Form **990-PF**

OMB No 1545-0047

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/Form990PFfor instructions and the latest information.

Open to Public Inspection

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	_		foundation	9			, 2019, and end	A Employer identifi	cation number
			EPHINE LAWRENCE HOPKINS F	רוואור)	አጥፐር	M '		, ,	
	Ni Ni	imper	and street (or PO box number if mail is not delive	red to s	HIIO	dressi Kecama	Room/suit		6277593
	140	iiibei	and street for the box number it mains not delive	160103		uless) • • • • • • • • • • • • • • • • • •	_303 - 100B	s Telephone number	i (see matructions)
		DO.	DOX 0624				-903		2 (20 0111
			BOX 0634 own, state or province, country, and ZIP or foreign	nostal c		NO!	V 2 3 2020		3-629-8111
	Çı	iy 01 ti	own, state of province, country, and En of loreign	postare	.000	11/2	, LO LOKO	C If exemption applicat	tion is
		N/ T T	WALLED MT COOOL OCOA			Q	gden, UT	pending, check here	
	_		WAUKEE, WI 53201-0634		_		of a former public char		,
	G	Crie	Final return			Amended ref	·	· · · · · · · · · · · · · · · · · · ·	
			Address chang		\vdash	Name chang		2 Foreign organizati 85% test, check h	ere and attach
		Cho	ck type of organization: X Section !		/3\ ov			computation .	▶ ∟
	Ϊ	_	Section 4947(a)(1) nonexempt charitable tru				ivate foundation	E If private foundation	- L
	+					nethod: X C		under section 507(b	
	•		of year (from Part II, col (c), line		er (spe		asii Accidai		n a 60-month termination
			· · · · · · · · · · · · · · · · · · ·	_		d), must be on ca	ash hacis)		(1)(b), check here
	9		Analysis of Revenue and Expenses				311 00313 /		(d) Disbursements
3	_	ait	total of amounts in columns (b), (c), and (c	t) (t		evenue and penses per	(b) Net investment	(c) Adjusted net	for charitable
7			may not necessarily equal the amounts in column (a) (see instructions))	j		books	ıncome	income	purposes (cash basis only)
D	۲-	1	Contributions, gifts, grants, etc., received (attach schedul	<u>, </u>		75,000.			
		2	Check I if the foundation is not required	to 🗀		,			
		3	attach Sch B						1
		4	Dividends and interest from securities			105,314.	69,622.		STMT 1
			Gross rents				37,022.		
			Net rental income or (loss)						и т
	a		Net gain or (loss) from sale of assets not on line 1	0		171,463.			
	2	Ď	Gross sales price for all 1, 191, 1						1
	Revenue	7	Capital gain net income (from Part IV, line 2				171,463.		
ODReceived in Batching Odden	, Æ	8	Net short-term capital gain						
E P		9	Income modifications			- 			
} \ 6		10a	Gross sales less returns and allowances						
3 Z		ь	Less Cost of goods sold .						
30		С	Gross profit or (loss) (attach schedule)	L		<u> </u>			
\sim		11	Other income (attach schedule)			275,023.	275,023.	···	STMT 2
<u> </u>	_	12	Total. Add lines 1 through 11	••		626,800.	516,108.		
DEC	1	13	Compensation of officers, directors, trustees, etc	- L		NONE	NONE		NONE
7	ses	14	Other employee salaries and wages	٠. لــ			NONE NONE	NONE NONE	
3 2020	jë	15 16a	Pension plans, employee benefits				NONE NONE	NONE	
<u> </u>	/ 첫	16a	Legal fees (attach schedule) STMT	३. ∟		35,310.	NONE	NONE	35,310.
_	e	ь	Accounting lees (attach schedule)			 			
_	ti∙	17 18 19 20	Other professional fees (attach schedille).	⁴ ⋅		<u>16,9</u> 75.	16,975.		
	tra	17	Interest			0 670			
	nis	18	Taxes (attach schedule) (see instructions).	1		<u>8,679.</u>	1,054.		
S	mi	19	Depreciation (attach schedule) and depletion				 		
S.	Ad	20	Occupancy				NONE	NONE	
ź	ō	2	Travel, conferences, and meetings				NONE	NONE	
SCANNED		22	Printing and publications	_		4 216	NONE	NONE	
"	ing	23 24	Other expenses (attach schedule) STMT.			4,316.	2,300.		2,016.
	rat	24	Total operating and administrative expens			65,280.	20,329.	NONE	27 27 <i>6</i>
₹)per		Add lines 13 through 23			316,500.	20,349.	NONE	37,326. 316,500.
_	٦	25 26	Contributions, gifts, grants paid			381,780.	20,329.	NONE	
- 5	_	26 27	Total expenses and disbursements Add lines 24 and Subtract line 26 from line 12	20	_	JUL, / 0U.	20,349.	INOINE	
		2/ à	Excess of revenue over expenses and dispurseme			245,020	i tric i urdidi	n et mitit	4 0 0 0
3	i		Net investment income (if negative, enter			673,060	495,779.	····	
_		i	Adjusted net income (if negative, enter -0-)	\vdash			<u> </u>		
.19	A Fo		perwork Reduction Act Notice, see instruct				<u> </u>	_	Form 990-PF (2019)

