

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052

**2019**

**Open to Public Inspection**

**For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019**

Name of foundation THE REBA JUDITH SANDLER FOUNDATION INC C/O JAY D ROSENBAUM DIRECTOR		<b>A Employer identification number</b> 13-3919640
Number and street (or P.O. box number if mail is not delivered to street address) NIXON PEABODY LLP 53 STATE ST	Room/suite	<b>B Telephone number</b> (see instructions) (617) 345-1000
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 021092835		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>6,642,445</u>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	342,746			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	90	90		
	<b>4</b> Dividends and interest from securities	183,690	174,861		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	41,745			
	<b>b</b> Gross sales price for all assets on line 6a <u>2,285,545</u>				
	<b>7</b> Capital gain net income (from Part IV, line 2)		41,745		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	568,271	216,696			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	40,000	20,000		20,000
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)	41,100	41,100		0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	4,499	3,698		0
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	7,763	0		3,740
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	93,362	64,798		23,740
	<b>25</b> Contributions, gifts, grants paid	370,230			370,230
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	463,592	64,798		393,970	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	104,679				
<b>b Net investment income</b> (if negative, enter -0-)		151,898			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	41,011	30,410	30,410
	<b>2</b> Savings and temporary cash investments . . . . .	49,445	48,972	48,972
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	2,344,979	2,469,000	3,089,836
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	3,309,582	3,352,238	3,473,227
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	5,745,017	5,900,620	6,642,445	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	0	40,000	
	<b>23 Total liabilities</b> (add lines 17 through 22)	0	40,000	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	5,528,944	5,528,944	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	216,073	331,676	
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	5,745,017	5,860,620		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	5,745,017	5,900,620		

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

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	5,745,017
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	104,679
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	24,461
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	5,874,157
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	13,537
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	5,860,620

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a</b> AS REPORTED BY UBS EIN 13-2638166	P		
<b>b</b> CAPITAL GAINS DIVIDENDS	P		
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 2,267,874		2,243,800	24,074
<b>b</b> 17,671			17,671
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			24,074
<b>b</b>			17,671
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	}		<b>2</b>	41,745
	}		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018			
2017			
2016			
2015			
2014			

<b>2</b> Total of line 1, column (d)		
<b>3</b> 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 foundation has been in existence if less than 5 years	<b>3</b>	
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	
<b>5</b> Multiply line 4 by line 3	<b>5</b>	
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	
<b>7</b> Add lines 5 and 6	<b>7</b>	
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes sub-rows 6a-6d for credits. Total amount owed is 3,929, with 3,929 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Includes questions about political activities, tax returns, and substantial contributors.

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .		<b>No</b>
<b>12</b>	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 . . . . .		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> N/A	<b>Yes</b>	
<b>14</b>	The books are in care of <b>▶</b> JAY D ROSENBAUM Telephone no. <b>▶</b> (617) 345-1250		
	Located at <b>▶</b> C/O NIXON PEABODY LLP 53 STATE ST BOSTON MA ZIP+4 <b>▶</b> 021092835		
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <b>15</b>		
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>	<b>Yes</b>	<b>No</b>
		<b>16</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	<b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	<b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	<b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	<b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	<b>(5)</b> Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	<b>(6)</b> Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>▶</b> 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969; <b>(2)</b> 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 <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

<b>5a</b> During the year did the foundation pay or incur any amount to:			<b>Yes</b>	<b>No</b>
<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>(2)</b> Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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 . . . . .			<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input type="checkbox"/>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>6b</b>	<b>No</b>
<i>If "Yes" to 6b, file Form 8870.</i>				
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>b</b> If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			<b>7b</b>	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JAY D ROSENBAUM NIXON PEABODY 53 STATE ST BOSTON, MA 021092835	DIRECTOR 1.00	0	0	0
SHERI C SANDLER 69 ATLANTIVE AVENUE AMAGANSETT, NY 119302570	PRESIDENT/DIRECTOR 1.00	40,000	0	0
EVA SARAH SANDLER 151 CENTRAL PARK WEST APT 6N NEW YORK, NY 10023	DIRECTOR 1.00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000. . . . . ▶ 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	6,396,749
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	58,217
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	6,454,966
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	6,454,966
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	96,824
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	6,358,142
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	317,907

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	317,907
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	3,038
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	3,038
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	314,869
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	314,869
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	314,869

