efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491297007090

2019

OMB No. 1545-0052

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

		ndar year 2019, or tax year	beginning 01-01-20	)19 , a	nd endin			
		Indation D ADRIENNE GREENBLATT FOUNDATIO	N			<b>mployer id</b> 6653137	entification numbe	er
Num	TAXPAY ber and 30 BEEC	street (or P.O. box number if mail is no	ot delivered to street address)	Room/suite		elephone nu	ımber (see instructio	ns)
		, state or province, country, and ZIP or D, NJ 076313722	foreign postal code		C I	f exemption	application is pendin	g, check here
l Ch	neck ty Section r mark year (f	I that apply: Initial return Final return Address chang pe of organization: Section 5 4947(a)(1) nonexempt charitable get value of all assets at end from Part II, col. (c), \$\\$ 285	$501(c)(3)$ exempt private to trust $\Box$ Other taxable	foundation e private foundation Cash Accru	E ;	2. Foreign o test, check of private founder section	ganizations, check herganizations meeting is here and attach coundation status was in 507(b)(1)(A), check the state in a 60-mont in 507(b)(1)(B), check the state in source is supported by the state in source in sourc	the 85% mputation    terminated ck here
Pa	rt I	Analysis of Revenue and of amounts in columns (b), (c), and (equal the amounts in column (a) (see	d) may not necessarily	(a) Revenue and expenses per books	(b) Net in	vestment come	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
nistrative expenses Reversie	1 2 3 4 5a b 6a b 7 8 9 10a b c 11 12 13 14 15 16a b c 17 18 19	Interest on savings and temporar Dividends and interest from securifications rents  Net rental income or (loss)  Net gain or (loss) from sale of as Gross sales price for all assets on Capital gain net income (from Pa Net short-term capital gain  Income modifications  Gross sales less returns and allow Less: Cost of goods sold  Gross profit or (loss) (attach schedule)  Total. Add lines 1 through 11  Compensation of officers, director Other employee salaries and wag Pension plans, employee benefits Legal fees (attach schedule)  Accounting fees (attach schedule)  Other professional fees (attach schedule)  Interest  Taxes (attach schedule) (see instances)	not required to attach	25,00C		0		
Operating and Administrative Expenses	19 20 21 22 23 24 25 26	Depreciation (attach schedule) are Occupancy	rative expenses.  nents. Add lines 24 and	243 243 32,858 33,101 -8,101		0	C	0 32,858
	b c	Net investment income (if neg Adjusted net income (if negative	ve, enter -0-)			0		
or	Daner	work Reduction Act Notice, see	instructions.		Cat N	lo 11280	Y For	m QQN_DE (2019)

