

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

Name of foundation THE ABELARD FOUNDATION INC		A Employer identification number 13-6064580	
Number and street (or P.O. box number if mail is not delivered to street address) CO P HEWITT 250 PARK AVE NO 7		Room/suite	B Telephone number (see instructions) (212) 572-6351
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10177		C If exemption application is pending, check here <input type="checkbox"/>	
G 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		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 10,000,410		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	143,400			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	206,772	206,772		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	1,140,597			
	b Gross sales price for all assets on line 6a _____ 4,532,752				
	7 Capital gain net income (from Part IV, line 2) . . .		1,140,597		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,490,769	1,347,369		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	15,160	7,580		7,580
	c Other professional fees (attach schedule)	215,553	76,442		139,111
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings	3,045	0		3,045
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,466	0		3,466
	24 Total operating and administrative expenses. Add lines 13 through 23	237,224	84,022		153,202
	25 Contributions, gifts, grants paid	412,000			412,000
	26 Total expenses and disbursements. Add lines 24 and 25	649,224	84,022		565,202
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	841,545			
	b Net investment income (if negative, enter -0-)		1,263,347		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		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
Assets	1 Cash—non-interest-bearing	1,244	349	349
	2 Savings and temporary cash investments	403,985	129,388	129,721
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	5,264,539	3,955,903	6,998,167
	c Investments—corporate bonds (attach schedule)	462,421	2,888,094	2,872,173
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	6,132,189	6,973,734	10,000,410	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	5,957,394	5,957,394	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	174,795	1,016,340	
	29 Total net assets or fund balances (see instructions)	6,132,189	6,973,734	
30 Total liabilities and net assets/fund balances (see instructions) .	6,132,189	6,973,734		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	6,132,189
2 Enter amount from Part I, line 27a	2	841,545
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	6,973,734
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	6,973,734

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.)
1 a PUBLICLY TRADED SECURITIES	P		
b PROCEEDS FROM SECURITIES LITIGATION	P		
c OTHER	P		
d			
e			

(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)
a 4,531,377		3,391,560	1,139,817
b 1,375			1,375
c		595	-595
d			
e			

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	
a			1,139,817
b			1,375
c			-595
d			
e			

2 Capital gain net income or (net capital loss)	2	1,140,597
3 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	3	

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	386,087	9,097,046	0.042441
2017	434,847	8,320,344	0.052263
2016	467,033	7,372,416	0.063349
2015	450,026	7,817,000	0.057570
2014	449,298	7,835,701	0.057340

2 Total of line 1, column (d)	2	0.272963
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 foundation has been in existence if less than 5 years	3	0.054593
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	9,318,857
5 Multiply line 4 by line 3	5	508,744
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	12,633
7 Add lines 5 and 6	7	521,377
8 Enter qualifying distributions from Part XII, line 4	8	565,202

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)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	12,633
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	12,633
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	12,633
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	7,600
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	7,600
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	5,033
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA, NY		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>SACKS PRESS LACHER PC</u> Telephone no. ▶ <u>(212) 682-6640</u>			

Located at ▶ 600 THIRD AVE NEW YORK NYZIP+4 ▶ 10016

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	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"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

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

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	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		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	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		
(5)	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	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		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c	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>			
6a	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	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	<i>If "Yes" to 6b, file Form 8870.</i>			
7a	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	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	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
See Additional Data Table				
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)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
COMMON COUNSEL FOUNDATION 405 FOURTEENTH STREET STE 809 OAKLAND, CA 94612	GRANTMAKING	107,111
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

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

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 _____ _____ _____	
2 _____ _____ _____	
All other program-related investments. See instructions.	
3 _____ _____ _____	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	9,217,823
b	Average of monthly cash balances.	1b	242,946
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	9,460,769
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	9,460,769
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	141,912
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,318,857
6	Minimum investment return. Enter 5% of line 5.	6	465,943

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.)

