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Form **990-PF**

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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.

1912

		rs.gov/Form990PF for Inst		rmation.	Open to Public Inspection
For	calendar year 2019 or tax year beginning		, and ending		
	me of foundation			A Employer identification	number
	EORA BELKNAP TRUST U/W				
	O NORTHEAST HEALTH			14-6155391	
Nu	nber and street (or P O box number if mall is not delivered to street a	ddress)	* Room/suite	B Telephone number	
1	819 FIFTH AVENUE			518-720-33	33
	y or town, state or province, country, and ZIP or foreign por ROY, NY 12180	ostal code		C If exemption application is p	ending, check here
	Check all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	chack hare
	Final return	Amended return	ornier public charity	1. Torongh organizations	s, chock here
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
_	Check type of organization: X Section 501(c)(3) ex		al	1 !	·
, , ,		Other taxable private found:	ation 04	E If private foundation sta under section 507(b)(1)	
 	air market value of all assets at end of year J Accounting		Accrual] ' ' ' '	` _
	· I	her (specify)	Accidal	If the foundation is in a under section 507(b)(1)	
	\$ 447,042. (Part I, colum		is.)	, , ,	(b), check here
	art I Analysis of Revenue and Evnenses		(b) Net investment	(c) Adjusted net	(d) Disbursements
\mathcal{M}^{\square}	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	income	income	for charitable purposes (cash basis only)
├	1 Contributions, gifts, grants, etc., received		TO 1957 在1957 (1)	N/Atanta	Philips AT ATTERY
	2 Check X if the foundation is not required to attach Sch. B	ं देश उन्हें के क		The state of the second	TOTAL POLITOPER.
	Interest on savings and temporary	26.	26.	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	STATEMENT 1-
	4 Dividends and interest from securities	10,309.	10,309.		STATEMENT 2
	5a Gross rents	10,3031	20,3031		2013年中的 中心。
	b Net rental income or (loss)	r 2 30000683510	をはずないままでは、100円の	esc 1 1 th this is	Marie 1985年1986年1987年1987年1987年1987年1987年1987年1987年1987
202		13,009.	At the Tree of Many		Marth Control of the Control of
2	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 254,480.	23,003t	有性行动性的 100 100		150 mg
04	7 Capital gain net income (from Part IV, line 2)	10 To	13,009.	BEC	-IVED
-	8 Net short-term capital gain		ig - 1 " systplegate committee to		, EU
2	9 Income modifications		ななからないないできない	8 NOV d	10
NON	Gross sales less returns 10a and allowances	"m page	TO STATE OF THE PARTY		2020 G
	b Less Cost of goods sold	1 19 7 10 2	The state of the same	005	
SCANNED	c Gross profit or (loss)		The state of the s	1 OGDE	INCLUSION SKI
Z	11 Other Income	 -			7 24 24 3
\(\frac{1}{2}\)	12 Total. Add lines 1 through 11	23,344.	23,344.		11. 11. 11. 11. 11. 11. 11. 11. 11. 11.
<u>ي</u> –	13 Compensation of officers, directors, trustees, etc	4,123.	2,474.		1,649.
(C)	14 Other employee salaries and wages				
	15 Pension plans, employee benefits			1	
ű	10-1-0-16			1	
a v	h Accounting fees				
T V	c Other professional fees				
u.	17 Interest			i	
Administrative	18 Taxes STMT 3	74.	74.	1	0 .
1	19 Depreciation and depletion			,	和原門所來說是 新江
	20 Occupancy				
4	21 Travel, conferences, and meetings			,	
ביי					
				i	
Ę	24 Total operating and administrative				
Onerating	expenses. Add lines 13 through 23	4,197.	2,548.	1	1,649.
Č	25 Contributions, gifts, grants paid		的是理像域外是的知识	是《 建 》世紀後四年7月	
	26 Total expenses and disbursements.				
_	Add lines 24 and 25	23,197.	2,548.		20,649.
`	27 Subtract line 26 from line 12;		多种企业的企业	是"是这种"。	
/N 5	R Excess of revenue over expenses and disbursements	147.	建物学性温温素 基	[12] [12] [13] [13] [13] [13] [13] [13] [13] [13	1995年前衛衛衛門
(W)	b Net investment income (if negative, enter -0-)	1、 より ち は大き	20,796.	在自己的性質更同的	11 2 17 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
15	c Adjusted net income (if negative, enter -0-)		中国自由的地名中华共和亚	N/A	21、26年代的特殊之一。
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C/O NORTHEAST HEALTH