orm 9	90-F	PF (2019)				Page <b>2</b>
Part	Ш	<b>Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year  (a) Book Value	End o <b>(b)</b> Book Value	f year (c) Fair Market Value
1		Cash—non-interest		8,386	285	
2		Savings and tempo	rary cash investments	,		
3	-	Accounts receivable	· .			
]			doubtful accounts ▶			
4		Pledges receivable l				
"			doubtful accounts ▶			
5						
-			m officers, directors, trustees, and other			
6	,		, , ,			
1_		•	s (attach schedule) (see instructions)			
7			ans receivable (attach schedule) ▶			
			doubtful accounts ▶			
<u>કુ</u>   8	3		or use			
Assets	)		nd deferred charges			
₹  10	)a		and state government obligations (attach schedule)			
	b	Investments—corpo	prate stock (attach schedule)			
	С	·	orate bonds (attach schedule)			
1:	1	Investments—land,	buildings, and equipment: basis ►			
		Less: accumulated	depreciation (attach schedule) ▶			
12	2	Investments-mort	gage loans			
13	3	Investments—other	r (attach schedule)			
14	4	Land, buildings, and	d equipment: basis ▶			
			depreciation (attach schedule) ▶			
1!	5	Other assets (descr	ibe ▶)			
10	5	Total assets (to be	e completed by all filers—see the			
		instructions. Also, s	see page 1, item I)	8,386	285	285
17	7	Accounts payable a	nd accrued expenses	0	0	
11	8	Grants payable .				
%   19	9	Deferred revenue .				
≣   20	0	Loans from officers	, directors, trustees, and other disqualified persons			
19   19   20   21   22   22   23   24   25   25   25   25   25   25   25		Mortgages and other	er notes payable (attach schedule)			
コ    ̄:			scribe <b>&gt;</b> )			
2:		•	Id lines 17 through 22)	0	0	
			- ,			
Ses		Foundations that	follow FASB ASC 958, check here ▶			
<u> </u>		-	es 24, 25, 29 and 30.			
ᇎ 24			donor restrictions			
Fund Balance	5	Net assets with dor	nor restrictions			
<u>.</u> 5		Foundations that	do not follow FASB ASC 958, check here ▶ ☑			
٥ [		and complete line	es 26 through 30.			
<u>ي</u> 20	5	Capital stock, trust	principal, or current funds	100	100	
g 2	7	Paid-in or capital su	urplus, or land, bldg., and equipment fund			
Assets	8	Retained earnings,	accumulated income, endowment, or other funds	8,286	185	
ع <u>ع</u>	9	Total net assets of	or fund balances (see instructions)	8,386	285	
Z   30	0	Total liabilities ar	nd net assets/fund balances (see instructions) .	8,386	285	
Part	100	Analysis of Ch	anges in Net Assets or Fund Balances	<u> </u>		
		l net assets or fund l	balances at beginning of year—Part II, column (a), line	29 (must agree with en		
		- ,	n prior year's return)		1	8,386
		r amount from Part I			2	-8,101
			ded in line 2 (itemize) ►		4	285
			n line 2 (itemize) ▶		5	200
			balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 29	6	285

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Page **3** 

	• •	e the kind(s) of property sold (e.g., arehouse; or common stock, 200 sha	· ·	(b) How acquire P—Purchas D—Donatio	se	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a							
	(e)	(f) Depreciation allowed	Cost or	(g) other basis			h) r (loss)
	Gross sales price	(or allowable)	plus exp	ense of sale		(e) plus (f	) minus (g)
a							
b							
с							
d							
e							
C	omplete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69			I)
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		<b>(k)</b> s of col. (i) l. (j), if any		col. (k), but not	h) gain minus less than -0-) <b>or</b> om col.(h))
		us s. 12, 52, 65	3.0.0	(3)/ 4/		,	
b							
d							
e							
<b>3</b> N	•	gain or (loss) as defined in sections rt I, line 8, column (c) (see instructi	ions). If (loss), enter -0		}	3	
D- 1 \	0 -1:0				<u>,</u>		
Part V		Under Section 4940(e) for Re					
(For option	onal use by domestic p	private foundations subject to the sec	ction 4940(a) tax on n	et investment i	ncom	e.)	
	4940(d)(2) applies, le	·					
		e section 4942 tax on the distributa ot qualify under section 4940(e). Do			eriod?	Y€	es 🔽 No
<b>1</b> Er	iter the appropriate an	nount in each column for each year;	see instructions before	e making any e	ntries		
	(a) period years Calendar r tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharital	ole-use assets		(d) Distribution rati (col. (b) divided by columns	
	2018	50,271		8,411			5.976816
	2017	40,301		6,159			6.543432
	2016	21,088		2,476			8.516963
	2015	60,018		1,215			49.397531
	2014	67,373		8,669			7.771715
	<b>ital</b> of line 1, column (	′	$\dots \dots \dots$		2		78.206457
		o for the 5-year base period—divide		· · · · · ·	3		15.641291
		ndation has been in existence if less Incharitable-use assets for 2019 fron		:::::	4		1,404
	ultiply line 4 by line 3		•		5		21,960
		ent income (1% of Part I, line 27b)			6		0
					7		21,960
		ions from Part XII, line 4 ,			8		32,858
If	line 8 is equal to or gre	eater than line 7, check the box in Pa			using	g a 1% tax rate. Se	
ıns	structions.						