Part II	Balance Sheets Attached schedules and description column short		Beginning of year	End o	of year
	amounts only (See insti		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			378	
2	Savings and temporary cash investments			1,236,246	. 1,236,246
3	Accounts receivable				
- (Less allowance for doubtful accounts ▶				
4	Pledges receivable ▶				_ }
ı	Less allowance for doubtful accounts >				
5	Grants receivable				
6	Receivables due from officers, directors, tru				
Ì	disqualified persons (attach schedule) (see ins				
7	Other notes and loans receivable (attach scheen		- ' '	'	- '-
	Less allowance for doubtful accounts >	NONE		<u>. </u>	
ssets 6 œ	Inventories for sale or use				
	Prepaid expenses and deferred charges				
⋖ 10a	Investments - U S and state government obligations	,	026 101	606 616	010 464
Ь	Investments - corporate stock (attach schedule	[
11°	Investments - corporate bonds (attach schedul Investments - land, buildings,	e). STMT .8	4,422,103.	450,045	420,950
1	and equipment basis Less accumulated depreciation			T.	land to the state of the state
1	(attach schedule)				
12	Investments - mortgage loans			2 060 650	2 017 075
13	Investments - other (attach schedule) Land, buildings, and	SIMI .9		2,060,659	2,017,075
1	equipment basis Less accumulated depreciation				
1-	(attach schedule)	COMP 10		1 000 570	2 001 727
15	Other assets (describe Total assets (to be completed by all	SIMI IU)		1,092,570	2,001,737
16	instructions Also, see page 1, item I)		E 420 07E	E 466 E14	6 404 050
+		i i	5,438,875.	5,466,514	6,494,850
17	Accounts payable and accrued expenses	ſ			
/ 18 // 10	Grants payable	ſ			 '
19	Deferred revenue				
20 21	Loans from officers, directors, trustees, and other dis Mortgages and other notes payable (attach so	· · · [
Liabilities	Other liabilities (describe	í			'
22	Other habilities (describe >				<u> </u>
23	Total liabilities (add lines 17 through 22)			NONE	
(0)	Foundations that follow FASB ASC 958, che				,
Net Assets or Fund Balances 0 8 2 2 5 7 6 8 6 8 7 7 7 9 9 7 9 9 7 9 9 9 9 9 9 9 9 9 9	and complete lines 24, 25, 29, and 30				
E 24	Net assets without donor restrictions				,
œ 25	Net assets with donor restrictions · · · · ·				
힏	Foundations that do not follow FASB ASC 958, ch	eck here ►X			,
휜	and complete lines 26 through 30				
5 26	Capital stock, trust principal, or current funds	. <i>.</i>	5,438,875.	5,466,514	
<u>9</u> 27	Paid-in or capital surplus, or land, bldg , and equipme				1
28	Retained earnings, accumulated income, endowmen	t, or other funds [
4 29	Total net assets or fund balances (see instruc	ctions)	5,438,875.	5,466,514	
<u>호</u> 30	Total liabilities and net assets/fund	balances (see			
	instructions)		5,438,875.	5,466,514	1
	Analysis of Changes in Net Asset				
	al net assets or fund balances at beginning	-		-	F 400 5==
	of-year figure reported on prior year's ret				5,438,875.
	er amount from Part I, line 27a				245,020.
	er increases not included in line 2 (itemize				F 602 225
	I lines 1, 2, and 3				5,683,895.
	reases not included in line 2 (itemize) > C			5	217,381.
o iota	al net assets or fund balances at end of ye	ar (line 4 minus li	ne 5) - rart II, column (b), line 29 6	5,466,514.