Cash - non-interest-bearing Savings and temporary cash investments 28, 123. 3, 344 3, 344		227	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End (of year
2 Savings and temporary cash investments A Accounts recreabable ► Less: allowance for doubtful accounts ► A Pedgas receivable ► Less: allowance for doubtful accounts ► S Grants receivable ► B Receivables due from officers, directors, trustees, and other disqualified persons Tather insure for sale or use B Receivables Us. Sand state government obligations D Investments - Corporate brook I Total assets (to be completed by all filers - see the instructions - Also see page I, item I) I A Coccurs payable and accrued expenses I Grants payable D Seferred revenue 2 Investments - Manual - Corporate brook 2 Investments - Manual - Corporate brook D Seferred revenue 2 Investments - Corporate brook D Seferred revenue 2 Investments - Hope - Corporate brook D Seferred revenue 2 Investments - Hope - Corporate brook D Seferred revenue 2 Investments - Hope - Corporate brook D Seferred revenue 2 Investments - Hope - Corporate - Co	드	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
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Less; allowance for doubtful accounts				2000 (4722		
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24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds 27 Pald-in or capital surplus, or land, bldg., and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 29 Total net assets or fund balances 402,656. 402,803. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Other of the decrease of the delances at end of year (line 4 minus line 5) - Part III, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29		ļ' .	•			
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Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 O]. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	z				!	協應於法為於。
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included In line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 4 402,803.	_	30	Total liabilities and net assets/fund balances	402,656.	402,803.	this man with the
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3 Other increases not included in line 2 (itemize) ► 1 3 0]. 4 Add lines 1, 2, and 3 4 402,803. 5 Decreases not included in line 2 (itemize) ► 5 0]. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 402,803.				•	•	
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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29			•		, . <u>La</u>	
				- Lump (h) II-a 22		<u> </u>
	<u>b</u>	ıota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (o), line 29	1 6	