Page **6** 

Pai	Statements Regarding Activities for Which Form 4720 Ma	ay Be Required (continued)
5a	During the year did the foundation pay or incur any amount to:	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494)	5(e))?

	<ul><li>(1) Carry on propaganda, or other</li><li>(2) Influence the outcome of any s</li></ul>		, , , , , , , , , , , , , , , , , , , ,	☐ Yes ✓	No		
	on, directly or indirectly, any v				1		
	(3) Provide a grant to an individua	<del>-</del>		· · □ Yes ⊻ □ Yes ☑	No No		
	(4) Provide a grant to an organiza in section 4945(d)(4)(A)? See		· •		NO		
	(5) Provide for any purpose other			··	No		
	educational purposes, or for th	- · · · · · · · · · · · · · · · · · · ·	* **		,		
b	If any answer is "Yes" to 5a(1)-(5)			⊔ Yes 💌	No		
	Regulations section 53.4945 or in a	a current notice regarding disa	aster assistance? See instr	uctions	5	<b>o</b>	
	Organizations relying on a current	notice regarding disaster assi	stance check here	▶ ┌	1		
С	If the answer is "Yes" to question 5	5a(4), does the foundation cla	im exemption from the	_	_		
	tax because it maintained expendit	•		· · 🗌 Yes 🗆	] No		
	If "Yes," attach the statement requ	· -	* *				
6a	Did the foundation, during the yea						
	a personal benefit contract?			⊔ Yes 💌	No		<b></b> .
b	Did the foundation, during the yea If "Yes" to 6b, file Form 8870.	r, pay premiums, directly or i	ndirectly, on a personal be	nerit contract?	61	-	No
<b>7</b> a	At any time during the tax year, w	as the foundation a party to a	nrohibited tay shelter tran	esection?	,		
	If "Yes", did the foundation receive			∟ Yes 💌	No   7	,	
8	Is the foundation subject to the se	· · ·				+	
Ū	excess parachute payment during	! ! ! ! !			,		
		Officers, Directors, Tru					
Pa	and Contractors  List all officers, directors, truste						
	List all officers, directors, truste	(b) Title, and average	(c) Compensation (If	(d) Contributions to	( ) =		
	(a) Name and address	hours per week	not paid, enter	employee benefit plans an		ense acc allowanc	
DAVII	O GREENBLATT	devoted to position TRUSTEE	<b>-0-)</b>	deferred compensation	0		
	EECH ST	1.0	0		٧		·
	EWOOD, NJ 07631						
ADRIE	211000,113 07031						
	ENNE GREENBLATT	TRUSTEE	0		0		•
	ENNE GREENBLATT EECH ROAD	TRUSTEE 1.0	0		0		,
ENGL	ENNE GREENBLATT	1.0				· "NONE	."
ENGL 2	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-pa	aid employees (other than	those included on line 1	.—see instructions). If no	one, ente		
ENGL 2	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-p.  Name and address of each employed	aid employees (other than	those included on line 1	.—see instructions). If no (d) Contributions to employee benefit	(e) Exp	ense acco	ount,
ENGL 2	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-pa	aid employees (other than	those included on line 1	.—see instructions). If no	(e) Exp		ount,
ENGL 2	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-p.  Name and address of each employed	aid employees (other than e paid (b) Title, and average hours per week	those included on line 1	.—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Exp	ense acco	ount,
ENGL 2	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-p.  Name and address of each employed	aid employees (other than e paid (b) Title, and average hours per week	those included on line 1	.—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Exp	ense acco	ount,
ENGL 2	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-p.  Name and address of each employed	aid employees (other than e paid (b) Title, and average hours per week	those included on line 1	.—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Exp	ense acco	ount,
ENGL 2	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-p.  Name and address of each employed	aid employees (other than e paid (b) Title, and average hours per week	those included on line 1	.—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Exp	ense acco	ount,
ENGL 2	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-p.  Name and address of each employed	aid employees (other than e paid (b) Title, and average hours per week	those included on line 1	.—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Exp	ense acco	ount,
ENGL 2	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-p.  Name and address of each employed	aid employees (other than e paid (b) Title, and average hours per week	those included on line 1	.—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Exp	ense acco	ount,
ENGL 2	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-p.  Name and address of each employed	aid employees (other than e paid (b) Title, and average hours per week	those included on line 1	.—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Exp	ense acco	ount,
ENGL 2	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-p.  Name and address of each employed	aid employees (other than e paid (b) Title, and average hours per week	those included on line 1	.—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Exp	ense acco	ount,
ENGL 2	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-p.  Name and address of each employed	aid employees (other than e paid (b) Title, and average hours per week	those included on line 1	.—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Exp	ense acco	ount,
ENGL 2 (a)	ENNE GREENBLATT  EECH ROAD  EWOOD, NJ 07631  Compensation of five highest-parameters  Name and address of each employed more than \$50,000	aid employees (other than be paid continued by Title, and average hours per week devoted to position	those included on line 1 e (c) Compensation	.—see instructions). If no (d) Contributions to employee benefit plans and deferred compensation	(e) Exp	ense acco	ount,
ENGL 2 (a)	ENNE GREENBLATT  EECH ROAD EWOOD, NJ 07631  Compensation of five highest-p.  Name and address of each employed	aid employees (other than be paid continued by Title, and average hours per week devoted to position	those included on line 1 e (c) Compensation	.—see instructions). If no (d) Contributions to employee benefit plans and deferred compensation	(e) Exp other	ense acco	ount, es