Par	t IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and des 2-story br	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1 a	PUBLICLY TRADED	SECURITIES		5011011011		
<u>b</u>	<u> </u>					
<u>c</u>						
<u>d</u>		 	·	 		
<u>e</u>	<u> </u>		(=) Co-t -= -th hour	 		L _:
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	us (g))
a			1,019,686.	<u> </u>		<u>171,463.</u>
<u>b</u>				 -		
_ <u>c</u>						
d				 		
е		owing gain in column (h) and owned b	v the foundation on 12/31/69		Carra (Cal. (b) an	
	<u> </u>	(i) Adjusted basis	(k) Excess of col (i)		Gains (Col. (h) ga (k), but not less t	
_	(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	l (h))
<u>a</u>						171,463.
<u>b</u>				 		
<u>c</u>				-		
<u>u</u>				 		
		(If a:	ain, also enter in Part I, line 7			-
2	Capital gain net income	or inet canital loss)	oss), enter -0- in Part I, line 7	2		171,463.
3	Net short-term capital ga	ein or (loss) as defined in sections	,			<u> </u>
		art I, line 8, column (c). See ins	_			
	Part I, line 8			3		
Par	t V Qualification U	nder Section 4940(e) for Red	uced Tax on Net Investment I	ncome		
Was			outable amount of any year in the boon on tomplete this part.	ase perio	d?	Yes X No
1	Enter the appropriate an	nount in each column for each yea	r; see the instructions before making	ng any en	tries	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
_	2018	291,676.	6,260,485.			0.046590
	2017	293,393.	6,224,203.			0.047137
	2016	322,123.	5,836,302.			0.055193
	2015	382,315.	6,175,577.			0.061908
	2014	348,851.	6,812,835.			0.051205
				1 1		
2		d)		2		0.262033
3	Average distribution rati	o for the 5-year base period - divid	e the total on line 2 by 5 0, or by	} }		
	the number of years the	foundation has been in existence i	fless than 5 years	3		0.052407
4	Enter the net value of no	oncharitable-use assets for 2019 fr	om Part X, line 5	4	5,	731,448.
5	Multiply line 4 by line 3			5		300,368.
				6		4,958.
6		ent income (1% of Part I, line 27b)				
7				7		305,326.
8	Enter qualifying distribut If line 8 is equal to or g Part VI instructions.	ions from Part XII, line 4 reater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% tax	353,826. rate. See the

	13-62/7593			age 4	
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here 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		4,9	<u> 58.</u>	
	here X and enter 1% of Part I, line 27b				
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-)			<u>IONE</u>	
3	Add lines 1 and 2			58.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			<u>IONE</u>	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		4,9	<u>58.</u>	
6	Credits/Payments		•	1	
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2, 249.				
ь	Exempt foreign organizations - tax withheld at source				
c	Tax paid with application for extension of time to file (Form 8868) 6c 8,489.				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d		10,7	<u> 38.</u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			80.	
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 2,480. Refunded ▶ 11	——	3,3	00.	
	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes		
	participate or intervene in any political campaign?	1a		<u>X</u>	
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	.		77	
	instructions for the definition	1b		<u>X</u>	
	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			v	
	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1	
	(1) On the foundation ►\$(2) On foundation managers ►\$	1 1			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			ĺ	
_	on foundation managers \$	2		X	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-			
•	If "Yes," attach a detailed description of the activities				
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? If "Yes," attach a conformed copy of the changes	. 3	•	x'	
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X	
	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?	5		X	
•	If "Yes," attach the statement required by General Instruction T			1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
•	By language in the governing instrument, or	1 1	1	1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1 1			
	conflict with the state law remain in the governing instrument?	6	~ x	•	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			i	
	NY	1		٠	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		ļ	ا.	
-	(or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	8b	Х		
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 tax year beginning in 2019? See the instructions for Part XIV If "Yes,"]	1		/
	complete Part XIV	9		<u>X</u>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10		X	
_					

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		l x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges ⁷ If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ►N/A			
14	The books are in care of ▶ <u>U.S. BANK, N.A.</u> Telephone no ▶ (513) 629	-811	1	
	Located at ▶ P.O. BOX 0634, MILWAUKEE, WI . ZIP+4 ▶ 53201-	<u> </u>	_	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	$\cdot igsqcup$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country >	<u> </u>		<u> </u>
Par	t 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	(,		'
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available for	ļ		
	the benefit or use of a disqualified person)?]
	(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] 1
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in]		1
-	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	_	,
	Organizations relying on a current notice regarding disaster assistance, check here		-	1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	Í	_	l j
	were not corrected before the first day of the tax year beginning in 2019?	1c	•	X
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))	(I		ĺ
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			1
	6d and 6e) for tax year(s) beginning before 2019?			i
	If "Yes," list the years]
.b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			Ì
	(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		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	, ,	:	i
_				ļ
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1
	at any time during the year?			1
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	ı [
	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			İ
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	3b		!
4-	foundation had excess business holdings in 2019)	4a		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
J	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	-	X .
	july 100 to the total section of the total section		V DE	(2010)

