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

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101	10	/	

MB No 1545-0047 2019

Department of the Treasury Internal Revenue Service

▶Do not enter social security numbers on this form as it may be made public. ▶Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

	For	calen	dar year 2019 or tax year beginning , ;	and ending				
A			undation			A Empl	oyer identification number	
7			ANDER CHARITABLE FOUNDATION			1		
Ś			D 12/18/2000			13-	- <u>7263003</u>	
ANNED			d street (or P O box number if mail is not delivered to street address)		oom/suite		none number (see instruction	ns)
\f	<u>_c</u>	<u>/o_</u>	P&A CPAS, 525 CHESTNUT ST,	#205		718	<u>3-336-8842</u>	
Ü			n, state or province, country, and ZIP or foreign postal code			C If exe	nption application is pending	check here
_	_		RHURST NY 11516				The state of the s	,, ••
M∆R	G (heck	all that apply Initial return Initial retu	rn of a former public	charity	D 1 Fo	reign organizations, check h	ere 🕨 🔀
D			Final return Amended	return		2 Fo	reign organizations meeting	the
			X Address change Name cha	ange		85	% lest, check here and attac	ch computation
9	H C	heck	type of organization X Section 501(c)(3) exempt priva	te foundation	-11	E If priva	ate foundation status was tei	minated under
2	\neg		n 4947(a)(1) nonexempt charitable trust Other taxab		13		n 507(b)(1)(A), check here	▶ □
2021	L F		rket value of all assets at J Accounting method		rual	F If the t	foundation is in a 60-month t	ermination
			ear (from Part II, col (c), Other (specify)	A cae.	. • • • •		section 507(b)(1)(B), check	
			► \$ 2,695,330 (Part I, column (d), mus	et he on cach hasis \				
		art I	Analysis of Revenue and Expenses (The total of			<u> </u>		(d) Disbursements
り		ai t i	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for charitable purposes
الرا			the amounts in column (a) (see instructions))	books	incor	ne	ıncome	(cash basis only)
$Z_{\rm L}$	λ^-	1	Contributions, gifts, grants, etc., received (attach schedule)					
7	'	2	Check ► X If the foundation is not required to attach Sch	3				<i>A.</i> 1
		3	Interest on savings and temporary cash investments					
		4	Dividends and interest from securities	86,326		15,837	1 867326	syeuna genice
		5a	Gross rents			,	ได้อังเฟือู่ นี่	<u> </u>
	a	b	Net rental income or (loss)					- 308
	Revenue	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	182,437				
	ē	h	Gross sales price for all assets on line 6a 510,801	102/13/			14134	12 2020
	é	7				0		
	Œ	7	Capital gain net income (from Part IV, line 2)				 	den, UT
		8	Net short-term capital gain				<u> </u>	
		9	Income modifications					
		10a	Gross sales less returns and allowances					
		Ь	Less Cost of goods sold					,
		С	Gross profit or (loss) (attach schedule)					`
		11	Other income (attach schedule)					
	- 101 -	12	Total. Add lines 1 through 11	268,763		15,837	86,326	
-	Expenses	13	Compensation of officers, directors, trustees, etc	6,120				
ć	Ë	14	Other employee salaries and wages					
Ċ	ğ	15	Pension plans, employee benefits					
č	யி	16a	Legal fees (attach schedule) SEE STMT 2	7,059				7,059
•	è	b	Accounting fees (attach schedule) STMT 3	3,250				3,250
-	¥;	С	Other professional fees (attach schedule) STMT 4	550				550
	and Administrati	17	Interest					
	is	18	Taxes (attach schedule) (see instructions) STMT 5	7,623				7,623
	Ē	19	Depreciation (attach schedule) and depletion	,				,
	ģ	20	Occupancy					
-	Z	21	Travel, conferences, and meetings					
	Ĕ	22	Printing and publications					
	<u> </u>	23	Other expenses (att sch) STMT 6	345				345
	Operating	24	Total operating and administrative expenses.	545				747
	rat	24	· · · · · · · · · · · · · · · · · · ·	24,947		0	ol	18,827
	ge g	25	Add lines 13 through 23					
	Ō	25	Contributions, gifts, grants paid	125,000				125,000
		26	Total expenses and disbursements. Add lines 24 and 25	149,947		0	0	143,827
		27	Subtract line 26 from line 12					
		I .	Excess of revenue over expenses and disbursements	118,816				<u>-</u> -
		b	Net investment income (if negative, enter -0-)	<u>i</u>		15,837		
			Adjusted net income (if negative, enter -0-)	j.			86,326	,
	For !	Paner	work Reduction Act Notice, see instructions				\sim	Form 990-PF (2019)