LEORA BELKNAP TRUST U/W

	NORTHEAST HEAL'		(a			155391 Page 3
Part IV Capital Gains a	and Losses for Tax on I	nvestment	Income	SEE ATTACHI		MENTS
(a) List and describe to 2-story brick wa	the kind(s) of property sold (for exrehouse; or common stock, 200 s	cample, real esta hs. MLC Co.)	te,	(b) How acquired P - Purchase D - Donation	(c) Date acquire (mo., day, yr.)	d (d) Date sold (mo., day, yr.)
1a				ı		
b						
<u>c</u>				ļ		
<u>d</u>				 	 _	
<u>e</u>		., .		<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain or (l ((e) plus (f) mir	
a						
<u>b</u>						
С	·			<u> </u>		
d			044 45			12 000
e 254,480.			241,47			13,009
Complete only for assets snowin	g gain in column (h) and owned b				Gains (Col. (h) ((k), but not less	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any		Losses (from c	ol. (h))
_a						
<u>b</u>						
С						
d	 					
<u>e</u>						13,009
2 Capital gain net income or (net cal	pital loss) If gain, also en	ter in Part I, line -0- in Part I, line	7 7 .	} 2		13,009.
3 Net short-term capital gain or (los	~					
If gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8		und (o).		} 3	N	/A
Part V Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	Investment Inco	me	
(For optional use by domestic private	foundations subject to the section	1 4940(a) tax on	net investment in	come.)		
If section 4940(d)(2) applies, leave th		.,		·		
Was the foundation liable for the sect	ion 4942 tay on the distributable a	imount of any ve	ar in the hase ner	10d2		Yes X No
If "Yes," the foundation doesn't qualify			•	10 Q *		163 (44) 10
1 Enter the appropriate amount in e				ntries.		
(a) Base period years	(b)			(c)		(d) stribution ratio
Calendar year (or tax year beginnin		listributions	Net value of no	ncharitable-use assets	(col. (b	stribution ratio) divided by col. (c))
2018		21,567.		431,991	,]	.049925
2017		21,534.		425,145		.050651
2016		21,259.		423,408		.050209
2015		20,497.		409,749		050023
2014		10,590.	- -	433,177	<u> </u>	.024447
					1 1	
2 Total of line 1, column (d)					2	. 22525
3 Average distribution ratio for the 5	i-year base period - divide the tota	I on line 2 by 5.0), or by the number	er of years		
the foundation has been in existen	ce if less than 5 years				3	.045051
4 Enter the net value of noncharitable	e-use assets for 2019 from Part X	K, line 5			4	429,676.
5 Multiply line 4 by line 3					5	19,357.
	a / 1% of Part I line 275\					208.
6 Enter 1% of net investment incom-	e (1/0 VI Fail I, IIII8 2/0)	•			6	
7 Add lines 5 and 6				•	7	19,565.
8 Enter qualifying distributions from	Part XII, line 4			٠,٠	8	20,649.
If line 8 is equal to or greater than	line 7, check the box in Part VI, III	ne 1b, and comp	lete that part usin	g a 1% tax rate.		
See the Part VI instructions.						
923521 12-17-19				1		Form 990-PF (2010

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LEORA BELKNAP TRUST U/W

<u>Forn</u>	m 990-PF (2019) C/O NORTHEAST HEALTH 14-6	<u> 6155391</u>		Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see instruc	ctions	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 here X and enter 1%		2	081
	of Part I, line 27b			
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			- 1
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0 .
3	Add lines 1 and 2		<u>2</u>	08 .
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 4			<u>0 .</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		2	08 .
6	Credits/Payments:	• • • • • • • • • • • • • • • • • • • •		, ,-
а	a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 0.		· · ·	1.
b	b Exempt foreign organizations - tax withheld at source 6b 0.	121	1.15	
C	Tax paid with application for extension of time to file (Form 8868)		: '	
d	d Backup withholding erroneously withheld 6d 0.			,
7	Total credits and payments. Add lines 6a through 6d			0 .
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0 -
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		2	08
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .			
	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11			<u> </u>
	art VII-A Statements Regarding Activities		137	
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	ļ	Yes	
	any political campaign?	<u> 1a</u>		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	_1b_		X
	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.			
	c Did the foundation file Form 1120-POL for this year?	1c		X
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .	i	'	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	ĺ	'	1 1
_	managers. ► \$0.		-	J
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	 	X
_	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			. .
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	/A 4b		- ^ -
		/A 4b 5		X
ə	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	3	 	-
6	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	'		
0	By language in the governing instrument, or			ľ. 1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	ĺ	'	-
	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	
•		'		
82	a Enter the states to which the foundation reports or with which it is registered. See instructions.		ا ، ا	.
	NY	—	[.]	
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	 		1 1
•	of each state as required by General Instruction G? If "No," attach explanation	86	X	"
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	"	 	<u> </u>
-	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		\mathbf{x} 2
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
	, and the same of	Form 990	0-PF	