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	393,970
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	393,970
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	393,970

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				314,869
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				172,258
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	172,258			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____ 393,970				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				314,869
<b>e</b> Remaining amount distributed out of corpus	79,101			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	251,359			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a . . . . .	251,359			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				172,258
<b>e</b> Excess from 2019. . . . .				79,101

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					

**3** Complete 3a, b, or c for the alternative test relied upon:

**a** "Assets" alternative test—enter:

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

**c** "Support" alternative test—enter:

(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 XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

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**b** The form in which applications should be submitted and information and materials they should include:

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**c** Any submission deadlines:

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**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .	▶ <b>3a</b>			370,230
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .	▶ <b>3b</b>			0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include categories like Program service revenue, Fees and contracts from government agencies, Membership dues, Interest on savings, Dividends, Net rental income, Other investment income, Gain or loss from sales, and Subtotal.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explanatory text. The text column contains the instruction: 'Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes...'.



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ACKERMAN INSTITUTE FOR THE FAMILY 936 BROADWAY 2ND FLOOR NEW YORK, NY 10010	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	15,000
AMAGANSETT FOOD INSTITUTE PO BOX 2611 AMAGANSETT, NY 11930	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
AMAGANSETT LIFE-SAVING AND COAST GUARD STATION SOCIETY 160 ATLANTIC AVENUE PO BOX 51 AMAGANSETT, NY 11930	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	400
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMBER WAVES FARM 375 MAIN STREET PO BOX 2623 AMAGANSETT, NY 11930	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
AMBER WAVES FARM 375 MAIN STREET PO BOX 2623 AMAGANSETT, NY 11930	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	750
ANTENNA3718 ST CLAUDE AVENUE NEW ORLEANS, LA 70117	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ANTENNA3718 ST CLAUDE AVENUE NEW ORLEANS, LA 70117	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,000
APERTURE FOUNDATION 547 WEST 27TH STREET 4TH FLOOR NEW YORK, NY 10001	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
BEHIND THE BOOK 216 WEST 135TH STREET GROUND FLOOR NEW YORK, NY 10030	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,200
<b>Total . . . . . ▶ 3a</b>				370,230



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BREAST CANCER RESEARCH FOUNDATION 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	500
BROADWAY HOUSING COMMUNITIES 583 RIVERSIDE DRIVE NEW YORK, NY 10031	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	25,000
BRONX CHARTER SCHOOL FOR THE ARTS 1440 STORY AVENUE BRONX, NY 10473	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	4,000
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CALVARY BAPTIST CHURCH 60 CROSS HWY AMAGANSETT, NY 11930	NONE	CHURCH	GENERAL CHARITABLE PURPOSE	3,500
CITIZENS COMMITTEE FOR CHILDREN 14 WALL STREET SUITE 4E NEW YORK, NY 10005	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
COMMUNITY FOOD ADVOCATES 5601 NEW YORK AVENUE NASHVILLE, TN 37209	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
CONSERVATIVE SYNAGOGUE HAMPTONS PO BOX 1196 BRIDGEHAMPTON, NY 11932	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,800
EAST END FOOD INSTITUTE PO BOX 356 SOUTH HAMPTON, NY 11969	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	15,000
EAST HAMPTON MEALS ON WHEELS 33 NEWTOWN LANE EAST HAMPTON, NY 11937	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,000
<b>Total . . . . . ▶ 3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GUILD HALL OF EAST HAMPTON 158 MAIN STREET EAST HAMPTON, NY 11937	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
GUILD HALL OF EAST HAMPTON 158 MAIN STREET EAST HAMPTON, NY 11937	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
GUILD HALL OF EAST HAMPTON 158 MAIN STREET EAST HAMPTON, NY 11937	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	15,000
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HAYGROUND SCHOOL PO BOX 1827 151 MITCHELL LANE BRIDGEHAMPTON, NY 11932	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	6,000
HAYGROUND SCHOOL PO BOX 1827 151 MITCHELL LANE BRIDGEHAMPTON, NY 11932	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,400
HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 10002	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	350
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HORTICULTURE ALLIANCE HAMPTONS PO BOX 102 BRIDGEHAMPTON, NY 11932	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	500
HOUSING PLUS SOLUTIONS 4 WEST 43RD STREET SECOND FLOOR NEW YORK, NY 10036	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	25,000
INTERNATIONAL WOMENS HEALTH COALITION 333 SEVENTH AVENUE 6TH FLOOR NEW YORK, NY 10001	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
I-TRYPO BOX 567 EAST HAMPTON, NY 11937	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	679
I-TRYPO BOX 567 EAST HAMPTON, NY 11937	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
I-TRYPO BOX 567 EAST HAMPTON, NY 11937	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	2,251
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JDC220 EAST 42ND STREET NEW YORK, NY 10017	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,800
JEWISH WOMENS FOUNDATION 130 EAST 59TH STREET NEW YORK, NY 10022	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,000
LIFT1620 STREET NW SUITE 820 WASHINGTON, DC 20006	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
<b>Total . . . . . ▶ 3a</b>				370,230