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Ţ	. 5	-7	1 2	O	٠,	u	U	

_	Part l	Polarge Chapte Attached schedules and amounts in the description column	Beginning of year	End of	year
1_	rarı,ı	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	452,995	883,974	883,974
	3	Accounts receivable ▶	•		
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable	<u>-</u>		
	6	Receivables due from officers, directors, trustees, and other			
Ì		disqualified persons (attach schedule) (see			
		instructions)			 ;
	7	Other notes and loans receivable (att. schedule)			·
		Less allowance for doubtful accounts ▶ 0			
ţţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
٩	10a	Investments – U S and state government obligations (attach schedule)			
	þ	Investments – corporate stock (attach schedule) SEE STMT 7	1,705,247	1,377,929	1,811,356
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			-
		Less accumulated depreciation (attach sch.) ▶			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers – see the	2,158,242	2,261,903	2,695,330
-	47	Instructions Also, see page 1, item I)	2,130,242	2,201,903	2,055,550
	17	Accounts payable and accrued expenses			_ · ·
S	18	Grants payable			
ij	19 20	Deferred revenue Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
Ë	22	Other liabilities (describe SEE STATEMENT 8)	15,155		
	23	Total liabilities (add lines 17 through 22)	15,155	0	
۲		Foundations that follow FASB ASC 958, check here	20,200		
alances		and complete lines 24, 25, 29, and 30.			•
ano	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
Net Assets or Fund B		Foundations that do not follow FASB ASC 958, check here			
'n		and complete lines 26 through 30.			
ır F	26	Capital stock, trust principal, or current funds	2,143,087	2,261,903	
SC	27	Paid-in or capital surplus, or land, bldg, and equipment fund			
set	28	Retained earnings, accumulated income, endowment, or other funds			
As	29	Total net assets or fund balances (see instructions)	2,143,087	2,261,903	
et	30	Total liabilities and net assets/fund balances (see			į
_		instructions)	2,158,242	2,261,903	··········
	Part				
1		net assets or fund balances at beginning of year – Part II, column (a), line 29	(must agree with		2 1/2 007
		of-year figure reported on prior year's return)		1 2	2,143,087
		r amount from Part I, line 27a		2	118,816
		r increases not included in line 2 (itemize) ▶		3 4	2,261,903
		lines 1, 2, and 3		5	2,201,903
5		eases not included in line 2 (itemize)	on (b) line 20	6	2,261,903
_6	rota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colum	ייי (ט), וויופ בש		5 990-PF (2010)

Part IV Capital Gains a	and Losses for Tax on Invest	ment Income			·
	the kind(s) of property sold (for example, real estate rehouse, or common stock, 200 shs MLC Co)	e,	(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A					
b					
С					
d					
е		1			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	other basis nse of sale	1	n or (loss) (i) minus (g))
_a			 .		
_ b					
<u>c</u>					
d					
Complete only for assets show	ing gain in column (h) and owned by th	e foundation on 12/	131/69		
Complete only for assets show		1			I (h) gain minus t less than -0-) or
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		rom col (h))
a					···=
b	-	-	<u> </u>		
<u>c</u>					
d					
	capital loss) If gain, also enter in If (loss), enter -0- in oss) as defined in sections 1222(5) an 8, column (c) See instructions If (loss)	d (6)		2	
Part I, line 8				3	
Part V Qualification U	Inder Section 4940(e) for Red	luced Tax on N	et Investment l	Income	
If section 4940(d)(2) applies, leave Was the foundation liable for the se	ate foundations subject to the section 4 this part blank ection 4942 tax on the distributable am alify under section 4940(e) Do not com	ount of any year in t			N/A
	<u> </u>		nolung any ontros		
	n each column for each year, see the II	nstructions before if			(d)
(a) Base period years Catendar year (or tax year beginning i	n) Adjusted qualifying distribution	s Net value	(c) of nonchantable-use asso		stribution ratio divided by col (c))
2018					
2017					
2016					
2015					
2014 2 Total of line 1, column (d)				2	
3 Average distribution ratio for th	e 5-year base period – divide the total ation has been in existence if less than		by	3	
	table-use assets for 2019 from Part X,			4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from If line 8 is equal to or greater the Part VI instructions	om Part XII, line 4 nan line 7, check the box in Part VI, line	e 1b, and complete t	that part using a 1%	8 tax rate See the	