Form 990-PF (2019)	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Information Information About Officers, Directors, Trustees, Foundation Information Informat	lanagers, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instruc	ctions). If none, enter "NONE".
(a) Name and address of each person paid more than \$50,000 (b) T	ype of service (c) 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 info organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ormation such as the number of Expenses
i	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2. Amount
1	
2	
All other program-related investments. See instructions.  3	
Total. Add lines 1 through 3	Form <b>990-PF</b> (2019)

2a |

2b

70

70

70

70

32,858

32,858

32.858

Form 990-PF (2019)

2c

3

4

5

6

7

1a 1b

2

3a 3b

4

5

Distributable amount before adjustments. Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. 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 qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Tax on investment income for 2019 from Part VI, line 5. . . . . .

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

1

2a

3

4 5

6

1

2

3

4

5

Part XII

70

70

Form **990-PF** (2019)

(d)

2019

Form	990-F	F	(20	1(
Da	ut VI	H	Ħ	

Part

90-PF	(2	019
XII	4	U

0-PF (2	019)		
XIII	Undistributed Income	(see instructions)	

- 1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019:
- a Enter amount for 2018 only. . . . . .
- **b** Total for prior years: 2017, 2016, 2015

49,850

60.005 20,964

40.301

49.850

32.788

(a)

Corpus

238.060

32.788

270,848

66,940

203,908

(b)

Years prior to 2018

(c)

2018

- Excess distributions carryover, if any, to 2019: a From 2014. . . . . 66.940 60,005 20.964 40.301
- **b** From 2015. . . . .
- c From 2016. . . d From 2017. . . . . e From 2018. . . . .
- f Total of lines 3a through e. . . . . . . .

c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

**5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . .

**b** Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . .

e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a . . . .