Part	VII-B	Statements Regarding Activities t	or which form 4	1/20 May Be Red	uirea (continuea)			
5a	During the	e year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes X N	lo		
	(2) Influe	nce the outcome of any specific public el	ection (see section	4955), or to carry or	1,			
	direct	y or indirectly, any voter registration drive?			. Yes X N	io		
	(3) Provid	le a grant to an individual for travel, study, or o	ther similar purposes	,	. Yes X N	lo		1
		le a grant to an organization other than a	• •				} }	į
		n 4945(d)(4)(A)? See instructions				lo I		i
		le for any purpose other than religious, c					} }	1
		ses, or for the prevention of cruelty to children		• •		ю		ļ
ь		swer is "Yes" to 5a(1)-(5), did any of the				ın		}
	Regulation	s section 53 4945 or in a current notice regains	ding disaster assistan	ce? See instructions	· · · · · · · · · · · ·	. 5b	[[
	Organizati	ons relying on a current notice regarding disa	ster assistance, check	here		• [] [- 1
С		swer is "Yes" to question 5a(4), does the						1
		maintained expenditure responsibility for the		•	\neg	lo		
		tach the statement required by Regulations se	_			-		į
6a		oundation, during the year, receive any fu		ectly, to pay premiui	ns			Į.
		onal benefit contract?			Yes X N	lo .		
b		undation, during the year, pay premiums, direc			nct?	. 6ь		X
	If "Yes" to	6b, file Form 8870.						
7a	At any tim	e during the tax year, was the foundation a pa	irty to a prohibited tax	shelter transaction?.	. Yes X N	lo	_	~
b	If "Yes," d	d the foundation receive any proceeds or have	any net income attril	outable to the transact	on ⁷	. 7b	ĹI	
8	Is the four	idation subject to the section 4960 tax on pay	ment(s) of more than	\$1,000,000 in				1
		ion or excess parachute payment(s) during the				<u> </u>		i
Par	VIII	Information About Officers, Directo and Contractors	rs, Trustees, Fou	ındation Manager	s, Highlγ Paid Em	ployees,		
1	List all of	icers, directors, trustees, and foundation	n managers and th	heir 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) Expens other all		
SEE	STATE	(a) Name and address	hours per week	(If not paid,	employee benefit plans			
SEE	STATEN		hours per week	(If not paid,	employee benefit plans			
SEE	STATEM		hours per week	(If not paid,	employee benefit plans			
SEE	STATEM		hours per week	(If not paid,	employee benefit plans			
SEE	STATEM		hours per week	(If not paid,	employee benefit plans			
SEE	STATEM		hours per week	(If not paid,	employee benefit plans			
SEE	STATEM		hours per week	(If not paid,	employee benefit plans			
		ENT 11	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all	owance	
2			hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all	owance	
2	Compens."	ENT 11	hours per week devoted to position (other than thos	(If not paid, enter -0-)	employee benefit plans and deferred compensation 1 - see instructi	other all	owance	enter
2	Compens."	ENT 11	hours per week devoted to position	(If not paid, enter -0-)	e 1 - see instructi (d) Contributionsto employee benefit plans and deferred	other all	one, d	enter
2	Compens."	ENT 11	hours per week devoted to position (other than thos	(If not paid, enter -0-)	employee benefit plans and deferred compensation 1 - see instructi (d) Contributions to employee benefit	other all	one, d	enter
2 (a)	Compens." "NONE."	ENT 11	hours per week devoted to position (other than thos	e included on line (c) Compensation	employee benefit plans and deferred compensation 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	other all	owance	enter
2	Compens." "NONE."	ENT 11	hours per week devoted to position (other than thos	(If not paid, enter -0-)	e 1 - see instructi (d) Contributionsto employee benefit plans and deferred	other all	one, d	enter
2 (a)	Compens." "NONE."	ENT 11	hours per week devoted to position (other than thos	e included on line (c) Compensation	employee benefit plans and deferred compensation 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	other all	owance	enter
2 (a)	Compens." "NONE."	ENT 11	hours per week devoted to position (other than thos	e included on line (c) Compensation	employee benefit plans and deferred compensation 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	other all	owance	enter
2 (a)	Compens." "NONE."	ENT 11	hours per week devoted to position (other than thos	e included on line (c) Compensation	employee benefit plans and deferred compensation 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	other all	owance	enter
2 (a)	Compens." "NONE."	ENT 11	hours per week devoted to position (other than thos	e included on line (c) Compensation	employee benefit plans and deferred compensation 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	other all	owance	enter
2 (a)	Compens." "NONE."	ENT 11	hours per week devoted to position (other than thos	e included on line (c) Compensation	employee benefit plans and deferred compensation 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	other all	owance	enter
2 (a)	Compens." "NONE."	ENT 11	hours per week devoted to position (other than thos	e included on line (c) Compensation	employee benefit plans and deferred compensation 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	other all	owance	enter
2 (a)	Compens." "NONE."	ENT 11	hours per week devoted to position (other than thos	e included on line (c) Compensation	employee benefit plans and deferred compensation 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	other all	owance	enter

		-
Pag	e	•

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	ployees,
3 Five I	nighest-paid independent contractors for professional services. See instructions. If none, enter "N	ONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		NONE
		
	er of others receiving over \$50,000 for professional services	► NONE
Part IX-A	Summary of Direct Charitable Activities	
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number as and other beneficiaries served, conferences convened, research papers produced, etc.	e of Expenses
1 NONE		_
2		
		-
3		
		-
4		_
Part IX-B	Summary of Program-Related Investments (see instructions) e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	s two largest program-related investments made by the roundation during the tax year off lines 1 and 2	
		_
2		_
		-
	ogram-related investments. See instructions	
3NONE		-
Takal Addi	ines 1 through 3	

