HELP PROVIDE CARE FOR ALL WHO NEED IT.	300
PO BOX 97269 WASHINGTON, DC 20077				

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

a Paid during the year

Purpose of grant or contribution

Foundation status of recipient

Purpose of grant or contribution

Amount

Status of recipient

Purpose of grant or contribution

	COMMUNITIES.	
PC	SUPPORTS VOLUNTEER FIRE DEPARTMENT.	150
		DEPARTMENT.

PO BOX 5026 QUOGUE, NY 11959	N/A	PC	DEPARTMENT.	150
QUOGUE HISTORICAL SOCIETY PO BOX 1207 QUOGUE, NY 11959	N/A	PC	PROVIDES FACILITIES, MATERIALS, AND ACTIVITIES FOR PEOPLE TO FURTHER THEIR INTEREST IN LOCAL HISTORY OF QUOGUE, NY.	100
Total			▶ 3a	408,389

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

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

Purpose of grant or contribution

a Paid during the year

a Paid during the year				
STJUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 1000 DEPT 142 MEMPHIS, TN 38148	N/A	PC	MEDICAL RESEARCH.	800
STEPHEN GAYNOR SCHOOL 148 WEST 90TH STREET NEW YORK, NY 10024	N/A	PC	PROVIDES CARING SUPPORT AND SOCIAL DEVELOPMENT FOR CHILDREN WITH AUTISM.	500
SUFFOLK COUNTY COUNCIL VET OF FOR A	N/A	PC	TO PRESERVE AND STRENGTHEN COMRADSHIP AMONG ITS	500

408,389

148 WEST 90TH STREET NEW YORK, NY 10024			AND SOCIAL DEVELOPMENT FOR CHILDREN WITH AUTISM.	
SUFFOLK COUNTY COUNCIL VET OF FOR A PO BOX 1285 MELVILLE, NY 11747	N/A	PC	TO PRESERVE AND STRENGTHEN COMRADSHIP AMONG ITS MEMBERS; TO ASSIST WORTHY COMRADES; TO PERPETUATE THE MEMORY AND HISTORY OF OUR DEAD, AND TO ASSIST THEIR WIDOWS AND ORPHANS.	
Total			▶ 3a	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE NATURE CONSERVANCY N/A l PC WORKS TO PROTECT 100

PO BOX 97157 WASHINGTON, DC 20077			ECOLOGICALLY IMPORTANT LANDS AND WATERS AROUND THE WORLD FOR NATURE AND PEOPLE.	
THIRTEEN ASSOCIATES	N/A	PC	SUPPORTS PUBLIC TELEVISION.	500

			PEOPLE.	
THIRTEEN ASSOCIATES 450 WEST 33RD STREET NEW YORK, NY 10001	N/A	PC	SUPPORTS PUBLIC TELEVISION.	500
UNIVERSITY OF NEW HAMPSHIRE 9 EDGEWOOD ROAD	N/A	PC	PRESIDENT'S FUND FOR EXCELLENCE.	1,000

NEW YORK, NY 10001			
UNIVERSITY OF NEW HAMPSHIRE 9 EDGEWOOD ROAD DURHAM, NH 03824	N/A	 PRESIDENT'S FUND FOR EXCELLENCE.	1,000
Total		 ▶ 3a	408,389

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year N/A PC HELPS FIGHT WORLD HUNGER. 204 WORLD VISIONPO BOX 70359

TACOMA, WA 98481				
WORLD WILDLIFE FUND 1250 24TH STREET NW WASHINGTON, DC 20090	N/A	PC	PRESERVES WILDLIFE AND THEIR HABITATS.	250

1250 24TH STREET NW WASHINGTON, DC 20090			THEIR HABITATS.	
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE ROOM C-118	N/A	PC	SUPPORTS MEDICAL LEARNING AND RESEARCH.	200

WASHINGTON, DC 20090				
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE ROOM C-118 NEW YORK. NY 10065	N/A	PC	SUPPORTS MEDICAL LEARNING AND RESEARCH.	20

Total .

408,389

■ 3a

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

or substantial contributor

Total .

a Paid during the year				
OCEAN CONSERVANCY 1300 19TH STREET NW 8TH FLOOR WASHINGTON, DC 20036	N/A	PC	TO PROTECT THE OCEAN FROM TODAY'S GLOBAL CHALLENGES.CREATING SCIENCE-BASED SOLUTIONS FOR A HEALTHY OCEAN AND THE WILDLIFE AND COMMUNITIES	100

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CHALLENGES.CREATING	
SCIENCE-BASED SOLUTION	NS
FOR A HEALTHY OCEAN A	ND THE
WILDLIFE AND COMMUNI	ΓΙES
THAT DEPEND ON IT.	
	CHALLENGES.CREATING SCIENCE-BASED SOLUTIO FOR A HEALTHY OCEAN AF WILDLIFE AND COMMUNIT

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TY 2019 Accounting Fees Schedule					
	Name: THE KIN	G FAMILY CHARITA	BLE TRUST		
EIN: 11-6450731					
Software ID: 19009920					
Software Version: 2019v5.0					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
	4,000	3,000	0	1,000	

TY 2019 Other Assets Schedule						
Name:	THE KING FAMILY	CHARITABLE	TRUST			
EIN:	11-6450731					
Software ID:	19009920					
Software Version:	2019v5.0					
Other Assets Schedule						
Description	Begi	nning of Year -	End of Year - Book	End of Year - Fair		

Book Value

63

DLN: 93491273009140

Market Value

76

Value

76

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DIVIDEND RECEIVABLE

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TY 2019 Other Decreases Schedule				
Name:	THE KING FAN	MILY CHARITABLE TRUST		
EIN:	11-6450731			
Software ID:	19009920			
Software Version:	2019v5.0			
De	escription		Amount	
FEDERAL INCOME TAX				87

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491273009140
TY 2019 Other Expenses Schedule				
Name:	: THE KING FAMILY CHARITABLE TRUST			
EIN:	11-6450731			
Software ID:): 19009920			
Software Version:	2019v5.0			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	95			95
FILING FEE	50			50
INVESTMENT ADVISORY FEES	2,121	2,121		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491273009140		
TY 2019 Other Increases Schedule					
Name:	THE KING FAM	ILY CHARITABLE TRUST			
EIN:	11-6450731				
Software ID:	19009920				
Software Version:	2019v5.0				
De	escription		Amount		
ROUNDING			2		