6 Enter the net total of each column as

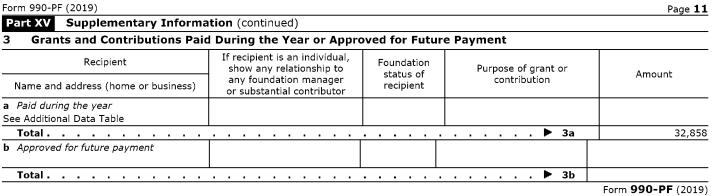
**b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . . f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2014 not

indicated below:

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

- 4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$
- a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years
- (Election required—see instructions). . . . .



iter gros	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
L Progra	m service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.)
	and contracts from government agencies					
. Memb	ership dues and assessments					
Intere invest	st on savings and temporary cash ments					
	nds and interest from securities					
	ntal income or (loss) from real estate:					
	-financed property					
	debt-financed property					
	investment income					
	r (loss) from sales of assets other than					
invent	ory					
	come or (loss) from special events:					
	profit or (loss) from sales of inventory					
. Other	revenue: a					
е						
2 Subto	tal. Add columns (b), (d), and (e).					
Subto	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			1	3	
Subto Total (See v	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu	lations.)			3	
Subto Total (See w	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th	lations.) le Accomplisi	nment of Exem	pt Purposes		
Subto Total (See w	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	0
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	0
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total. (See wart XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total. (See wart XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total. (See wart XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total. (See wart XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
Subto Total (See v Part XV	tal. Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  le Accomplisi income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	

orm 990-	PF (20								Pa	age <b>1</b>
Part X\		Exempt Organiz	zations				Relationships With Nonch			
		nization directly or inc an section 501(c)(3)					ganization described in section anizations?	501	Yes	No
<b>a</b> Transfe	ers fro	m the reporting found	dation to a noncha	ritable exe	empt organizati	on of:				
								1a(1		No
` '		ssets						1a(2)	<del> </del>	No
b Other (		ctions:   assets to a nonchari	table evemnt orga	nization				1b(1		No
		es of assets from a n						. 1b(2	+	No
		f facilities, equipmen						. 1b(3	_	No
(4) R	eimbur	rsement arrangement	ts					1b(4		No
<b>(5)</b> Lo	oans o	r loan guarantees.						1b(5	)	No
		ince of services or me		-				1b(6	)	No
								1c		No
(a) Line No	. (1	<b>b)</b> Amount involved	(c) Name of noncha	aritable exer	mpt organization	(d) Des	cription of transfers, transactions, an	sharing arr	angeme	nts
	-									
describ	oed in : ," com	ltion directly or indire section 501(c) (other plete the following so (a) Name of organizatio	than section 501(	, c)(3)) or i	•		·	✓ No		
		(=) Hame or organizatio		(,	-, i,pe or organiz		(c) Description of	o.acronsinp		
, v	of my l		, it is true, correct,		,	_	companying schedules and state er (other than taxpayer) is base	,		
Sign Here	**>	***			2020-10-19		****** 	May the IRS of eturn with the prep pelow		
i 7	_				_	7		2.311		

Paid **Preparer Use Only** 

Signature of officer or trustee Date Title (see instr.) ☐ Yes ☐ No Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P00575286 employed ightharpoonupDAVID I SULTANIK CPA 2020-10-19 Firm's name ► SULTANIK & KRUMHOLZ LLC Firm's EIN ▶ Firm's address ▶ 241 CEDAR LANE Phone no. (201) 692-1255 TEANECK, NJ 076663440

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1				
CONG AHAVATH TORAH240 BROADWAY ENGLEWOOD, NJ 07631	NONE	PC	RELIGIOUS CHARITY	5,812
SINAL SCHOOL 240 FRISCH CT	NONE	PC.	DISABLED CHILDREN	1.000

ш					
	SINAI SCHOOL240 FRISCH CT PARAMUS, NJ 07652	NONE	PC	DISABLED CHILDREN	
П	· · · · · · · · · · · · · · · · · · ·	I			l

Total .