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LITERACY INC 5030 BROADWAY SUITE 641 NEW YORK, NY 10034	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	50,000
MS FOUNDATION FOR WOMEN 12 METRO TECHCENTER 26 BROOKLYN, NY 11201	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
MS FOUNDATION FOR WOMEN 12 METRO TECHCENTER 26 BROOKLYN, NY 11201	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MS FOUNDATION FOR WOMEN 12 METRO TECHCENTER 26 BROOKLYN, NY 11201	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
MUSEUM OF ART AND DESIGN 2 COLUMBUS CIRCLE NEW YORK, NY 10019	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,000
MUSEUM OF ART AND DESIGN 2 COLUMBUS CIRCLE NEW YORK, NY 10019	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NASHVILLE FOOD PROJECT 5904 CALIFORNIA AVENUE NASHVILLE, TN 37209	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	500
NEW YORK CENTER FOR CHILDREN 333 E 70TH ST NEW YORK, NY 10021	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	2,500
NEW YORK CENTER FOR CHILDREN 333 E 70TH ST NEW YORK, NY 10021	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW YORK WOMENS FOUNDATION 434 WEST 33RD STREET NEW YORK, NY 10001	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
OPEN HOUSE NEW YORK 1133 BROADWAY SUITE 802 NEW YORK, NY 10010	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	2,500
POLLOCK-KRASNER HOUSE AND STUDY CENTER 830 SPRINGS - FIREPLACE ROAD EAST HAMPTON, NY 119371512	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	100
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PROJECT KESHER 729 SEVENTH AVENUE 9TH FLOOR NEW YORK, NY 10019	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	20,000
SUGAR HILLS CHILDREN'S MUSEUM OF ART & STORYTELLING 898 ST NICHOLAS AVE NEW YORK, NY 10023	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	10,000
SUGAR HILLS CHILDREN'S MUSEUM OF ART & STORYTELLING 898 ST NICHOLAS AVE NEW YORK, NY 10032	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	15,000
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SUGAR HILLS CHILDREN'S MUSEUM OF ART & STORYTELLING 898 ST NICHOLAS AVE NEW YORK, NY 10032	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	10,000
SUGAR HILLS CHILDREN'S MUSEUM OF ART & STORYTELLING 898 ST NICHOLAS AVE NEW YORK, NY 10032	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	10,000
SUGAR HILLS CHILDREN'S MUSEUM OF ART & STORYTELLING 898 ST NICHOLAS AVE NEW YORK, NY 10032	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	6,000
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE ART BARGE PO BOX 1266 AMAGANSETT, NY 11930	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
THE PRESERVATION LEAGUE OF NYS 44 CENTRAL AVENUE ALBANY, NY 122063002	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,000
WEST SIDE CAMPAIGN AGAINST HUNGER CHURCH OF ST PAUL AND ST ANDREW BASEMENT LEVEL 263 WEST 86TH ST NEW YORK, NY 10024	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000
<b>Total . . . . .</b>				370,230

▶ 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, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WOMEN TO WOMEN 240 COMMERCIAL STREET ND FLOOR BOSTON, MA 02109	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	10,000
WOMEN TO WOMEN 240 COMMERCIAL STREET ND FLOOR BOSTON, MA 02109	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	10,000
WOMEN TO WOMEN 240 COMMERCIAL STREET ND FLOOR BOSTON, MA 02109	NONE	PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	15,000
<b>Total . . . . .</b> ▶ <b>3a</b>				370,230



