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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052

2019

Open to Public Inspection

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

Name of foundation  
SCHOENHUT FAMILY FOUNDATION INC

Number and street (or P.O. box number if mail is not delivered to street address)  
47 FERRY ROAD

City or town, state or province, country, and ZIP or foreign postal code  
SAG HARBOR, NY 11963

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 1,083,607

J Accounting method:

☒ Cash

☐ Accrual

☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

A Employer identification number  
27-3971234

B Telephone number (see instructions)  
(718) 986-2981

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here..... ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)			
	2 Check ▶ <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .			
	3 Interest on savings and temporary cash investments . . . . .	51	51	51
	4 Dividends and interest from securities . . . . .	22,518	22,518	22,518
	5a Gross rents . . . . .			
	b Net rental income or (loss) _____			
	6a Net gain or (loss) from sale of assets not on line 10	18,805		
	b Gross sales price for all assets on line 6a _____ 53,607			
	7 Capital gain net income (from Part IV, line 2) . . . . .		18,805	
	8 Net short-term capital gain . . . . .			18,805
	9 Income modifications . . . . .			
	10a Gross sales less returns and allowances _____			
b Less: Cost of goods sold . . . . .				
c Gross profit or (loss) (attach schedule) . . . . .				
11 Other income (attach schedule) . . . . .				
12 Total. Add lines 1 through 11 . . . . .	41,374	41,374	41,374	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.			
	14 Other employee salaries and wages . . . . .			
	15 Pension plans, employee benefits . . . . .			
	16a Legal fees (attach schedule) . . . . .			
	b Accounting fees (attach schedule) . . . . .	2,100		2,100
	c Other professional fees (attach schedule) . . . . .			
	17 Interest . . . . .			
	18 Taxes (attach schedule) (see instructions) . . . . .	1,222	272	1,222
	19 Depreciation (attach schedule) and depletion . . . . .			
	20 Occupancy . . . . .			
	21 Travel, conferences, and meetings . . . . .			
	22 Printing and publications . . . . .			
	23 Other expenses (attach schedule) . . . . .	7,783	7,302	7,783
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	11,105	7,574	11,105
	25 Contributions, gifts, grants paid . . . . .	54,575		54,575
26 Total expenses and disbursements. Add lines 24 and 25	65,680	7,574	11,105	
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-24,306			
b Net investment income (if negative, enter -0-)		33,800		
c Adjusted net income (if negative, enter -0-)			30,269	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2019)

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	383		
	<b>2</b> Savings and temporary cash investments . . . . .	51,728	21,997	21,997
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	771,841	777,649	1,061,610
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	823,952	799,646	1,083,607	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	823,952		
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	823,952	799,646	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	823,952	799,646		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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) . . . . .	<b>1</b>	823,952
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-24,306
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	799,646
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . . . . .	<b>6</b>	799,646

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a</b> PUBLICALLY TRADED SECURITIES	P		
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 53,607		34,802	18,805
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			18,805
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">           { If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7 }         </div>	<b>2</b>	18,805
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	<b>3</b>	18,805

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes
 ☐ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018			
2017			
2016			
2015			
2014			

  

<b>2</b> Total of line 1, column (d)	<b>2</b>	
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	
<b>5</b> Multiply line 4 by line 3	<b>5</b>	
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	
<b>7</b> Add lines 5 and 6	<b>7</b>	
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	676
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	676
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	676
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	1,087
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	1,050
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	2,137
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	1,461
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> ▶ 1,461 <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

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

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>▶</b> THE ORGANIZATION Telephone no. <b>▶</b> (718) 986-2981			

Located at **▶** 47 FERRY ROAD SAG HARBOR NY ZIP+4 **▶** 119631331

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>▶</b> <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <b>15</b>			
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

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

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

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			
	<i>If "Yes" to 6b, file Form 8870.</i>			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . .				

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . . ▶		

**Part IX-A Summary of Direct Charitable Activities**

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

1	Expenses

**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 . . . . . ▶	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	1,037,865
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	28,507
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	1,066,372
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	1,066,372
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	15,996
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,050,376
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	52,519

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	52,519
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	676
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	676
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	51,843
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	51,843
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	51,843

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	54,575
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	54,575
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	54,575

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				51,843
<b>2</b> Undistributed income, if any, as of the end of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			51,886	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 54,575				
<b>a</b> Applied to 2018, but not more than line 2a			51,886	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				2,689
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .				
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				49,154
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

## Part XIV

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . .

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(i)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

**b** 85% of line 2a . . . . .

**c** Qualifying distributions from Part XII, line 4 for each year listed . . . . .

**d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

**e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .

## Part XV

**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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

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

**c** Any submission deadlines:

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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	54,575
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated.

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

[illegible]



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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
FRED W SCHOENHUT 311 SYLVANIA AVE AVON BY THE SEA, NJ 077171243	Pres & TREAS 5.00	0		
LAURIE E SCHOENHUT 311 SYLVANIA AVE AVON BY THE SEA, NJ 07717				
SARAH H SCHOENHUT 80 WEST END AVE 709 NEW YORK, NY 10075	Director 1.00	0		
FRED W SCHOENHUT V 119 SPRING RIDGE DRIVE BERKLEY HEIGHTS, NJ 07922				
ZACHARY J SCHOENHUT 311 SYLVANIA AVE AVON BY THE SEAS, NJ 07117	Director 1.00	0		
CHRISTOPHER J SCHOENHUT 227 CHRISTOPHER COLUMBUS DRIVE JERSEY CITY, NJ 07302		0		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DEBRA OF AMERICA 75 BROAD ST SUITE 300 NEW YORK, NY 10004	NONE	PC	PROGRAM SERVICES TO INDIVIDUALS AFFECTED BY DISEASE	2,000
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 11501	NONE	PC	DONATION TO SCHOOL TORCH FUND	500
FRIENDS ACADEMY- DEVELOPMENT 270 DUCK POND RD LOCUST VALLEY, NY 11560	NONE	PC	SUPPORT STUDENTS AND FACULTY NEEDS	250
<b>Total . . . . . ▶ 3a</b>				54,575

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HERMANSKY-PUDLAK SYNDROME NETWORK ONE SOUTH ROAD OYSTER BAY, NY 11771	NONE	PC	SUPPORT TO INDIVIDUALS AFFECTED BY DISEASE	2,500
AMERICAN FRIENDS OF FUNDACION CARDI 9918 MEADOWLARK RD VIENNA, VA 22182	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	250
HOLY CHILD ACADEMY 25 Store Hill Road Old Westbury, NY 11568	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				54,575



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
EMERGENCY CHILDREN'S HELP ORGANIZAT 3041 VETERANS ROAD WEST SUITE 2 STATEN ISLAND, NY 10309	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	500
THE BARUCH COLLEGE FUND ONE BERNARD BARUCH WAY BOX A-1603 NEW YORK, NY 10010	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	1,000
RENSSELAER FALLS CEMETERY ASSOCIATI PO BOX 75 RENSSELAER FALLS, NY 13680	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	500
Total . . . . . ▶ 3a				54,575

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIV OF NOTRE DAME-124 CORBY HALL NOTRE DAME, IN 46556	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	500
ST ANDREW CHURCH 122 DIVISION STREET SAG HARBOR, NY 11963	NONE	PC	RELIGIOUS EDUCATION	2,000
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST ROOM 433 PHILADELPHIA, PA 19104	NONE	PC	PENN VETERINARY FUND DONATION	1,500
<b>Total . . . . . ▶ 3a</b>				54,575

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COLUMBIA UNIVERSITYPO BOX 1383 NEW YORK, NY 10277	NONE	PC	DONATION TO POST BACCALAUREATE VETERINARY PROGRAM	250
THE TREVOR PROJECTPO BOX 69232 WEST HOLLYWOOD, CA 90069	NONE	PC	DONATION TO HELP PREVENT YOUTH SUICIDE	500
GAY MEN'S HEALTH CRISIS INC 446 WEST 33 STREET NEW YORK, NY 10001	NONE	PC	DONATE TO THE ORGANIZATION'S FIGHT AGAINST HIV/AIDS	500
<b>Total . . . . . ▶ 3a</b>				54,575

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TUFTS UNIVERSITY 80 GEORGE STREET SUITE 300-3 MEDFORD, MA 02155	NONE	PC	EDUCATIONAL DONATION	250
TRUSTEES OF TUFTS COLLEGE 161 COLLEGE AVE MEDFORD, MA 02155	NONE	PC	FOR BENEFIT OF MEN'S LACROSSE PROGRAM	1,000
CLARKSON UNIVERSITY GIFT PLANNING OFFICER BOX 5522 POTSDAM, NY 13699	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	5,000
<b>Total . . . . .</b> ► <b>3a</b>				54,575