		13-72				P	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940)			4948 – se	Inst	ruct	ions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and	enter "N/A" o	n line 1.				ì
	Date of ruling or determination letter (attach copy of letter if new	cessary—se	e instructions)	-			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check)	1		1,	<u>833</u>
	here ▶ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, e	enter 4% of	ا لـ				
	Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	only, others, e	enter -0-)	2			0
3	Add lines 1 and 2			3		1,	83 <u>3</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	only; others,	enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter	r - 0-		5		1,	833
6	Credits/Payments						
а	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	4,600				į
b	Exempt foreign organizations – tax withheld at source	6b					Ť
С	Tax paid with application for extension of time to file (Form 8868)	6c					1
d	Backup withholding erroneously withheld	6d					4
7	Total credits and payments Add lines 6a through 6d			7		4,	<u>600</u>
8	Enter any penalty for underpayment of estimated tax. Check her if Form 2220 is a	attached		8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount over	erpaid	>	10		2,	767
11		,767	Refunded ▶	11			
	rt VII-A : Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or loc	cal legislation	or did it			Yes	No
	participate or intervene in any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political	purposes? S	ee the				
	instructions for the definition				1b		Χ_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and c	copies of any	materials				
	published or distributed by the foundation in connection with the activities				ı,		
С	Did the foundation file Form 1120-POL for this year?				1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed dur						
	(1) On the foundation > \$ (2) On foundation manager	rs 🕨 \$		_			
е	Enter the reimbursement (if any) paid by the foundation during the year for political e	expenditure ta	ax imposed				
	on foundation managers > \$.,
2	Has the foundation engaged in any activities that have not previously been reported	I to the IRS?			2		<u>X</u>
	If "Yes," attach a detailed description of the activities						}
3	Has the foundation made any changes, not previously reported to the IRS, in its gov					•	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed		changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during to	the year?		NT / 70	4a	-	<u> </u>
þ	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		
_	If "Yes," attach the statement required by General Instruction T	-6-4 -45					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies	siled either					1
	By language in the governing instrument, or By the language in the governing instrument, or By the language in the governing instrument as that as many that are the government as that as many that are the government as th	andatanı dıra	ations that				,
	By state legislation that effectively amends the governing instrument so that no management with the state legislation that of the same and the same property in the same and the same	andatory direc	CHOIS HAL		6	X	
-	conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes	s " complete	Part II col (c) an	d Pad XV	7	X	_
7	Enter the states to which the foundation reports or with which it is registered. See ins		1 art 11, cor (c), art	u i ait Av	<u> </u>	71	
8a	NY	istructions P					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF	to the Attorne	ey General				
	(or designate) of each state as required by General Instruction G? If "No," attach exp				8b	Χ	<u></u>
9	Is the foundation claiming status as a private operating foundation within the meaning	ng of section	4942(j)(3) or				'
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions						
	complete Part XIV				9		X
	·		Landard and Albandard		1	_	l
10	Did any persons become substantial contributors during the tax year? If "Yes," attack	ch a schedule	listing their				

Forn	n 990-PF (2019) ALEXANDER CHARITABLE FOUNDATION 13-7263003			Pa	age
	art VII-A Statements Regarding Activities (continued)				
				Yes	N
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		Х
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	Ì	L _X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	,	13	Х	
	Website address ► N/A			-	
14	The books are in care of ▶ PICKER & AUERBACH CPAS Telephone no I	▶ 718-3	36-	-884	12
	525 CHESTNUST ST. STE 205				
	Located at ▶ CEDARHURST NY ZIP+4	▶ 11516	6		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here				•
	and enter the amount of tax-exempt interest received or accrued during the year	15			•
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority			Yes	N
	over a bank, securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				
	the foreign country		ļ		
P	art 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?	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified person? Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes				
	(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)?	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				l
	foundation agreed to make a grant to or to employ the official for a period after				ĺ
	termination of government service, if terminating within 90 days)	X 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	N/A	1b_		<u>_</u>
	Organizations relying on a current notice regarding disaster assistance, check here	▶ 📗			
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?	N/A	1c		_
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))				
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				l
	6d and 6e) for tax year(s) beginning before 2019?	X 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)	N/A	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		1	1 1	ĺ
_	▶ 20				l
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				l
	at any time during the year?	X No			l
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or		1		1
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the				ĺ
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of				ļ
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	3.7 / 3			ĺ
	foundation had excess business holdings in 2019)	N/A	3b	1 1	l