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	3,416,049.
	Average of monthly cash balances	1b	402,680.
С	Fair market value of all other assets (see instructions)	1c	2,000,000.
	Total (add lines 1a, b, and c)	1d	5,818,729.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	5,818,729.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	87,281.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,731,448.
6	Minimum investment return. Enter 5% of line 5	6	286,572.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here and do not complete this part)	datior	ns
1	Minimum investment return from Part X, line 6 · · · · · · · · · · · · · · · · · ·	1	286,572.
	Tax on investment income for 2019 from Part VI, line 5 2a 4,958.		
b	Income tax for 2019 (This does not include the tax from Part VI).		
c	Add lines 2a and 2b	2c	4,958.
3	Distributable amount before adjustments. Subtract line 2c from line 1		281,614.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	281,614.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	281,614.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	353,826.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	353,826.
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	4,958.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		348,868.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculati	ng whether the foundation

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

NONE

26,627

200,338

10 Analysis of line 0

a Excess from 2015 . . .

b Excess from 2016 . . .

c Excess from 2017 . . .

d Excess from 2018 . . .

e Excess from 2019 . . .

applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2020.

Subtract lines 7 and 8 from line 6a

81,805

46,321

72,212

NONE

NONE

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

c Any submission deadlines

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

Form 990-PF (2019)	· ·			Page 11
Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid During Recipient	If recipient is an individual.	Foundation		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid during the year	}	}		
SEE STATEMENT 22				316,500.
ODD OTHER DAY	}			310,300.
		ļ		
		İ		
		1		
•)	}		
	}			
		[
Total			▶ 3a	316,500.
b Approved for future payment				
			•	
	L	L		
Total	<u> </u>	<u> </u>	<u> ▶ 3b</u>	

Part XVI-		ucing Act	ivities			Togo 12
Enter gross a	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-	Service revenue		·	 		(See instructions)
. —						
-						
f						
g Fees	and contracts from government agencies	ļ		ļ		
2 Members	ship dues and assessments	<u> </u>		 		
3 Interest or	n savings and temporary cash investments •	ļ		 	105 214	
	s and interest from securities			14	105,314.	
	al income or (loss) from real estate			 		
	financed property			 		
	lebt-financed property			+		
	I income or (loss) from personal property			 		
_	vestment income			18	171,463.	
•	oss) from sales of assets other than inventory					
	me or (loss) from special events · · · ofit or (loss) from sales of inventory · ·			1		
•	venue a					
	HER INCOME			1	33,709.	
c RO	YALTY INCOME			1	241,314.	
d						
e				<u> </u>		
	Add columns (b), (d), and (e)		<u></u>		551,800.	 _
	dd line 12, columns (b), (d), and (e)				13	551,800.
	Relationship of Activities		seemalishment of E	warman Deem		
Part XVI-						
Line No.	Explain below how each activit					
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purposes	s). (See instructions)
			10E 1001			
			NOT APPLICABL	<u>ıE </u>		
	<u> </u>		 			
						
						
				_		
						
	-					

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

	Oid the organization direc							Yes	No
	n section 501(c) (other	r than section 5	501(c)(3) organization	s) or in sec	tion 527, rela	ating to politica	al		Ī
	organizations?				_		ŀ		٠.
	Fransfers from the reporti								v
	1) Cash								X
•	2) Other assets		· · · · <i>·</i> · · · · · · · ·		<i>.</i>	• • • • • • • •	· [1a(2)	 	
	Other transactions:	andra de la cuerc					45.43	1	X
	 Sales of assets to a no Purchases of assets fr 	•	_						X
	(3) Rental of facilities, eq								X
	(4) Reimbursement arran								X
	(5) Loans or loan guarant								Х
-	(6) Performance of service								X
	Sharing of facilities, equip								X
	If the answer to any of								
	value of the goods, othe		•	•					
	value in any transaction								
(a) Lir	ne no (b) Amount involved	(c) Name of no	ncharitable exempt organizat	ion (d) De	scription of transfe	rs, transactions, and s	haring arra	ngeme	nts
				 -					
			, million						
						<u>-</u>	_		
									
									
						 			
	Is the foundation direct	ly or industry offi	listed with ar related	•• •• ••	re toy exempt	organizations.			
24	described in section 501	•			•		. □ ve:	s X	No
ь	If "Yes." complete the fol		00 1(0)(0)/ 01 111 000					دئے '	
	(a) Name of organiza	ation	(b) Type of organiz	ration	(c)	Description of relation	onship		
	·								
									