PARAMUS, NJ 07652	HONE	-	DISTRICT CHIESTON	1,000
EAST HILL SYNAGOGUE255 WALNUT	NONE	PC	RELIGIOUS CHARITY	1,500

PARAMUS, NJ 07652				
EAST HILL SYNAGOGUE255 WALNUT	NONE	PC	RELIGIOUS CHARITY	1,50

ARAMUS, NJ U7652				
EAST HILL SYNAGOGUE255 WALNUT	NONE	PC	RELIGIOUS CHARITY	1,50

11011105,113 07052				
AST HILL SYNAGOGUE255 WALNUT	NONE	PC	RELIGIOUS CHARITY	1,50

AST HILL SYNAGOGUE255 WALNUT	NONE	PC	RELIGIOUS CHARITY	1,50
NGLEWOOD, NJ 07631				

32,858

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

,	or substantial contributor			
a Paid during the year				
KEHILAT RAYIM AHUVIM 241 West 72nd Street NEW YORK, NY 10023	NONE	PC	RELIGIOUS ORGANIZATION	900

NEW YORK, NY 10023				
HAMPTON SYNAGOGUE 154 Sunset Avenue Westhampton Beach, NY 11978	NONE	PC	RELIGIOUS ORGANIZATION	1,800
JEWICH FEDERATION OF NORTHERN NI	NONE	DC.	DELICIOUS ODCANIZATION	7 545

154 Sunset Avenue Westhampton Beach, NY 11978				_,
JEWISH FEDERATION OF NORTHERN NJ 50 EISENHOWER DRIVE PARAMUS, NJ 07652	NONE	PC	RELIGIOUS ORGANIZATION	7,545

PARAMUS, NJ 07652		
Total	 ▶ 3a	32,858

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
AMIT817 BROADWAY 3rd FLOOR	NONE	PC	JEWISH EDUCATION	360

NEW YORK, NY 10003				
CHAI LIFELINE151 W30th STREET NEW YORK, NY 10001	NONE	PC	HEALTH SUPPORT NETWORK SUPPORTING ILL CHILDREN	360
ZAKA RESCUE AND RECOVER	NONE	PC	CASUALTY RESCUE AND	540

NEW YORK, NY 10001	NONE	PC	SUPPORTING ILL CHILDREN	360
ZAKA RESCUE AND RECOVER 11 BROADWAY 518	NONE	PC	CASUALTY RESCUE AND RECOVERY VOLUNTEER ORGANIZATION	540

NEW YORK, NY 10001			SUPPORTING ILL CHILDREN	
ZAKA RESCUE AND RECOVER 11 BROADWAY 518 NEW YORK, NY 10004	NONE	PC	CASUALTY RESCUE AND RECOVERY VOLUNTEER ORGANIZATION	540

Total			▶ 3a	32,858
ZAKA RESCUE AND RECOVER 11 BROADWAY 518 NEW YORK, NY 10004	NONE	PC	CASUALTY RESCUE AND RECOVERY VOLUNTEER ORGANIZATION	540
NEW TORK, NT 10001			SOFFORTING ILL CHILDREN	

NONE

NONE

YOUNG ISRAEL OF BAL HARROR

WESTHAMPTON BEACH MINYAN

WESTHAMPTON BEACH, NY 11978

112 JESSUP LN

9580 ABBOTT AVE SURFSIDE, FL 33154	NONE		RELIGIOUS ORGANIZATION	300
WNYC160 VARICK STREET NEW YORK, NY 10013	NONE	PC	NON PROFIT PUBLIC RADIO	180

PC

PC

DELICIOUS OPCANIZATION

■ 3a

RELIGIOUS CHARITY

500

3,728

32,858

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
ORTHODOX UNION11 BROADWAY 1301 NEW YORK NY 10004	NONE	PC	RELIGIOUS CHARITY	100

NEW YORK, NY 10004				
METROPOLITAN MUSEUM1000 5th AVE NEW YORK, NY 10028	NONE	PC	ART CONSERVATION AND RESEARCH	2

METROPOLITAN MUSEUM1000 5th AVE NEW YORK, NY 10028	NONE	PC	ART CONSERVATION AND RESEARCH	200
JCC411 E CLINTON AVE	NONE	PC	RELIGIOUS ORGANIZATION	450