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 charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

Form 990-PF (2019)

Pa	art VII-B Statements Regarding	g Activities for Which For	<u>m 4720 May B</u>	<u>e Requirea (c</u>	continuea)			
5a	During the year did the foundation pay or i	ncur any amount to					Yes	No
	(1) Carry on propaganda, or otherwise att	empt to influence legislation (sect	on 4945(e))?	Y	es X No			
	(2) Influence the outcome of any specific			_				
	directly or indirectly, any voter registra	tion drive?		Y	es X No			ì
	(3) Provide a grant to an individual for trav	vel, study, or other similar purpose	s?	Y	es X No			1
	(4) Provide a grant to an organization other			_	_			
	section 4945(d)(4)(A)? See instruction			Y	es X No			
	(5) Provide for any purpose other than rel		y, or educational					
	purposes, or for the prevention of crue	Ity to children or animals?		Y	es X No			
b	If any answer is "Yes" to 5a(1)-(5), did any	y of the transactions fail to qualify	under the exceptio	ns described				
	in Regulations section 53 4945 or in a curi	rent notice regarding disaster assi	stance? See instru	ctions	N/A	5b		
	Organizations relying on a current notice r	egarding disaster assistance, che	ck here		▶ [
С	If the answer is "Yes" to question 5a(4), do	oes the foundation claim exemption	n from the tax					ļ
	because it maintained expenditure respon	sibility for the grant?		N/A 🗌 Y	es 🗌 No			
	If "Yes," attach the statement required by	Regulations section 53 4945–5(d)						
6a	Did the foundation, during the year, receiv	e any funds, directly or indirectly,	to pay premiums					
	on a personal benefit contract?			_ Y	'es 🛚 No	1		
Ь	Did the foundation, during the year, pay pr	remiums, directly or indirectly, on	a personal benefit o	contract?		6b		X
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was the fo	· · · · · · · · · · · · · · · · · · ·			es X No			
b	If "Yes," did the foundation receive any pro-	oceeds or have any net income at	tributable to the tra	nsaction?	N/A	7b		
8	Is the foundation subject to the section 49		n \$1,000,000 in	г ,	es X No	1		!
	remuneration or excess parachute payme	nt(s) during the year?	E 1 - 43 3.6	ليبا				
Pá		cers, Directors, Trustees,	Foundation M	anagers, Hig	niy Paid Em	pioy	ees,	
	and Contractors			- instructions				
1 1	List all officers, directors, trustees, and f	oundation managers and their t	Jonipensation. 3e		(d) Contributions to	1		
				(c) Compensation	(a) Continuutions to			
	(a) Name and addre	ess	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		pense ad er allowa	
.T			hours per week devoted to position	(If not paid,	plans and deferred			
	KOBI ALEXANDER	NEW HAVEN	hours per week devoted to position	(If not paid,	plans and deferred compensation			
C/	KOBI ALEXANDER /O KOZUSKO,157 CHURCH ST,#700		hours per week devoted to position	(If not paid, enter -0-)	plans and deferred compensation	oth		nces
C/ H#	KOBI ALEXANDER /O KOZUSKO,157 CHURCH ST,#700 ANA BASAL ALEXANDER	NEW HAVEN CT 06510	hours per week devoted to position TRUSTEE 0.00	(If not paid, enter -0-)	plans and deferred compensation	oth		nces
C/ H# C/	KOBI ALEXANDER /O KOZUSKO,157 CHURCH ST,#700	NEW HAVEN CT 06510 NEW HAVEN	hours per week devoted to position TRUSTEE 0.00 TRUSTEE	(If not paid, enter -0-)	plans and deferred compensation	othe		nces 0
C/ HA C/ BF	KOBI ALEXANDER /O KOZUSKO,157 CHURCH ST,#700 ANA BASAL ALEXANDER /O KOZUSKO,157 CHURCH ST,#700	NEW HAVEN CT 06510 NEW HAVEN CT 06510	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0 00	(If not paid, enter -0-)	plans and deferred compensation	othe		nces 0
C/ HA C/ BF	KOBI ALEXANDER O KOZUSKO,157 CHURCH ST,#700 ANA BASAL ALEXANDER O KOZUSKO,157 CHURCH ST,#700 RUCE I JUDELSON	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0 00 TRUSTEE	(If not paid, enter -0-)	plans and deferred compensation	othe		0
C/ H# C/ BF	KOBI ALEXANDER /O KOZUSKO,157 CHURCH ST,#700 ANA BASAL ALEXANDER /O KOZUSKO,157 CHURCH ST,#700 RUCE I JUDELSON /O KOZUSKO,157 CHURCH ST,#700	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0 00 TRUSTEE 0 00	(If not paid, enter -0-) 0 0 6, 120	plans and deferred compensation	othe		0
C/ H# C/ BF	KOBI ALEXANDER /O KOZUSKO, 157 CHURCH ST, #700 ANA BASAL ALEXANDER /O KOZUSKO, 157 CHURCH ST, #700 RUCE I JUDELSON /O KOZUSKO, 157 CHURCH ST, #700 Compensation of five highest-paid emp	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0 00 TRUSTEE 0 00	(If not paid, enter -0-) 0 0 6, 120	plans and deferred compensation	othe		0
C/ H# C/ BF	KOBI ALEXANDER /O KOZUSKO,157 CHURCH ST,#700 ANA BASAL ALEXANDER /O KOZUSKO,157 CHURCH ST,#700 RUCE I JUDELSON /O KOZUSKO,157 CHURCH ST,#700	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0 00 TRUSTEE 0 00	(If not paid, enter -0-) 0 0 6, 120	plans and deferred compensation	othe		0