	990-PF (2019) C/O NORTHEAST HEALTH 14-61	<u>55391</u>		
Pa	art VII-A Statements Regarding Activities (continued)		T	
			Ye	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	- 1	ł	
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11	↓_	,
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		ŀ	
	If "Yes," attach statement. See instructions	12	<u> </u>	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address NONE			
14	The books are in care of ▶ RYAN BOUCHEY Telephone no. ▶ 518-	<u>720-3</u>	<u>33</u>	
	Located at ► 1819 FIFTH AVE, TROY, NY ZIP+4 ►	<u> 12180</u>		
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	N	[/A	,
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Ye	
	securities, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country		,	
Pa	irt 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.		Ye	•
1a	During the year, did the foundation (either directly or indirectly):		П	•
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	,	١,	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	
	a disqualified person?	,	١	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		'	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	- 1	1	
	for the benefit or use of a disqualified person)?	. '		
	· · · · — —		i .	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)		l	
	· · · · · · · · · · · · · · · · · · ·			
D	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	1 46		
	, ,	, 1b	╁╌╴	
		, ,		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1 2	-	
	before the first day of the tax year beginning in 2019?	1c	┼	•
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		1	
	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	- 1	ł	
	6d and 6e) for tax year(s) beginning before 2019?	'	1	
	If "Yes," list the years \blacktriangleright		l	
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		1	
	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.			
	>	•		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time] '	
	during the year? Yes $\overline{\mathbf{X}}$ No	· }	-	
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	_		
	(-			
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	_3b_	L	

DEURA BELIANAP TRUST U/W				
Form 990-PF (2019) C/O NORTHEAST HEALTH			<u>14-61553</u>	91 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contin}	ued)	. 134 - I NI
5a During the year, did the foundation pay or incur any amount to:				Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗶 No 🏻	
(2) Influence the outcome of any specific public election (see section 4955); o	er to carry on, directly or indire		es X No	· · · · · · · · · · · · · · · · · · ·
any voter registration drive?		===	S X No	1.5 47 S
(3) Provide a grant to an individual for travel, study, or other similar purposes			S [21] NU	
(4) Provide a grant to an organization other than a charitable, etc., organizatio 4945(d)(4)(A)? See instructions	ii described iii section		es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses or fo		" (LE) 110	
the prevention of cruelty to children or animals?	or concational purposes, or it		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described in	—	,, ,,	
section 53.4945 or in a current notice regarding disaster assistance? See instri		riogolaciono	N/A	5b .
Organizations relying on a current notice regarding disaster assistance, check			▶□□	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned		
expenditure responsibility for the grant?		//A 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		• • —		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
if "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es 🗶 No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	Itable to the transaction?		. N/A.	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	61,000,000 in remuneration or			´ :
excess parachute payment(s) during the year?	**		s X No	
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Mar	nagers, Highly		
Paid Employees, and Contractors				
1 List all officers, directors, trustees, and foundation managers and to	T	(a) Companyation	(d) Contabutions to	(a) Evnança
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	`enter -0-)'	compensation	allowances
DR. ARSENIO AGOPOVICH	TRUSTEE			
NORTHEAST HEALTH FDN, 380 S. MANNING	1 000		_	0
ALBANY, NY 12208	0.00 AGENT FOR FID	0.	0.	
BOUCHEY FINANCIAL GROUP	AGENT FOR FID	DCIARI		
1819 FIFTH AVE TROY, NY 12180	1.00	0.	0.	0.
TRO1, N1 12160	1.00	0.	· · ·	
	+			1
	†			
				+
	1			
	1			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		<u> </u>
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE				
	1			l l
]			
				ļ. <u> </u>
				T
	1			
	<u></u>		L	<u> </u>
Total number of other employees paid over \$50,000				0 990-PE (2010)

LEORA BELKNAP TRUST U/W Form 990-PF (2019) C/O NORTHEAST HEALTH

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Part VIII I	nformation About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)		
3 Five highest-	paid independent contractors for professional services. If none, enter	"NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	ve		
		<u> </u>	
		<u> </u>	
Total number of ot	thers receiving over \$50,000 for professional services		<u>▶</u> 0
	Summary of Direct Charitable Activities		
List the foundation number of organization	n's four largest direct charitable activities during the tax year. Include relevant statisi ations and other beneficiaries served, conferences convened, research papers prod	tical information such as the uced, etc.	Expenses
1 N/A	1		
2	· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	
3	· · · · · · · · · · · · · · · · · · ·		ĺ
			