NEW YORK, NY 10028			RESEARCH	
JCC411 E CLINTON AVE TENAFLY, NJ 07670	NONE	PC	RELIGIOUS ORGANIZATION	450

JCC411 E CLINTON AVE TENAFLY, NJ 07670	NONE	PC	RELIGIOUS ORGANIZATION	450

32,858

JCC4II E CLINION AVE	INONE	l LC	RELIGIOUS ORGANIZATION	1
TENAFLY, NJ 07670				<u> </u>

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

MEMORIAL SLOAN KETTERING 1275 YORK AVE NEW YORK, NY 10065	NONE	PC	NON PROFIT ORGANIZATION	118
JERUSALEM CENTER FOR BIBLICAL &	NONE	PC	RELIGIOUS ORGANIZATION	50

PO BOX 22029 SAN DIEGO, CA 92192				
JERUSALEM CENTER FOR BIBLICAL &   RESEARCH	NONE	PC	RELIGIOUS ORGANIZATION	·

Total .

PO BOX 22029 SAN DIEGO, CA 92192				
THE BLUE CARD INC 171 MADISON AVE SUITE 1405	NONE	PC	RELIGIOUS ORGANIZATION	450

SAN DIEGO, CA 92192				
THE BLUE CARD INC 171 MADISON AVE SUITE 1405 NEW YORK, NY 10016	NONE	PC	RELIGIOUS ORGANIZATION	450

32,858

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHABAD770 EASTERN PARKWAY NONE PC RELIGIOUS ORGANIZATION 470 SUITE 405

BROOKLYN, NY 11213				
THE BEACH MINYAN112 JESSUP LANE WESTHAMPTON BEACH, NY 11978	NONE	PC	RELIGIOUS ORGANIZATION	3,600
CHABAD LUBAVITCH OF HAWAII 410 ATKINSON DRIVE	NONE	PC	RELIGIOUS ORGANIZATION	500

32,858

■ 3a

HONOLULU, HI 96814

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
DOROT INC171 WEST 85TH STREET NEW YORK, NY 10024	NONE	PC	RELIGIOUS ORGANIZATION	180

ı	•				
1	BNEI AKIVA OF NEW YORK INC 520 8TH AVE	NONE	PC	RELIGIOUS ORGANIZATION	125
	FL 15				
ı	NEW YORK, NY 10018				

520 8TH AVE FL 15 NEW YORK, NY 10018				
ANTI DEFAMATION LEAGUE 605 THIRD AVE	NONE	PC	NON PROFIT ORGANIZATION FIGHTING ANTI SEMEISM	113

NEW YORK, NY 10018				
ANTI DEFAMATION LEAGUE 605 THIRD AVE NEW YORK, NY 10158	NONE	PC	NON PROFIT ORGANIZATION FIGHTING ANTI SEMEISM	113

11211 101117,111 10010				<u> </u>
ANTI DEFAMATION LEAGUE 605 THIRD AVE NEW YORK, NY 10158	NONE	PC	NON PROFIT ORGANIZATION FIGHTING ANTI SEMEISM	113
Total				32.858

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHAI LIFELINE INC151 W 30TH ST NONE PC HEALTH SUPPORT SYSTEM 100 THIRD FL NEW YORK NY 10001

11EW TORK, 111 10001				
UNIVERSITY OF PITTSBURG SCHOOL OF MEDICINE 3550 TERRACE ST PITTSBURGH, PA 15213	NONE	PC	EDUCATIONAL INSTITUTION	100
PAN MASSACHUSETTS CHALLENGE 77 FOURTH AVE	NONE	PC	NON PROFIT ORGANIZATION	102

32,858

NEEDHAM, MA 02494

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN FRIENDS OF BEIT ISSIE NONE PC NON PROFIT ORGANIZATION 250 SHAPIRO INC 25 WEST 45TH STREET **SUITE 1405** 

NEW YORK, NY 10036				
RABBI ISAAC EICHANAN THEOLOGICAL 2540 AMSTERDAM AVE NEW YORK, NY 10033	NONE	PC	RELIGIOUS ORGANIZATION	100
NATIONAL JEWISH OUTREACH PROGRAM INC 1345 AVENUE OF THE AMERICAS 2ND FLOOR	NONE	PC	NON PROFIT ORGANIZATION	1,200