**TY 2019 Investments Corporate Stock Schedule**

**Name:** THE REBA JUDITH SANDLER FOUNDATIONINC  
C/O JAY D ROSENBAUM DIRECTOR

**EIN:** 13-3919640

**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
EQUITIES	2,469,000	3,089,836

**TY 2019 Investments - Other Schedule**

**Name:** THE REBA JUDITH SANDLER FOUNDATIONINC  
C/O JAY D ROSENBAUM DIRECTOR

**EIN:** 13-3919640

**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
MUTUAL FUNDS	AT COST	3,352,238	3,473,227

**TY 2019 Other Decreases Schedule**

**Name:** THE REBA JUDITH SANDLER FOUNDATIONINC  
C/O JAY D ROSENBAUM DIRECTOR

**EIN:** 13-3919640

Description	Amount
REPORTED IN 2020, TAXED IN 2019	4,701
FOUNDATION TO BE REIMBURSED IN 2020	100
2018 ROC - BASIS ADJUSTED IN 2019	406
ROC ADJ ON STOCK SALES	7,720
ADJUSTMENT FOR 2018 WASH SALE OAKMARK GLOBAL SELECT FUND	610

**TY 2019 Other Expenses Schedule**

**Name:** THE REBA JUDITH SANDLER FOUNDATIONINC  
C/O JAY D ROSENBAUM DIRECTOR

**EIN:** 13-3919640

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NEW YORK STATE FILING FEE	250	0		250
AGNES HARLEY ADMINISTRATIVE HELP	3,490	0		3,490
MISCELLANEOUS NON DEDUCTIBLE EXPENSE	4,023	0		0

**TY 2019 Other Increases Schedule**

**Name:** THE REBA JUDITH SANDLER FOUNDATIONINC  
C/O JAY D ROSENBAUM DIRECTOR

**EIN:** 13-3919640

<b>Description</b>	<b>Amount</b>
REPORTED IN 2019, TAXED IN 2018	2,790
REIMBURSEMENT FOR 2018 EXPENSES	3,290
BALANCE SHEET ADJ FOR 2018 WASH SALES	18,381

**TY 2019 Other Liabilities Schedule**

**Name:** THE REBA JUDITH SANDLER FOUNDATIONINC  
C/O JAY D ROSENBAUM DIRECTOR

**EIN:** 13-3919640

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
DUE TO SHERI SANDLER FOR SERVICES PERFORMED AS TRUSTEE	0	40,000

**TY 2019 Other Professional Fees Schedule**

**Name:** THE REBA JUDITH SANDLER FOUNDATION INC  
C/O JAY D ROSENBAUM DIRECTOR

**EIN:** 13-3919640

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT MANAGEMENT FEES UBS	41,100	41,100		0

**TY 2019 Taxes Schedule**

**Name:** THE REBA JUDITH SANDLER FOUNDATIONINC  
C/O JAY D ROSENBAUM DIRECTOR

**EIN:** 13-3919640

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAXES WITHHELD	3,698	3,698		0
FEDERAL EXCISE TAX ESTIMATES	801	0		0



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2019**

Name of the organization  
THE REBA JUDITH SANDLER FOUNDATIONINC  
C/O JAY D ROSENBAUM DIRECTOR

**Employer identification number**  
13-3919640

**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

Form 990-PF

501(c)(3) exempt private foundation

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 other 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 33<sup>1</sup>/<sub>3</sub>% 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, charitable, 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 . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
 THE REBA JUDITH SANDLER FOUNDATION INC  
 C/O JAY D ROSENBAUM DIRECTOR

**Employer identification number**  
 13-3919640

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	REBA SANDLER CHARITABLE LEAD TRUST NIXON PEABODY LLP 53 STATE ST BOSTON, MA 021092835	\$ 342,746	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE REBA JUDITH SANDLER FOUNDATION INC C/O JAY D ROSENBAUM DIRECTOR	<b>Employer identification number</b> 13-3919640
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**Part II Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	(see instructions). Use duplicate copies of Part II if additional space is needed. _____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization  
 THE REBA JUDITH SANDLER FOUNDATION INC  
 C/O JAY D ROSENBAUM DIRECTOR

Employer identification number  
 13-3919640

**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. from Part I	(b) Purpose of gift	(c) Use 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. from Part I	(b) Purpose of gift	(c) Use 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. from Part I	(b) Purpose of gift	(c) Use 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. from Part I	(b) Purpose of gift	(c) Use 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	
_____ _____		_____ _____	