1	Minimum investment return from Part X, line 6.	1	465,943
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	12,633
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	12,633
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	453,310
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	453,310
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	453,310

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	565,202
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	565,202
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	12,633
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	552,569

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
1 Distributable amount for 2019 from Part XI, line 7				453,310
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014. 69,039				
b From 2015. 73,295				
c From 2016. 102,782				
d From 2017. 31,824				
e From 2018.				
f Total of lines 3a through e.	276,940			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 565,202				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				453,310
e Remaining amount distributed out of corpus	111,892			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	388,832			
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	69,039			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	319,793			
10 Analysis of line 9:				
a Excess from 2015. 73,295				
b Excess from 2016. 102,782				
c Excess from 2017. 31,824				
d Excess from 2018.				
e Excess from 2019. 111,892				

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 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter:					
(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 e-mail address of the person to whom applications should be addressed:

SUSAN COLLINS
16 GRASSHOPPER LANE
LINCOLN, MA 01773
(781) 259-8470

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

LETTER

c Any submission deadlines:

NONE

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

NONE

Part XV **Supplementary Information** (continued)**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
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	412,000
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated.

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

d 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 less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a 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 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	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.	***** 2020-07-01 *****	Signature of officer or trustee Date Title
			<div style="border: 1px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	BRAD LEHRER				P02160649
	Firm's name ► SACKS PRESS & LACHER PC				
	Firm's EIN ► 13-3050313				
	Firm's address ► 600 THIRD AVENUE NEW YORK, NY 100161901				Phone no. (212) 682-6640

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SUSAN M WELLS	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
MELISSA BLESSING	VICE PRESIDENT 2.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
PAT FLOWERS	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
RACHAEL BLESSING	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
SARA BLESSING	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
KRISTEN WELLS	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
TRAVIS BUCK	TREASURER 2.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
HEATHER BUCK	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
HALERYN BUCK	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
GEORGE WELLS	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
SHEA BREAUX WELLS	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
ALBERT SCHRECK	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
DANIEL SCHRECK	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
TERESA JUAREZ SCHRECK	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
CHARLES SCHRECK	VICE PRESIDENT 2.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
CHRISTINE SCHRECK	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
CHARLES HAMLIN SCHRECK	PRESIDENT 2.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
AUDREY SCHRECK	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
THOMAS SCHRECK	VICE PRESIDENT 2.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
CELESTE SCHRECK	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
MASON SCHRECK	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
SANDRA RENTERIA SCHRECK	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
THOMAS AG SCHRECK	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
FRANCES MAGEE	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
ADELE BERNHARD	ASSISTANT TREASURER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
PETER NEUFELD	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
SHANE NEUFELD	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
CLAIRE STAPLETON	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
LENA NEUFELD	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
MICHAEL BERNHARD	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NANCY DOLL	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
ANNA BERNHARD	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
PETER WORKMAN	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
ANDREW BUDDY BERNHARD	VICE PRESIDENT 2.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
STEVEN BERNHARD	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
SHERYL BERNHARD	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
JESSICA BERNHARD	ASSISTANT SECRETARY 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
PETER CARTY	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
MATTHEW BERNHARD	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
SUSAN COLLINS	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
DONALD COLLINS	VICE PRESIDENT 2.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
BRIAN COLLINS	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
GARRETT COLLINS	IMMEDIATE PAST PRESIDENT 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
ASHLEY CRAWFORD	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				
CECIL CRAWFORD	BOARD MEMBER 1.00	0	0	0
C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PATRICIA HEWITT C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177	SECRETARY/ASS'T TREASURER 3.00	0	0	0
JULIA BERNHARD C/O PATRICIA HEWITT 250 PARK AVENUE 7TH FLOOR NEW YORK, NY 10177				

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)				
a <i>Paid during the year</i>				
ALLIANCE FOR YOUTH ORGANIZING - LEADERS IGNITING TRANSFORMATIONED FUND 810 7TH ST NE WASHINGTON, DC 20002	NONE		SUPPORT	10,000
CENTER FOR POPULAR DEMOCRACY - STEP UP LOUISIANA ORGANIZING FUND 449 TROUTMAN ST SUITE A BROOKLYN, NY 11237	NONE		SUPPORT	10,000
CHARITABLE VENTURES OF ORANGE COUNTY (CVOC) 4041 MACARTHUR BLVD SUITE 510 NEWPORT BEACH, CA 92660	NONE		SUPPORT	10,500
Total			▶ 3a	412,000

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)				
a <i>Paid during the year</i>				
COLORADO PEOPLE'S ALLIANCE 700 KALAMATH ST DENVER, CO 802044403	NONE		SUPPORT	10,500
COMMON COUNSEL FOUNDATION GRASSROOTS EXCHANGE FUND 405 14TH STREET STE 809 OAKLAND, CA 94612	NONE		SUPPORT	30,500
CORRECTIONAL ASSOCIATION - RELEASE AGING PEOPLE FROM PRISON 22 CORTLANDT ST 33FL NEW YORK, NY 10007	NONE		SUPPORT	10,000
Total ▶ 3a				412,000