▶ 3a

32,858

NEW YORK, NY 10105

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NAMI NATIONAL ALLIANCE ON MENTAL NONE PC NON PROFIT ORGNIZATION 100 ILLNESS

SUITE 300 ARLINGTON, VA 22203				
KOL HANEARIM INC1441 BROADWAY 3RD FL NEW YORK, NY 10018	NONE	PC	NON PROFIT ORGANIZATION	107
		1		

KOL HANEARIM INC1441 BROADWAY 3RD FL NEW YORK, NY 10018	NONE	PC	NON PROFIT ORGANIZATION	107
HACKENSACK UNIVERSITY MEDICAL CENTER 30 PROSPECT AVENUE HACKENSACK, NJ 07601	NONE	PC	NON PROFIT ORGANIZATION	118
Total			▶ 3a	32,858

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
CHEVAN KADISHA OE ENGLEWOOD	NONE	DC.	DELICIOUS OPCANIZATION	100

CHEVRA KADISHA OF ENGLEWOOD	NONE	PC	RELIGIOUS ORGANIZATION	
300 ROBIN ROAD				
ENGLEWOOD, NJ 07631				

Name and address (home or husiness)

Total			▶ 3a	32,858
300 ROBIN ROAD ENGLEWOOD, NJ 07631				
CHEVRA KADISHA OF ENGLEWOOD	INONE	PC	RELIGIOUS ORGANIZATION	100

efile GRAPHIC print - DC	NOT PROCESS As Filed Data	-		DLN: 93491297007090		
Schedule B	Sched	Schedule of Contributors				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Attach to Form 990, 990-EZ, or 990-PF.  www.irs.gov/Form990 for the latest information.		2019		
Name of the organization DAVID AND ADRIENNE GRI	EENBLATT FOUNDATION		Employer	identification number		
Organization type (chec	k one):		22-665313	7		
Filers of:	Section:					
Form 990 or 990-EZ	□ <b></b>					
1 01111 000 01 000 22	☐ 501(c)( ) (enter number	) organization				
	☐ 4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	☐ 527 political organization					
Form 990-PF	<b>✓</b> 501(c)(3) exempt private	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor.					
Special Rules						
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that cl one contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13	, 16a, or 16b, and that		
during the year, to	on described in section 501(c)(7), (a stal contributions of more than \$1,0 se prevention of cruelty to children	000 <i>exclusively</i> for religious, cha	aritable, scientific, literary,			
during the year, could be during the year.	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution in the parts unless the le, etc., contributions totaling \$5,000.	s, charitable, etc., purposes, bu ns that were received during th <b>General Rule</b> applies to this or	t no such contributions to e year for an <i>exclusively</i> r ganization because it rece	taled more than \$1,000. religious, charitable, etc., eived <i>nonexclusively</i>		
990-EZ, or 990-PF), but it	that isn't covered by the General R must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't r	2, of its Form 990; or check th	e box on line H of its Form			
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2019)		

for Form 990, 990-EZ, or 990-PF.

Name of organizat DAVID AND ADRIE	ion NNE GREENBLATT FOUNDATION	Employer identification 22-6653137	number
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID ADRIENNE GREENBLATT 130 BEECH ST  ENGLEWOOD, NJ 07631	\$ 25,000	<ul><li>✓ Person</li><li>☐ Payroll</li><li>☐ Noncash</li></ul>
(a)	(b)	(c)	(Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page <b>4</b>		
	rganization D ADRIENNE GREENBLATT FOUNDATION		Employer identification number 22-6653137		
Part III	than \$1,000 for the year from any one contributor	r. Complete columns (a) th of exclusively religious, cha ctions.) ► \$	bed in section 501(c)(7), (8), or (10) that total more		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationsh			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
	Transferee's name, address, and ZIP 4	R	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	_   (c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	elationship of transferor to transferee		
			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)		