C/ H# C/ BF	KOBI ALEXANDER /O KOZUSKO, 157 CHURCH ST, #700 ANA BASAL ALEXANDER /O KOZUSKO, 157 CHURCH ST, #700 RUCE I JUDELSON /O KOZUSKO, 157 CHURCH ST, #700 Compensation of five highest-paid emp	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510 Oloyees (other than those included)	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0 00 TRUSTEE 0 00	(If not paid, enter -0-) 0 0 6, 120	plans and deferred compensation	other		0 0
C/ H# C/ BF C/	KOBI ALEXANDER /O KOZUSKO, 157 CHURCH ST, #700 ANA BASAL ALEXANDER /O KOZUSKO, 157 CHURCH ST, #700 RUCE I JUDELSON /O KOZUSKO, 157 CHURCH ST, #700 Compensation of five highest-paid emp	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510 Oloyees (other than those included)	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00	(If not paid, enter -0-) 0 6, 120 Instructions). If	none, enter (d) Contributions to employee benefit plans and deferrer	other	pense a	0 0
C/ H# C/ BF C/	KOBI ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 ANA BASAL ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 RUCE I JUDELSON O KOZUSKO, 157 CHURCH ST, #700 Compensation of five highest-paid emp "NONE."	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510 Oloyees (other than those included)	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00	(If not paid, enter -0-) 0 6, 120 Instructions). If	none, enter (d) Contributions to employee benefit plans and deferrer	other	pense a	0 0
C/ H# C/ BF C/	KOBI ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 ANA BASAL ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 RUCE I JUDELSON O KOZUSKO, 157 CHURCH ST, #700 Compensation of five highest-paid emp "NONE."	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510 Oloyees (other than those included)	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00	(If not paid, enter -0-) 0 6, 120 Instructions). If	none, enter (d) Contributions to employee benefit plans and deferrer	other	pense a	0 0
C/ H# C/ BF C/	KOBI ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 ANA BASAL ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 RUCE I JUDELSON O KOZUSKO, 157 CHURCH ST, #700 Compensation of five highest-paid emp "NONE."	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510 Oloyees (other than those included)	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00	(If not paid, enter -0-) 0 6, 120 Instructions). If	none, enter (d) Contributions to employee benefit plans and deferrer	other	pense a	0 0
C/ H# C/ BF C/	KOBI ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 ANA BASAL ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 RUCE I JUDELSON O KOZUSKO, 157 CHURCH ST, #700 Compensation of five highest-paid emp "NONE."	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510 Oloyees (other than those included)	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00	(If not paid, enter -0-) 0 6, 120 Instructions). If	none, enter (d) Contributions to employee benefit plans and deferrer	other	pense a	0 0
C/ H# C/ BF C/	KOBI ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 ANA BASAL ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 RUCE I JUDELSON O KOZUSKO, 157 CHURCH ST, #700 Compensation of five highest-paid emp "NONE."	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510 Oloyees (other than those included)	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00	(If not paid, enter -0-) 0 6, 120 Instructions). If	none, enter (d) Contributions to employee benefit plans and deferrer	other	pense a	0 0
C/ H# C/ BF C/	KOBI ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 ANA BASAL ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 RUCE I JUDELSON O KOZUSKO, 157 CHURCH ST, #700 Compensation of five highest-paid emp "NONE."	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510 Oloyees (other than those included)	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00	(If not paid, enter -0-) 0 6, 120 Instructions). If	none, enter (d) Contributions to employee benefit plans and deferrer	other	pense a	0 0
C/ H# C/ BF C/	KOBI ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 ANA BASAL ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 RUCE I JUDELSON O KOZUSKO, 157 CHURCH ST, #700 Compensation of five highest-paid emp "NONE."	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510 Oloyees (other than those included)	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00	(If not paid, enter -0-) 0 6, 120 Instructions). If	none, enter (d) Contributions to employee benefit plans and deferrer	other	pense a	0 0
C / H# C / BF C / C /	KOBI ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 ANA BASAL ALEXANDER O KOZUSKO, 157 CHURCH ST, #700 RUCE I JUDELSON O KOZUSKO, 157 CHURCH ST, #700 Compensation of five highest-paid emp "NONE."	NEW HAVEN CT 06510 NEW HAVEN CT 06510 NEW HAVEN CT 06510 Ployees (other than those included more than \$50,000	hours per week devoted to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00	(If not paid, enter -0-) 0 6, 120 Instructions). If	none, enter (d) Contributions to employee benefit plans and deferrer	other	pense a	0 0