			<u> </u>
4			
	 		
Part IX-B S	ummary of Program-Related Investments		
	argest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1N/A	1		
		'	
2			
			
	related investments. See instructions.	,	
3			
 _		· · · · · · · · · · · · · · · · · · ·	
Total. Add lines 1	through 3	•	0.
			Form 990-PF (2019)

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	10 34 6	
a	Average monthly fair market value of securities	_1a	420,486
ь	Average of monthly cash balances	1b	15,733
C	Fair market value of all other assets	10	
ď	Total (add lines 1a, b, and c)	1d	436,219
e	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation)	14.5	
2	Acquisition indebtedness applicable to line 1 assets	2	0 .
3	Subtract line 2 from line 1d	3	436,219.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,543.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	429,676.
6	Minimum investment return. Enter 5% of line 5	6	21,484.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	21,484.
2a	Tax on investment income for 2019 from Part VI, line 5		
þ	Income tax for 2019. (This does not include the tax from Part VI.)	, ,,,	
C	Add lines 2a and 2b	2c	208
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	21,276.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	21,276.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	21,276.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	21/23	22 642
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	20,649.
b	Program-related investments - total from Part IX-B	1b	<u>U.</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	20 640
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	20,649.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		200
	income. Enter 1% of Part I, line 27b	5	208. 20,441.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for	the section
	4940(e) reduction of tax in those years.		

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	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,		The state of the s		21,276
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only		• • • •	8,643.	
b Total for prior years:	•			
	`	0.	1	
3 Excess distributions carryover, if any, to 2019:		,	1	
a From 2014				
b From 2015			} }	1
c From 2016]	1
d From 2017				
e From 2018			1	
f Total of lines 3a through e	0.		11	<u> </u>
4 Qualifying distributions for 2019 from	•			,
Part XII, line 4: \triangleright \$ 20,649.		•		
a Applied to 2018, but not more than line 2a			8,643.	
b Applied to undistributed income of prior	•		1	
years (Election required - see instructions)		0.	1	<u> </u>
c Treated as distributions out of corpus			1 1	ł
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount	\$		1	12,006
e Remaining amount distributed out of corpus	0.	والمراجع المراجع المرا	1	
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0
6 Enter the net total of each column as indicated below:		18 mg = 2 18 mg		
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		. 1 .	' (
b Prior years' undistributed income. Subtract			1	
line 4b from line 2b	İ	0.	1	, ,
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		,
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.	1	
e Undistributed income for 2018. Subtract line			1	<u>'</u>
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				1
lines 4d and 5 from line 1. This amount must	,	i s		0.070
be distributed in 2020		<u>:</u>		9,270
7 Amounts treated as distributions out of		•	'	1
corpus to satisfy requirements imposed by		,		
section 170(b)(1)(F) or 4942(g)(3) (Election			'	1.
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014		٠, .		
not applied on line 5 or line 7	0.		,	
9 Excess distributions carryover to 2020.]]
Subtract lines 7 and 8 from line 6a	0.	· · · · · · · · · · · · · · · · · · ·		
10 Analysis of line 9:			1	}
a Excess from 2015			1	1
b Excess from 2016			1	
c Excess from 2017				
d Excess from 2018				
e Excess from 2019			1	1

LEORA BELKNAP TRUST U/W 14-6155391 C/O NORTHEAST HEALTH Page 10 Form 990-PF (2019) Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a lyling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling 4942(1)(5) 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2019 (d) 2016 (b) 2018 (c) 2017 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a e Qualifying distributions from Part XII, line 4, for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c; and d.