									
	Under penalties of perjury, I de	clare that I have examine	d this return, including accomp	anvino schedules an	d statements, and to	the best of my knowl	edge and be	elief, it i	s true.
	correct, and complete Declaration								
Sign	MAINIC	Semas	11/09/2020	TRUS	STEE		IRS discuss		
Here	Signature of officer or trustee	7-71-5-	Date	Title	7100	See instruc	preparer s	Yes	No.
	U.S. BANK, N.A		20.5	7.1.10			LA	7.00	
	Print/Type preparer's n		Preparer's signature	- 4	Date	Check X	PTIN		
Paid	JOSEPH J. CA				1	020 self-employed	' i	5160	33
Prepare		RICEWATERHOU	SECOOPERS LLP				3-4008		
Use On		O GRANT STR				initiating P 1	2 1000		
	• 1		DΔ	15219		Phone no 412	-355-6	აიიი	

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs gov/Form990for the latest information. OMB No 1545-0047

2019

Employer identification number

JOSEPHINE LAWRENCE HOPKINS FOUNDATION 13-6277593 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

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

Name of organization JOSEPHINE LAWRENCE HOPKINS FOUNDATION

Employer identification number 13-6277593

Part I Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
--	----------------------

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1_	ESTATE OF IVAN OBOLENSKY C/O KURZMAN EISENBERG CORBIN LEVER NEW YORK, NY 10017		Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZiP + 4		Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		_ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		_	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		_ _	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

STATEMENT

SECURITIES	
FROM	
INTEREST	
AND	- II II II II II II II II II II II II II
DIVIDENDS	
1	11
PART 1	
990PF,	
FORM	
FORM 99	

	NET INVESTMENT INCOME	1,509.	2,228.	52,878.	9,364. 1,497.	1,225.	69,625.
FROM SECURITIES	REVENUE AND EXPENSES PER BOOKS	1,509. 250. 13.	2,228.	52,878. 22. 897	9,364.	1,225.	105,314.
FORM 990PF, PART I - DIVIDENDS AND INTEREST	DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS EXEMPT INTEREST NOT SUBJECT TO AMT - STA EXEMPT INTEREST SUBJECT TO AMT - STATES	FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS	DOMESTIC DIVIDENDS US GOVERNMENT INTEREST REPORTED AS QUALI NONQUALIFIED FOREIGN DIVIDENDS	OMES IVID	CORPORATE INTEREST	TOTAL

1 990PF, PART I - OTHER	INCOME	
990PF, PART I	$\overline{}$	
990PF, P	ART I	11 11
9 1)PF,	# # #
FORD	O)	

NET INVESTMENT INCOME	! ! ! !	241,314.33,709.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1	241,314. 33,709.
DESCRIPTION		ROYALTY INCOME OTHER INCOME

275,023.

TOTALS

275,023.

PART I - LEGAL FEES	
FORM 990PF,	

CHARITABLE PURPOSES	35,310. 35,310. ====================================
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	35,310.
	TOTALS
DESCRIPTION	LEGAL FEES

STATEMENT

STATEMENT

FEES	111111111111111111111111111111111111111
SIONAL	
PROFES	
OTHER	
1	!
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PART	11111
990PF,	
FORM	111111

NET	INVESTMENT INCOME	1 1 1 1 1	11,500.	5,475.		16,975.	# H H H H H H H H H H H H H H H H H H H
REVENUE AND	EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11,500.	5,475.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16,975.	
	DESCRIPTION	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	ASTOR CAPITAL MANAGEMENT ASSOC	INVESTMENT MANAGEMENT FEES		TOTALS	

FORM 990PF, PART I

- TAXES

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STATEMENT

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NET INVESTMENT INCOME	1 1 1	1,054.	1,054.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1	1,054. 7,625.	8,679.
			TOTALS
DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FOREIGN TAX WITHHELD PY EXCISE TAX DUE	

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STATEMENT

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	NET INVESTMENT INCOME
	REVENUE AND EXPENSES PER BOOKS
FORM 990PF, PART I - OTHER EXPENSES ==================================	DESCRIPTION

2,016.	

2,300.

2,300. 2,016.

INVESTMENT EXPENSES INSURANCE EXPENSE

CHARITABLE PURPOSES 2,016.

2,300.	
4,316.	
TOTALS	

13-6277593

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

AMERICAN WATER WORKS CO INC AKOUSTIS TECHNOLOGIES INC BOEING CO

CONOCOPHILLIPS CITIGROUP INC

FIRST MINING GOLD CORP

PEPSICO INC

PHILLIPS 66 ROYAL GOLD INC

SUNCOR ENERGY INC

JRANIUM ENERGY CORP

BOOK VALUE ENDING

ENDING

FMV

1 1 1

52,157. 12,935. 26,052. 43,858. 38,822. 70,225. 24,491.

61,425. 65,152. 47,934. 97,545.

64,000

8,140

48,300. 41,001. 55,705. 183,375.

70,349 45,276

234,311

65,600. 88,427.

626,616

818,464.