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE HAYGROUND SCHOOL 151M MITCHELLS LANE PO BOX 1827 BRIDGEHAMPTON, NY 11932	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	500
CHILDRENS HOSPITAL OF PHILLYATION 34TH ST CIVIC CENTER BOULEVARD PHILADELPHIA, PA 19104	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
JILLIAN E DALY FOUNDATION 111 HAMILTON ROAD ROCKVILLE CENTRE, NY 11570	NONE	PC	Research of autoimmune and blood disorder diseases.	500
<b>Total . . . . . ▶ 3a</b>				54,575

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PETRIDES CHAPTER OF HABITAT FOR HUM 715 OCEAN TERRACE STATEN ISLAND, NY 10301	NONE	PC	REBUILD STATEN ISLAND FROM EFFECTS OF HURRICANE SANDY	500
SAG HARBOR VOLUNTEER AMBULANCE CORP PO BOX 2725 SAG HARBOR, NY 11963	NONE	PC	TO HELP FUND VOLUNTEER AMBULANCE OPERATIONS	100
FRIENDS OF PENN VET FUND PO BOX 70259 PHILADELPHIA, PA 19176	NONE	PC	unrestricted gift revenue for the School of Veterinary Medicine.	2,000
<b>Total . . . . . ▶ 3a</b>				54,575

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY LAX65 W 89TH STREET NEW YORK, NY 10024	NONE	PC	HELP GROW THE GAME OF LACROSSE IN NEW YORK CITY SCHOOLS	100
METROPOLITAN JEWISH HEALTH SYSTEM 6323 SEVENTH AVE THIRD FLOOR BROOKLYN, NY 11220	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	250
STONY BROOK FOUNDATION 230 ADMINISTRATION STONEY BROOK, NY 11794	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
<b>Total . . . . . ▶ 3a</b>				54,575

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW YORK UNIVERSITYPO BOX 2251 NEW YORK, NY 10116	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	250
AVON FIRST AID SAFTEY SQUAD PO BOX 3 AVON BY THE SEA, NJ 07717	NONE	PC	TO HELP FUND THE FIRST AID OPERATIONS	200
LEAD THE WAY FUND INCPO BOX 281 HINGHAM, MA 02043	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
<b>Total . . . . . ▶ 3a</b>				54,575



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AVON BY THE SEA HISTORICAL SOCIETY 227 WOODWARD AVR AVON BY THE SEA, NJ 07717	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
AVON BY THE SEA volunteer FIRE DEPT po box 202 AVON BY THE SEA, NJ 07717	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	200
GARDENS OF AVON BY THE SEAS po box 365 AVON BY THE SEA, NJ 07717	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	200
<b>Total . . . . . ▶ 3a</b>				54,575

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 122 east 42nd street new york, NY 10168	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	50
ST FRANCIS HOSPITAL FOUNDATION 100 PORT WASHINGTON BLVD ROSLYN, NY 11576	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	2,500
HOSPICE OF ST LAWRENCE VALLEY 6805 US HIGHWAY 11 POTSDAM, NY 13676	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				54,575

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION LI CHAPTER 3821 VETERANS MEMORIAL HWY RONKONKOMA, NY 11779	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	250
ST ANTHONYS CHURCH GUILD 144 WEST 32ND STREET NEW YORK, NY 10001	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	250
THE HOMEWORK HOUSE 54 NORTH SUMMER STREET HOLYOKE, MA 01040	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
<b>Total . . . . .</b> ► <b>3a</b>				54,575

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST BALDRICKS FOUNDATION 1333 SOUTH MAYFLOWER AVE SUITE400 MONROVIA, CA 91016	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
ONE TO WORLD 307 SEVENTH AVE SUITE 2003 NEW YORK, NY 10001	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	1,000
BROWN UNIVERSITY BROWN UNIVERSITY PROVIDENCE, RI 02912	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	1,000
<b>Total . . . . . ▶ 3a</b>				54,575

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SCO FAMILY OF SERVICES 272 MACDONOUGH STREET BROOKLYN, NY 11233	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
SAG HARBOR FIRE DEPTMAIN ST SAG HARBOR, NY 11963	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
ST ELIZABETH OF HUNGARY CHURCH 211 E 83RD ST NEW YORK, NY 10028	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	5,500
<b>Total . . . . . ▶ 3a</b>				54,575

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TEAM IMPACT500 VICTORY RD QUINCY, MA 02171	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
APROPOS HOUSING OPPS MGMT ENTERPRIS 141 THOMPKINS AVE 3RD FLOOR PLEASANTVILLE, NY 10570	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
ST JOHN'S EPISCOPAL CHURCH 55 MONTCLAIR AVE MONTCLAIR, NJ 07042	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	200
<b>Total . . . . . ▶ 3a</b>				54,575