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

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

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

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c Any submission deadlines:

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Part XV Supplementary Information (continued)

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				i
3 Grants and Contributions Paid During the	fear or Approved for Future	Payment	!	<u>_</u>
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient	1	
			;	
•			1	
SAMARITAN HOSPITAL SCHOOL OF NURSING		PC	UNRESTRICTED GENERAL	
2224 BURDETT AVENUE	1		SUPPORT	
TROY, NY 12180		ļ <u>.</u>	 	19,000
			1	
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			,	
			•	
Total				19,000
b Approved for future payment				
			1	
NONE			1	
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	,			
				1
	 	 	 	<u> </u>
3				
	1			[
Total			' ▶ 3b	þ.

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Part XVI-A Analysis of Income-Production	cing Activiti	ies		; 1 *	
Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	;(d) Amount	Related or exempt function income
a					
b			<u> </u>		
C					
d			L		<u> </u>
e			<u> </u>		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			<u> </u>	<u> </u>	
3 Interest on savings and temporary cash investments			14	26.	
4 Dividends and interest from securities			14	10,309.	
5 Net rental income or (loss) from real estate:		· Street Street	22.	10,309.	Call The Contract of the
a Debt-financed property			<u> </u>		
b Not debt-financed property	L				
6 Net rental income or (loss) from personal property				,	
7 Other investment income					
8 Gain or (loss) from sales of assets other			†		
than inventory	}		18	13,009.	
9 Net income or (loss) from special events				· · · · · · · · · · · · · · · · · · ·	
10 Gross profit or (loss) from sales of inventory					-
11 Other revenue:					
a					
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	11. 75	0.	; :	23,344.	
13 Total. Add line 12, columns (b), (d), and (e)				. 13	23,344
(See worksheet in line 13 instructions to verify calculations.)			_		
Part XVI-B Relationship of Activities t	o the Accoi	mplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	•	' '	contrib	uted importantly to the accom	plishment of
N/A					
	_				
					<u></u>
			_		
		<u></u>			
					
				1	
				· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	
				1,	
					
923621 12-17-19					Form 990-PF (20)

LEORA BELKNAP TRUST U/W Form 990-PF (2019) C/O NORTHEAST HEALTH 14-6155391 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash X (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets X (4) Reimbursement arrangements X X (5) Loans or loan guarantees 16(5) (6) Performance of services or membership or fundraising solicitations X 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization $oldsymbol{(d)}$ Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes X No b if "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A

						•
Sign land Here	or penalties of perjury, I declare that I have exemined this belief, it is true, correct, and complete. Declaration of proceedings of the complete of officer or trustee.	operer (other than taxpayer) is based on all informa	atements, and to the bestion of which preparer had TRUSTE	as eny knowledge	May the IRS discuss this return with the preparer shown below? See instr	
Paid	Print/Type preparer's name MARY E. MACKRELL, CPA	Preparer's signature MARY E. MACKRELL,	Date 03/20/20	Check if self- employed	PTIN P01864652	
Preparer Firm's name ► LUTZ, SELIG & ZERONDA, LLP Use Only				Firm's EIN ► 1	4-1745230	_
	Firm's address ► 33 CENTURY LATHAM, NY	HILL DRIVE 12110-2113		Phone no. (5	18) 783-7200	_
					Form 990-PF (2019)	١