TOTALS

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	ENDING BOOK VALUE	50,005. 50,011. 50,002. 50,006. 50,006. 50,006.
FORM 990PF, PART II - CORPORATE BONDS	DESCRIPTION	CREDIT SUISSE MTN 0.00001% 8 CREDIT SUISSE MTN 10.384% 11 CREDIT SUISSE MTN 0.00001% 12 CREDIT SUISSE MTN 0.00001% 1 JPMORGAN CHASE MTN 0.00001% 9 JPMORGAN CHASE MTN 0.00001% 12 JPMORGAN CHASE MTN 0.00001% 12

ENDING FMV

13-6277593

JOSEPHINE LAWRENCE HOPKINS FOUNDATION

8,1	2,56	,23	6,82	0,35	8,80	4,70	1,33	1 1 1 1 1 1 1 1 1 1 1	420,950.	
50,005.	0,01	00'0	00'0	00'0	00'0	00'0	00'0		450,045.	

TOTALS

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JOSEPHINE LAWRENCE HOPKINS FOUNDATION

13-6277593

FORM 990PF, PART II - OTHER INVESTMENTS

	COST/	ENDING	ENDING
DESCRIPTION	C OR F	BOOK VALUE	FMV
U	ບ 	7,20	04,20
	ن	94,99	101,062.
		3,26	04,59
FIRST EAGLE GLOBAL CL C	U	97,25	03,81
FT U I T SER 73	บ	38,38	31,48
-	ე	90,64	11,66
	·	41,56	4,47
GABELLI UTILS FD CL C	0	4,56	4,04
GUGGENHEIM DEFINED U I T SER 1	D -	31,4	28,84
GUGGENHEIM DEFINED U I T SER 9	D -	6,85	9,79
HANCOCK JOHN TAX ADVANTAGED DV	U	4,5	4,68
HENNESSY BP ENERGY INVESTOR	U	00'0	8,51
INVESCO OPPENHEIMER GLOBAL	· •	7,23	3,44
JHANCOCK BALANCED C	U	3,21	6,52
MAINSTAY CUSHING MLP PREMIER C	D.	, 59	6,90
PIMCO REAL ESTATE REAL RETURN	·	9,88	5,95
PIONEER FLEXIBLE OPPORTUNITIES	· -	5,5	4,64
PIONEER MULTI ASSET INCOME C	.	0,58	6,36
PUTNAM DYNAMIC ASSET ALLOCATIO	D -	4,47	5,13
SPDR GOLD SHARES ETF	U -	4,60	1,45
TEKLA HEALTHCARE INVESTORS COM	U	9	2,13
TRANSAMERICA CAPITAL GROWTH C	U	6,51	7,34
	TOTALS	2,060,659.	2,017,075.
		H H H H H H H H H H H H H H H H	

13-6277593

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

1% INTEREST IN WARNER LAMBERT ACCRUED INCOME

ENDING BOOK VALUE

ENDING FMV

2,000,000. 1,737.

1,090,833. 1,737.

1,092,570.

TOTALS

2,001,737.

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FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

IVAN OBOLENSKY

ADDRESS:

425 EAST 79TH STREET

NEW YORK, NY 10075

TITLE:

DIRECTOR/PRESIDENT PART TIME

OFFICER NAME:

MS. ALISON A.F.CHASE

ADDRESS:

311 EAST 72ND STREET

NEW YORK, NY 10021

TITLE:

DIRECTOR/ASSISTANT SECRETARY/ ASSISTANT TREASURER

OFFICER NAME:

LEE HARRISON CORBIN

ADDRESS:

ONE NORTH BROADWAY

WHITE PLAINS, NY 10601

TITLE:

DIRECTOR/VICE PRESIDENT

OFFICER NAME:

VALERIE C SPENCER

ADDRESS:

180 LAKEVIEW LANE

WAYZATA, MN 55391

TITLE:

DIRECTOR/VICE PRESIDENT PART TIME

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

ALISON M SPENCER

ADDRESS:

602 N 1ST STREET APT 713 MINNEAPOLIS, MN 55401

TITLE:

DIRECTOR/VICE PRESIDENT

OFFICER NAME:

THOMAS C MACKASEK

ADDRESS:

148 ALBERTSON PARKWAY ALBERTSON, NY 11507

TITLE:

ASSISTANT SECRETARY/ASSISTANT TREASURER PART TIME

JOSEPHINE LAWRENCE HOPKINS FOUNDATION 13-6277593 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:
ORTHODOX HOSPITALLER KNIGHTS
ADDRESS:
39 PARKWAY EAST
MOUNT VERNON, NY 10552
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:

RUSSIAN NOBILITY ASSOCIATION

ADDRESS:

410 PARK AVE

NEW YORK, NY 10022

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

AMERICAN SOCIETY FOR THE PREVENTION OF

CRUELTY TO ANIMALS

ADDRESS:

424 E 92ND ST

NEW YORK, NY 10128

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME: CHILDRENS HEALTH FUND

ADDRESS:

ADDKESS:

215 W 125TH ST SUITE 301

NEW YORK, NY 10027

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CHRISTOPHER REEVE FOUNDATION