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE VISCARDI CENTER 201 I U WILLETS RD ALBERTSON, NY 11507	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
MIKE DALY MENS LACROSSE FUND BROWN UNIV SPORTS FOUNDATION PROVIDENCE, RI 02912	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	5,000
PLAY LIKE A CHAMPION TODAY PO BOX 72 NOTRE DAME, IN 46556	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	5,000
<b>Total . . . . .</b> ► <b>3a</b>				54,575

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ANNUAL CATHOLIC APPEAL Diocese of Trenton PO Box, NJ 07101	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	2,000
CATHOLIC CHARITIES USA 2050 BALLENGER AVE ALEXANDIA, VA 22314	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	500
CHURCH OF OUR LADY OF MOUNT CARMEL 627 EAST 187TH STREET BRONX, NY 10458	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
<b>Total . . . . . ▶ 3a</b>				54,575



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FULFILL FOOD BANK OF MONMOUTH CTY 3300ROUTE 66 NEPTUNE, NJ 07753	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	250
SAG HARBOR VFW POST 9082 PO BOX 748 SAG HARBOR, NY 11963	NONE	NC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
THE CENTER OF ASBURY PARK 806 THIRD AVE ASBURY PARK, NJ 07712	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
<b>Total . . . . . ▶ 3a</b>				54,575

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON RD SUITE 221 PARSIPPANY, NJ 07054	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	100
BROOKDALE COMM COLLEGE FOUNDATION I 75 NEWMAN SORING RD LINCROFT, NJ 07738	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	200
CATHOLIC MEMORIAL SCHOOL FOUNDATION 235 BAKER ST WEST ROXBURY, MA 02132	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	1,000
<b>Total . . . . . ▶ 3a</b>				54,575

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CHURCH OF THE LITTLE FLOWER 290 PLAINFIELD AVE BERKELEY HEIGHT, NJ 07922	NONE	PC	ASSIST THE CHURCH IN ITS CHARITABLE PURPOSES	2,000
THE PINK AGENDA INC 28 WEST 44TH ST NY, NY 10036	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	250
YOUNG AMERICANS FOR LIBERTY AGENDA 500 N CAPITAL OF TEXAS HWY BLDG 5 AUSTIN, TX 78746	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				54,575

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HUMANE CNY306 EAST 59TH STREET NYC, NY 10022	NONE	PC	ASSIST THE ORGANIZATION IN ITS CHARITABLE PURPOSES	1,325
<b>Total</b> . . . . . ► <b>3a</b>				54,575

**TY 2019 Accounting Fees Schedule****Name:** SCHOENHUT FAMILY FOUNDATION INC**EIN:** 27-3971234**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION	2,100	0	2,100	0

**TY 2019 Investments - Other Schedule****Name:** SCHOENHUT FAMILY FOUNDATION INC**EIN:** 27-3971234**Software ID:** 19009920**Software Version:** 2019v5.0**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ISHRS TRST CORE S&P 500	AT COST	187,591	316,775
ISHRS RUSSELL MIDCAP ETF	AT COST	75,385	165,684
ISHRS RUSSELL 2000 ETF	AT COST	21,120	40,920
ISHRS MSCI EMER MKTS ASIA	AT COST	21,191	24,843
ISHRES MSCI CANADA ETF	AT COST	18,397	22,238
ISHRES MSCI MEXICO ETF	AT COST	18,414	20,489
ISHRES MSCI SO. KOREA ETF	AT COST	18,386	19,341
ISHRES MSCI BRAZIL ETF	AT COST	18,119	22,396
ISHRES MSCI CHINA ETF	AT COST	18,100	21,598
ISHRES 7-10 YR TREAS BD ETF	AT COST	120,337	128,847
ISHRES 20+YR TREAS BOND	AT COST	131,264	148,080
ISHRES ST MAR BOND ETF	AT COST	129,345	130,399

**TY 2019 Other Expenses Schedule****Name:** SCHOENHUT FAMILY FOUNDATION INC**EIN:** 27-3971234**Software ID:** 19009920**Software Version:** 2019v5.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMINISTRATIVE EXPENSE	381		381	
INVESTMENT ADVISORY FEES	7,302	7,302	7,302	
NYS ANNUAL REPORT FEE	100		100	

**TY 2019 Taxes Schedule****Name:** SCHOENHUT FAMILY FOUNDATION INC**EIN:** 27-3971234**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCise TAXES	950		950	
FOREIGN TAXES PAID	272	272	272	