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate. (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 04/24/1802/01/19 1a 35 AMPLIFY ONLINE RETAIL ETF b 260 AMPLIFY ONLINE RETAIL ETF 01/01/1902/04/19 02/09/1802/01/19 c 55 INVESCO KBW REGIONAL 01/01/1912/27/19 d 270 ISHARES CORE HIGH e 205 JPMORGAN ULTRA SHORT 01/01/1904/24/19 1 135 PIMCO ACTIVE BOND ETF 01/01/1905/23/19 02/09/1802/04/19 0 85 SCHWAB EMERGING MARKETS EOUITY 09/11/1802/04/18 h 635 SPDR BLACKSTONE GSO 09/11/1805/29/19 25 SPDR BLMBRG BRCLY INV 01/01/1912/27/19 485 SPDR BLMBRG BRCLY INV 01/01/1902/01/19 k 125 SPDR S&P BIOTECH 02/09/1802/04/19 | 15 VANGUARD HEALTH CARE 04/24/1802/04/19 m 15 VANGUARD SMALL CAP ETC n 75 WSDMTREE EMRG MKT 02/09/1802/04/19 01/13/1702/01/19 0 150 INVESCO KBW REGIONAL (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 1,610. 40. 1,570. а 11,964. 154 12,118. b <255.× 3,053. 2.798. C 2,512 26,552. 24,040. d 10,305. 22 10,327. e 14,281. 276 14,005. <u>2,</u>357. <174.> 2,183. q 29,947. <951. 28,996. h 769. 768. <1. 62! 14,895. 14,833. <553. 10,459. 11,012. 2,273. 267! 2,540. 2,219. 15! 2,234. m $2,\overline{327}$. <211.> 2,116. n <777.> $7,\overline{630}$ 8,407. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 40! 154! b <255. C 2*.*512! d 221 276! <174. g <951.> h <1. 62! <553. 267! 15! m <211.> <777. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 01/13/1702/04/19 INVESCO OOO TRUST 01/13/1704/26/19 b 20 INVESCO OOO TRUST 01/13/1712/27/19 c 40 INVESCO QQQ TRUST 01/13/1702/04/19 d 10 INVESCO S&P 500 EQUAL 01/13/1705/23/19 255 PIMCO ACTIVE BOND ETC 02/09/1812/27/19 EMERGING MARKETS EQUITY f 69 SCHWAB 01/13/1702/04/19 g 85 US BROAD MARKET ETF SCHWAB 01/13/17|04/26/19 SCHWAB BROAD MARKET ETF 15 US h 01/13/1712/27/19 96 SCHWAB US BROAD MARKET ETF 09/11/1812/27/19 825 SPDR BLMBRG BRCLY INV 01/13/1712/27/19 k 123 SPDR DOUBLELINE TTL 01/13/1702/04/19 1 30 VANGUARD HIGH DIVIDEND YIELD ETF 01/13/1712/27/19 m 34 VANGUARD HIGH DIVIDEND YIELD ETF 04/24/1812/27/19 59 VANGUARD SMALL CAP ETF 。75 02/09/1812/27/19 WSDMTREE EMRG MKT (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 1,373 5,072. 3,699 а 1,330 3,796. 2,466. b 8,547. 4,932. 3,615! 4671 1,589. 1,122. đ 6581 26.976. 26,318. <17.> 1,896. ,913. 4,689. 878! 5,567. 229! 827. 1,056. h 7,407.2.111! 5,296. <37.5 25,336. 25,373. 62! 6,030. 5,968. 2,485.2,276. 209! 2,579. 613! 3,192. m 8,729. 053! 9,782. n $2,\overline{327}$. 22! 2,349. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 over col. (j), if any as of 12/31/69 1,373 а 1,330; b 3,615 467! d 6581 е <17. f 8781 229! h 2,111! <37.≯ 62! 2091 613! m 1,053 n 22! 0 { If gain, also enter in Part I, line 7 } if (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