Form 990-PF (2019) ALEXANDER CHARITABLE FOUNDATION	<u> 13-7263003</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foun	dation Managers, Highly Paid	d Employees,
and Contractors (continued) 3 Five highest-paid independent contractors for professional services. See inst	tructions If none enter "NONE"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of service	(e) compensation
		-
Total number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities	·········	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information	n such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A		
2		
3		
4		
·		
Part IX-B Summary of Program-Related Investments (see instr	uctions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
	}	
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	>	

Form 990-PF (2019)

Form 990-PF (2019) ALEXANDER CHARITABLE FOUNDATION 13-7263003 Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 969,070 Average monthly fair market value of securities 1a 1b **b** Average of monthly cash balances 1c Fair market value of all other assets (see instructions) Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2,634,073 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see 39,511 instructions) 594,562 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 129 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part XI and certain foreign organizations, check here i and do not complete this part) 129,728 Minimum investment return from Part X, line 6 1 1,833 Tax on investment income for 2019 from Part VI, line 5 2a 2a 2b Income tax for 2019 (This does not include the tax from Part VI) b 2c Add lines 2a and 2b 3 Distributable amount before adjustments Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 127,895 7 line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 143,827 Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 1b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 purposes Amounts set aside for specific charitable projects that satisfy the 3a Suitability test (prior IRS approval required) 3b Cash distribution test (attach the required schedule) 143. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 Enter 1% of Part I, line 27b See instructions