ADDRESS:

636 MORRIS TURNPIKE STE 3A

SHORT HILLS, NJ 07078

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CORNELL UNIVERSITY

ADDRESS:

130 E SENECA ST STE 400

ITHACA, NY 14850

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME: ANDREW GLOVER YOUTH PROGRAM, INC. ADDRESS: 100 CENTRE ST. ROOM 1541 NEW YORK, NY 10013 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 2,500. RECIPIENT NAME: FRESH AIR FUND ADDRESS: 633 THIRD AVE, 14TH FLOOR NEW YORK CITY, NY 10017 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 2,500. RECIPIENT NAME: GODDARD RIVERSIDE COMMUNITY CENTER ADDRESS: 593 COLUMBUS AVE NEW YORK, NY 10024

AMOUNT OF GRANT PAID

RELATIONSHIP:

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

NONE

2,500.

RECIPIENT NAME: HUMANE EDUCATION ADVOCATES REACHING ADDRESS: P.O. BOX 738 MAMARONECK, NY 10543 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID RECIPIENT NAME: LINCOLN CENTER FOR THE PERFORMING

ADDRESS: 70 LINCOLN CENTER PLAZA NEW YORK, NY 10023 RELATIONSHIP: NONE

PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID

RECIPIENT NAME: THE NEW YORK FOUNDLING HOSPITAL ADDRESS: 590 AVENUE OF THE AMERICAS NEW YORK, NY 10011

RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

3,000.

2,500.

2,500.

RECIPIENT NAME:

POLICE ATHLETIC LEAGUE, INC

ADDRESS:

34 1/2 EAST 12TH STREET

NEW YORK, NY 10003

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 10,000.

RECIPIENT NAME:

MASONIC TOYS FOR TOTS FOUNDATION INC

ADDRESS:

ONE N. BROADWAY, 12TH FL

WHITE PLAINS, NY 10601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 10,000.

RECIPIENT NAME:

AUDUBON CANYON RANCH, INC

ADDRESS:

4900 SHORELINE HIGHWAY 1

STINSON BEACH, CA 94970

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME:

SIOUX NATIONS RELIEF FUND

ADDRESS:

2401 EGLIN ST

RAPID CITY, SD 57703

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 2,500.

RECIPIENT NAME:

ST. JOSEPH'S INDIAN SCHOOL

ADDRESS:

1301 N MAIN ST. P.O. BOX 89

CHAMBERLAIN, SD 57325

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 2,500.

RECIPIENT NAME:

CANCER SUPPORT TEAM

ADDRESS:

2900 WESTCHESTER AVE. STE. 103

PURCHASE, NY 10577

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 10,000. JOSEPHINE LAWRENCE HOPKINS FOUNDATION 13-6277593
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

REGIS HIGH SCHOOL

ADDRESS:

55 EAST 84TH STREET

NEW YORK, NY 10028

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NEW YORK-PRESBYTERIAN FUND INC

ADDRESS:

525 E. 68TH STREET, BOX 123

NEW YORK, NY 10065

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OEPRATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 10,000.

RECIPIENT NAME:

THE SCHUYLER FOUNDATION FOR CAREER

ADDRESS:

81 PONDFIELD RD

BRONXVILLE, NY 10708

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME: CENTER FOR VICTIMS OF TORTURE ADDRESS: 2356 UNIVERSITY AVE W. STE. 430 ST. PAUL, MN 55114 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID RECIPIENT NAME: WOMEN'S FOUNDATION OF MINNESOTA ADDRESS: 105 FIFTH AVENUE SOUTH, SUITE 300 MINNEAPOLIS, MN 55401 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING

RECIPIENT NAME:
WILDERNESS INQUIRY
ADDRESS:
808 14TH AVENUE SE
MINNEAPOLIS, MN 554

MINNEAPOLIS, MN 55414
RELATIONSHIP:
NONE

PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC

10,000.

RECIPIENT NAME: OPPORTUNITY PARTNERS, INC. ADDRESS: 5500 OPPORTUNITY COURT MINNETONKA, MN 55343 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID

10,000.

RECIPIENT NAME: COMMONBOND COMMUNITIES ADDRESS: 1080 MONTREAL AVE ST PAUL, MN 55116 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 10,000.

RECIPIENT NAME: SOLDIERS SAILORS MARINES AND AIRMENS ADDRESS: 283 LEXINGTON AVE NEW YORK, NY 10016 RELATIONSHIP:

NONE

PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 100,000.

RECIPIENT NAME:

THE SALVATION ARMY

ADDRESS:

440 WEST NYACK ROAD WEST NYACK, NY 10994

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

CHILDREN'S CANCER & BLOOD FOUNDATION

ADDRESS:

466 LEXINGTON AVE, 16TH FLOOR

NEW YORK, NY 10017

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 15,000.

TOTAL GRANTS PAID:

316,500.