LEORA BELKNAP TRUST U/W C/O NORTHEAST HEALTH

CONTINUATION FOR 990-PF, PART IV 14-6155391 PAGE 3 OF 3

Part IV Capit	<u>al Ga</u> ins and Lo	sses for Tax on Investment Income					
	(a) List an 2-story b	d describe the kind(s) of property solorick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 389 ZEO	SHORT	DURATION				01/13/17	12/27/19
b							
С							<u> </u>
d							
е							
f							
<u>g</u>	<u> </u>						
h						ļ	
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k			 			 	
<u> </u>						-	
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n						 	
0	· · · ·	(f) Degree atten allowed	(-) Cost or other book		/>) Gain or (loss)	<u> </u>
(e) Gross sa	les price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(e) (olus (f) minus (g)	
	3,893.		3,876.		(-/-	()	17.
<u>a</u>	3,033.	 	3,0,0:				
<u>b</u>		 					
d d							
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h							
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m							
n				<u> </u>			
0							
Complete only t	or assets show	ing gain in column (h) and owned by	T		(I) Los	sses (from col. (h))	
(i) F.M.V. as o	f 12/21/60	(j) Adjusted basis	(k) Excess of col. (i)		Gains (excess	of col. (h) gain ove not less than "-0-")	r col. (k),
(1) 1 .101. 0 . d5 0	1 12/3 //03	as of 12/31/69	over col. (j), if any				4.5
<u>a</u>							17.
b							
<u>c</u>			· · · · · · · · · · · · · · · · · · ·				
<u>d</u>							
<u>e</u>		 		\vdash			
<u>f</u>							
<u>g</u>	_		 	-			
<u>h</u>			 	 			
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m		†		İ			
n							
0							
	-	- If anim also cots	r in Part I line 7				
2 Capital gain net	income or (net i	capital loss) { if gain, also enter "-	r in Part I, line 7 0-" in Part I, line 7	2			13,009.
3 Net short-term of	apıtal gain or (le	oss) as defined in sections 1222(5) ar	•	1			
If gain, also ente	r in Part I, line 8	B, column (c).)	1			
If (loss), enter "-	0-" in Part I, line	8	J	3	<u> </u>	N/A	

FORM 990-PF INTERES	T ON SAVIN	GS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1	
SOURCE SAVINGS AND LOAN INTEREST INCOME TOTAL TO PART I, LINE 3		REVE	(A) REVENUE N PER BOOKS 26.		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
		•			26.	_	
					26.		
FORM 990-PF	DIVIDENDS	AND INTERI	EST FR	OM SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	R	(A) EVENUE R BOOKS	(B) NET INVEST MENT INCOM		
DOMESTIC DIVIDENDS FOREIGN DIVIDENDS NONQUALIFIED	3,967. 605.		0. 0.	3,967. 605.			
DOMESTIC DIVIDENDS NONQUALIFIED FOREIGN DIVIDENDS	5,462. 275.		0. 0.	5,462. 275.	5, 4 62 27!		
TO PART I, LINE 4	10,309.		0.	10,309.	10,30	9.	
FORM 990-PF		TAX	ES			STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
FOREIGN TAXES ON QUALIFIED FOREIGN TAXES ON NONQUALIFIED		51. 23.		51. 23.		0	
TO FORM 990-PF, PG 1, LN 18		74.		74.		0	

FORM 990-PF	CORPORATE STOCK		STATEMENT 4
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
GLDMN SCH EQL WGHT US INVESCO QQQ TRUST INVESCO S&P 500 EQUAL ISHARES CORE US ISHARES EDGE MSCI MIN SCHWAB EMERGING MARKETS SCHWAB US BROAD MARKET SPDR DOUBLELINE TTL RTRN VANGUARD FINANCIALS ETF VANGUARD HEALTH CARE VANGUARD HIGH DIVIDEND VANGUARD SMALL CAP ETF VANGUARD VALUE ETF WSDMTREE EMRGN MKTS ST	ı	15,619. 32,742. 9,979. 52,712. 16,345. 13,276. 39,110. 35,012. 13,057. 13,291. 17,523. 17,848. 21,626. 12,959.	15,068. 48,900. 15,646. 53,376. 16,334. 13,802. 49,126. 35,616. 15,866. 15,531. 21,647. 19,214. 21,573. 13,269.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	311,099.	354,968
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
DFA GLBL CORE PLUS ZEO SHORT DURATION INCM	COST	53,029. 35,331.	53,251 35,479
TOTAL TO FORM 990-PF, PART II	, LINE 13	88,360.	88,730