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

Form 990-PF (2019)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Pá	art XIII Undistributed Incom	e (see instructions	s)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Par	t XI,	Corpus	Years prior to 2018	2018	2019
	line 7	· · · · · · · · · · · · · · · · · · ·				127,895
2	Undistributed income, if any, as of the	end of 2019				
	Enter amount for 2018 only					
	Total for prior years 20 , 20	20	· · · · · ·			
3	Excess distributions carryover, if any, t					
-	From 2014	8,736				
•	From 2015	0,730				
_	From 2016		ľ			
	From 2017					
	From 2018	L	0 726			
	Total of lines 3a through e		8,736			
4	Qualifying distributions for 2019 from P	'art XII,				
	line 4 ▶ \$ 143,827					
	Applied to 2018, but not more than line					
b	Applied to undistributed income of prior	r years				
	(Election required – see instructions)	L				
С	Treated as distributions out of corpus (Election				
	required – see instructions)	L				
d	Applied to 2019 distributable amount	Ĺ				127,895
е	Remaining amount distributed out of co	orpus	15,932			
5	Excess distributions carryover applied	to 2019				
	(If an amount appears in column (d), th	ie same		i		
	amount must be shown in column (a))	1				
6	Enter the net total of each column as	s				
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtr	ract line 5	24,668			
	Prior years' undistributed income Subt					
-	line 4b from line 2b					
_		ributed	1			
С	income for which a notice of deficiency					
	been issued, or on which the section 4					
		342(a)				
	tax has been previously assessed	-				
d						
	amount – see instructions					
е	Undistributed income for 2018 Subtraction					
	4a from line 2a Taxable amount – see					
	instructions					
f						
	4d and 5 from line 1 This amount mus					,
	distributed in 2020	′				
7	Amounts treated as distributions out of	· 1				
	to satisfy requirements imposed by sec					
	170(b)(1)(F) or 4942(g)(3) (Election ma	ay be				•
	required—see instructions)				.	
8	Excess distributions carryover from 20	14 not				
	applied on line 5 or line 7 (see instructi	ons)	8,736			
9	Excess distributions carryover to 20)20.				_
	Subtract lines 7 and 8 from line 6a		15,932			
10	Analysis of line 9	Ī				7 - 4
а	Excess from 2015					
b	Excess from 2016					
c	Excess from 2017					
d	Excess from 2018					
e	Excess from 2019	15,932				
	EXCOSS HOLL FOLD	1 10/002				

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to any foundation manager status of Amount contribution recipient Name and address (home or business) or substantial contributor a Paid during the year ZAKA RESCUE 11 BROADWAY 5,000 NEW YORK NY 10004 CHARITY THE ALEPH INSTITUTE 9540 COLLINS AVENUE SURFSIDE FL 33154 CHARITY 90,000 AMERICAN FRIENDS OF ISRAEL P O BOX 667 30,000 DEERFIELD IL 60015 CHARITY 125,000 Total ▶ 3a b Approved for future payment N/A Total ▶ 3b

				Contradad	h	
-	ounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
1 Program se						
a				- - -		
D						
c						
	· · · · · · · · · · · · · · · · · · ·					
е	· · · · · · · · · · · · · · · · · · ·	ļ				
f						
g Fees an	d contracts from government agencies					
2 Membership	dues and assessments					
3 Interest on s	savings and temporary cash investments					
4 Dividends a	nd interest from securities			14	86,326	
5 Net rental in	come or (loss) from real estate		- <u></u> -			<u>-</u>
a Debt-fin	anced property					
b Not deb	t-financed property					
6 Net rental in	come or (loss) from personal property					
7 Other invest						
8 Gain or (los:	s) from sales of assets other than inventory					182,437
	or (loss) from special events					
	or (loss) from sales of inventory					
I1 Other reven						· · · · · · · · · · · · · · · · · · ·
				+		
e						
	ld columns (b), (d), and (e)			0	86,326	182,437
	ine 12, columns (b), (d), and (e)			<u> </u>	13	268,763
	in line 13 instructions to verify calculations)				13	200,703
Part XVI-B			4 . 6 =			
T all AVI-D	Relationenin of Activities to the	Accomplish	MANT AT HYAM	nt Purna	1686	
l ina Na						o tho
Line No. ▼	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
		me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
-	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
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	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
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	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	
	Explain below how each activity for which inco	me is reported in	n column (e) of Par	t XVI-A co	ntributed importantly to	