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)				
a <i>Paid during the year</i>				
GEORGIA LATINO ALLIANCE FOR HUMAN RIGHTS 7 DUNWOODY PARK SUITE 110 ATLANTA, GA 30338	NONE		SUPPORT	10,000
OHIO ORGANIZING COLLABORATIVE - OHIO STUDENT ASSOCIATION 25 EAST BOARDMAN ST 230 YOUNGSTOWN, OH 44503	NONE		SUPPORT	10,000
PIONEER VALLEY WORKER CENTER 20 HAMPTON AVE 200 NORTHAMPTON, MA 01060	NONE		SUPPORT	10,000
Total ▶ 3a				412,000

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)				
a <i>Paid during the year</i>				
WORKERS CENTER FOR RACIAL JUSTICE 2929 SWABASH AVE SUITE 203 CHICAGO, IL 60616	NONE		SUPPORT	10,000
WORKERS' DIGNITY PROJECT 335 WHITSETT RD NASHVILLE, TN 37210	NONE		SUPPORT	500
ARRIBA LAS VEGAS WORKER CENTER 1948 E CHARLESTON BLVD LAS VEGAS, NV 89104	NONE		SUPPORT	10,000
Total ▶ 3a				412,000

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)				
a Paid during the year				
ASIAN HEALTH SERVICES 416 8TH STREET OAKLAND, CA 94607	NONE		SUPPORT	10,000
CENTER FOR WORKER JUSTICE OF EASTERN IOWA 1556 1ST AVENUE C IOWA CITY, IA 52240	NONE		SUPPORT	10,000
CENTRO DEL OBRERO FRONTERIZO (DBA LA MUJER OBRERA) 2000 TEXAS AVENUE EL PASO, TX 79901	NONE		SUPPORT	10,000
Total ▶ 3a				412,000

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)				
a <i>Paid during the year</i>				
CENTRO HUMANITARIO PARA LOS TRABAJADORES 2260 CALIFORNIA ST DENVER, CO 80205	NONE		SUPPORT	10,000
CHARLESTON AREA JUSTICE MINISTRY PO BOX 71416 NORTH CHARLESTON, SC 29415	NONE		SUPPORT	10,000
COMMUNITY LABOR UNITED - NEW ENGLAND UNITED FOR JUSTICE 8 BEACON ST 5TH FLOOR BOSTON, MA 01208	NONE		SUPPORT	12,000
Total ▶ 3a				412,000

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)				
a <i>Paid during the year</i>				
EAST MICHIGAN ENVIRONMENTAL ACTION COUNCIL - NATIVE JUSTICE COALITION 4605 CASS AVE DETROIT, MI 48201	NONE		SUPPORT	12,000
INDIAN PEOPLE'S ACTIONPO BOX 953 BUTTE, MT 59703	NONE		SUPPORT	10,000
INSTITUTE FOR PUBLIC LEADERSHIP 3647 LAFAYETTE AVENUE STE 106 OMAHA, NE 68131	NONE		SUPPORT	10,000
Total ▶ 3a				412,000

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)				
a <i>Paid during the year</i>				
JOLT INITIATIVE PO BOX 4185 AUSTIN, TX 78765	NONE		SUPPORT	10,000
NEO PHILANTHROPY 45 WEST 36TH STREET 6TH FLOOR NEW YORK, NY 10018	NONE		SUPPORT	10,000
NEW YORK TAXI WORKERS ALLIANCE 37 E 28TH ST SUITE 302 NEW YORK, NY 10016	NONE		SUPPORT	10,000
Total ▶ 3a				412,000


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)				
a <i>Paid during the year</i>				
NORTH BAY JOBS WITH JUSTICE 600 B STREET SANTA ROSA, CA 95401	NONE		SUPPORT	10,000
OWE AKU INTERNATIONAL JUSTICE PROJECT INC PO BOX 325 MANDERSON, SD 57756	NONE		SUPPORT	10,000
RURAL COMMUNITY ALLIANCE 401 S SCOTT ST SUITE 5 LITTLE ROCK, AR 72201	NONE		SUPPORT	10,000
Total ▶ 3a				412,000