Part	XVII	Information Reg Organizations	garding T	ransfers To	and Transac	tions and Relationship	With Nonchar	itabl	е Ех	emp
1 D	id the ora		ndirectly end	age in any of the	e following with a	iny other organization describe			Yes	No
ır	section 5	01(c) (other than sec			=	· -	•			
	rganızatıo									
a T	ransfers fi	rom the reporting four	ndation to a	noncharitable ex	empt organizati	on of			-	
(1	l) Cash							1a(1)		X
(2	2) Other a	ssets						1a(2)		X
b C	ther trans	actions								
(1) Sales o	f assets to a nonchar	itable exem	pt organization				1b(1)		X_
(2	2) Purcha	ses of assets from a i	noncharitabl	e exempt organi	zation			1b(2)		X
(3) Rental	of facilities, equipmer	it, or other a	issets				1b(3)		X
(4) Reimbi	rsement arrangemen	its				ı	1b(4)		X
(5) Loans o	or loan guarantees						1b(5)		Х
(€) Perform	nance of services or r	nembership	or fundraising so	licitations			1b(6)		Х
c S	haring of i	facilities, equipment, i	mailing lists,	, other assets, or	paid employees			1c		Х
						column (b) should always show	the fair market			
V	alue of the	goods, other assets.	or services	aiven by the rep	orting foundatio	n If the foundation received les	s than fair market			
		=		•	-	e of the goods, other assets, or				
	ine no	(b) Amount involved		e of noncharitable exer		(d) Description of transfers, t		rangem	ents	
N/A										
		· -	1							
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2- 1-	11- (- 41 46.1 4.			1				
						tax-exempt organizations	Г	٦ v.	s X] N.
		n section 501(c) (other		on 501(c)(3)) or i	n section 527		Ĺ		s N	NO
וו ס		mplete the following s	cnedule	427		(4) David	-t of calabase to			
- NT) Name of organization		(b) Type of	organization	(c) Descri	ption of relationship			
N _/	<u>A</u>									
_										
										
	Illudarus	nativas of parvine, I dealers	that I have our	mused this seture used	ludina accompanium	schedules and statements, and to the	host of my knowledge and	boliof	it is too	
	Correct, a	nd complete Declaration o	f preparer (othe	er than taxpayer) is ba	ased on all information	on of which preparer has any knowledge				
				/			May the IRS discu			
Sign							See instructions		Yes	No
Here	Í 🛦					10/15/2				
	 	1/25	~_/(STEE			
	Sign:	ature of officer or trustee			Date	Title		- 1		
	Print/Ty	peroreparer's name			Preparer's signate	ure	Date		Check	lt [
Paid									self-em	ployed
Prepar	BARR					PICKER, CPA/PFS, C				
Jse Or	f Firm's r					AUERBACH CPA	PTIN POO			
. J. O.	Firm's a		CHESTN		E 204/20	5	Firm's EIN ▶ 84 –			
	1	CEDAI	TRRITE	NY 11	516		Phone no 516-	-23	9 - 1	500

13-7263003		Federal 8	Federal Statements		
	Statement 1		- Form 990-PF, Part I, Line 6a - Sale of Assets	e of Assets	
Description	uo	How Received	Þe		
Whom D Sold Acq	Date Date Acquired Sold	Sale	 Cost	Expense Depreciation	Net iation Gain / Loss
INC DE NEMOURS	6 6	PURCHASE 9 \$. 9 \$ PURCHASE 9 \$ 24		v.	\$ 2
TOTAL		\$ 33	\$ 2	\$ 0	0 \$ 26
	Statement 2	ant 2 - Form 990-PF	, Part I, Line 16a - Legal Fees	egal Fees	
Description		Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL FEES TOTAL		\$ 7,059	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 7,059
	Statement	Statement 3 - Form 990-PF, P	Part I, Line 16b - Accounting Fees	ounting Fees	
Description		Total	Net Investment	Adjusted Net	Charitable Purpose
TOTAL		\$ 3,250	w w	\$ \$	\$ 3,250
	Statement 4 -	Form 990-PF, Part	Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees	Professional Fees	
Description		Total	Net Investment	Adjusted Net	Charitable Purpose
AGENT FEE TOTAL		\$ 550	\$ \$	w w	\$ 550
3					
:					4-1

				•	
ĩ	3-	7.2	63	0	03

Federal Statements

Statement 8 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	seginning of Year	nd of ′ear
100 CONTRACTS PFIZER 100 CONTRACTS PFIZER	\$ 4,355 10,800	\$
TOTAL	\$ 15,155	\$ 0

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

	Name of Manager	Amount	
J KOBI ALEXANDE	CR	\$	
TOTAL		\$	0

Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock

Name of Manager	Amount
NONE	\$
TOTAL	\$0