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)				
a <i>Paid during the year</i>				
SOUTHERN MAINE WORKERS' CENTER 56 NORTH ST SUITE 100 PORTLAND, ME 04101	NONE		SUPPORT	12,000
SOUTHWEST ORGANIZING PROJECT 211 10TH ST SW ALBUQUERQUE, NM 87102	NONE		SUPPORT	10,000
SOUTHSIDE PRESBYTERIAN CHURCH 317 W 23RD ST TUCSON, AZ 85713	NONE		SUPPORT	10,000
Total ▶ 3a				412,000

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)				
a <i>Paid during the year</i>				
SURGE REPRODUCTIVE JUSTICE 1402 3RD AVE STE 201 SEATTLE, WA 98101	NONE		SUPPORT	10,000
TAKEACTION MN 705 RAYMOND AVE SUITE 100 ST PAUL, MN 55407	NONE		SUPPORT	10,000
TIDES CENTERPO BOX 29907 SAN FRANCISCO, CA 94129	NONE		SUPPORT	10,000
Total ▶ 3a				412,000

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)				
a <i>Paid during the year</i>				
TN IMMIGRANT & REFUGEE RIGHTS COALITION 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	NONE		SUPPORT	500
TRANS QUEER PUEBLO 1726 E ROOSEVELT ST PHOENIX, AZ 85006	NONE		SUPPORT	10,000
TRANSGENDER LAW CENTER PO BOX 70976 OAKLAND, CA 94612	NONE		SUPPORT	10,000
Total ▶ 3a				412,000

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)				
a Paid during the year				
WORKERS' DIGNITY PROJECT-PEOPLE'S ALLIANCE FOR TRANSIT HOUSING & EMPLOYMENT 335 WHITSETT RD NASHVILLE, TN 37210	NONE		SUPPORT	12,000
WESTERN NATIVE VOICE 220 S 27TH ST STE C BILLINGS, MT 59101	NONE		SUPPORT	11,000
YOUTH RISE TEXASPO BOX 824 AUSTIN, TX 78767	NONE		SUPPORT	10,500
Total ▶ 3a				412,000

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)				
a <i>Paid during the year</i>				
YOUTH UNITED FOR COMMUNITY ACTION 2135 CLARKE AVE EAST PALO ALTO, CA 94303	NONE		SUPPORT	10,000
Total  3a				412,000

TY 2019 Accounting Fees Schedule**Name:** THE ABELARD FOUNDATION INC**EIN:** 13-6064580

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SACKS PRESS & LACHER, P.C.	15,160	7,580		7,580

TY 2019 Investments Corporate Bonds Schedule**Name:** THE ABELARD FOUNDATION INC**EIN:** 13-6064580**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME SECURITIES	2,888,094	2,872,173

TY 2019 Investments Corporate Stock Schedule**Name:** THE ABELARD FOUNDATION INC**EIN:** 13-6064580**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITY SECURITIES	3,955,903	6,998,167

TY 2019 Other Expenses Schedule**Name:** THE ABELARD FOUNDATION INC**EIN:** 13-6064580**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUNDRY	896	0		896
FILING FEES	2,121	0		2,121
POSTAGE & DELIVERY	449	0		449

TY 2019 Other Professional Fees Schedule**Name:** THE ABELARD FOUNDATION INC**EIN:** 13-6064580

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEE	76,442	76,442		0
CONSULTING	139,111	0		139,111

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491183003430	
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 for the latest information.			OMB No. 1545-0047 2019
Name of the organization THE ABELARD FOUNDATION INC				Employer identification number 13-6064580	

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, 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 ABELARD FOUNDATION INC

Employer identification number
13-6064580

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	ETHEL B WELLS TRUST SP AB WELLS II C/O EISNER LLP 100 CAMPUS DR FLORHAM PARK, NJ 07932	\$ 50,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	ETHEL B WELLS TRUST SP FW MAGEE C/O EISNER LLP 100 CAMPUS DR FLORHAM PARK, NJ 07932	\$ 60,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	ETHEL B WELLS TRUST SP JW SCHRECK C/O EISNER LLP 100 CAMPUS DR FLORHAM PARK, NJ 07932	\$ 33,000	<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.)

Name of organization THE ABELARD FOUNDATION INC	Employer identification number 13-6064580
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

13-6064580

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.

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