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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 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 BURT FAMILY FOUNDATION INC | | A Employer identification number 30-0633793 | |
| Number and street (or P.O. box number if mail is not delivered to street address) 5 SHORE ROAD | | B Telephone number (see instructions) (860) 439-0289 | |
| City or town, state or province, country, and ZIP or foreign postal code WATERFORD, CT 06385 | | C If exemption application is pending, check here | |
| G Check all that apply: <div><input type="checkbox"/> Initial return<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return<input type="checkbox"/> Amended return <input type="checkbox"/> Address change<input type="checkbox"/> Name change</div> | | D 1. Foreign organizations, check here..... 2. Foreign organizations meeting the 85% test, check here and attach computation ... | |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here | |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 1,451,262 | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.) | 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 not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 1,888 | 1,888 | 1,888 | |
| | 4 Dividends and interest from securities | 28,219 | 28,219 | 28,219 | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 55,335 | | | |
| | b Gross sales price for all assets on line 6a 340,055 | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 11,247 | | |
| | 8 Net short-term capital gain | | | | |
| | 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) | 2,109 | | 2,109 | | |
| 12 Total. Add lines 1 through 11 | 87,551 | 41,354 | 32,216 | | |
| 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) | 5,150 | | | |
| | c Other professional fees (attach schedule) | 12,537 | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) | 42 | | | |
| | 19 Depreciation (attach schedule) and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | | | | |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 17,729 | 0 | | 0 |
| | 25 Contributions, gifts, grants paid | 71,500 | | | 71,500 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 89,229 | 0 | | 71,500 | |
| | 27 Subtract line 26 from line 12: | | | | |
| | a Excess of revenue over expenses and disbursements | -1,678 | | | |
| | b Net investment income (if negative, enter -0-) | | 41,354 | | |
| | c Adjusted net income (if negative, enter -0-) | | | 32,216 | |

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| Part II Balance Sheets 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 |
| Assets | 1 Cash—non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 52,418 | 70,192 | 70,192 |
| | 3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments—U.S. and state government obligations (attach schedule) | | | |
| | b Investments—corporate stock (attach schedule) | 1,087,623 | 1,068,171 | 1,355,479 |
| | c Investments—corporate bonds (attach schedule) | | | |
| | 11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____ | | | |
| | 12 Investments—mortgage loans | | | |
| | 13 Investments—other (attach schedule) | 20,000 | 20,000 | 25,591 |
| | 14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____ | | | |
| 15 Other assets (describe ▶ _____) | | | | |
| 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) | 1,160,041 | 1,158,363 | 1,451,262 | |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶ _____) | | | |
| | 23 Total liabilities (add lines 17 through 22) | | 0 | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30. | | | |
| | 24 Net assets without donor restrictions | | | |
| | 25 Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30. | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | 1,160,041 | 1,158,363 | |
| | 29 Total net assets or fund balances (see instructions) | 1,160,041 | 1,158,363 | |
| 30 Total liabilities and net assets/fund balances (see instructions) . | 1,160,041 | 1,158,363 | | |

| Part III Analysis of Changes in Net Assets or Fund Balances | | |
|---|----------|-----------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 1,160,041 |
| 2 Enter amount from Part I, line 27a | 2 | -1,678 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | 1,158,363 |
| 5 Decreases not included in line 2 (itemize) ▶ _____ | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . | 6 | 1,158,363 |

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.) |
|--|---|---|-------------------------------------|
| 1a | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| (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) |
|--------------------------|---|--|---|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| 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 | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | |
|---|----------|--------|
| 2 Capital gain net income or (net capital loss) | 2 | 11,247 |
| 3 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 | 3 | |

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 | 64,001 | 1,404,669 | 0.045563 |
| 2017 | 66,576 | 1,394,116 | 0.047755 |
| 2016 | 66,991 | 1,269,015 | 0.052790 |
| 2015 | 60,843 | 1,334,203 | 0.045603 |
| 2014 | 52,700 | 1,244,355 | 0.042351 |
| 2 Total of line 1, column (d) | | | 0.234062 |
| 3 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 | | | 0.046812 |
| 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 | | | 1,370,296 |
| 5 Multiply line 4 by line 3 | | | 64,146 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 414 |
| 7 Add lines 5 and 6 | | | 64,560 |
| 8 Enter qualifying distributions from Part XII, line 4 | | | 71,500 |

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)

| | | | |
|-----------|---|-----------|-------|
| 1a | 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 | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 414 |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | |
| 3 | Add lines 1 and 2. | 3 | 414 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 414 |
| 6 | Credits/Payments: | | |
| a | 2019 estimated tax payments and 2018 overpayment credited to 2019 | 6a | 1,903 |
| b | Exempt foreign organizations—tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d. | 7 | 1,903 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached. | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ | 10 | 1,489 |
| 11 | Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 1,489 Refunded ▶ | 11 | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----------|-----|
| 1a 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? | 1a | No |
| 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> | 1b | No |
| c Did the foundation file Form 1120-POL for this year? | 1c | No |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____ | | |
| 2 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> | 2 | No |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> | 3 | No |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | No |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i> | 5 | No |
| 6 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? | 6 | No |
| 7 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> | 7 | Yes |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ _____ | | |
| 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> | 8b | Yes |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> | 9 | No |
| 10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> | 10 | No |

Part VII-A Statements Regarding Activities (continued)

| | | | | |
|-----------|---|-----------|------------|-----------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. | 11 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | 12 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u> | 13 | Yes | |
| 14 | The books are in care of ▶ <u>CYNTHIA BURT BEEBE</u> Telephone no. ▶ <u>(860) 439-0289</u> | | | |

Located at ▶ 5 SHORE ROAD WATERFORD CTZIP+4 ▶ 06385

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

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.**

| | | Yes | No |
|-----------|---|------------|-----------|
| 1a | During the year did the foundation (either directly or indirectly): | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <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? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> | 1b | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? <input type="checkbox"/> | 1c | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a | 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 ▶ 20____, 20____, 20____, 20____ | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) <input type="checkbox"/> | 2b | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____ | | |
| 3a | 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 | 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.) <input type="checkbox"/> | 3b | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | No |
| 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? | 4b | No |

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

| | | Yes | No |
|-----------|--|---|--------------|
| 5a | During the year did the foundation pay or incur any amount to: | | |
| (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 | If any answer is "Yes" to 5a(1)–(5), did any 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 | | 5b |
| c | 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? If "Yes," attach the statement required by Regulations section 53.4945–5(d). | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6a | 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 | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. | | 6b No |
| 7a | 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 | If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? | | 7b |
| 8 | 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

| 1 List all officers, directors, trustees, foundation managers and their compensation. See instructions | | | | |
|---|---|---|---|---------------------------------------|
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| CYNTHIA BURT BEEBE 5 SHORE ROAD WATERFORD, CT 06385 | PRESIDENT TR 1.00 | 0 | 0 | 0 |
| GILLIAN VON NIEDA BEEBE 5 SHORE ROAD WATERFORD, CT 06385 | VICE PRESIDE 1.00 | 0 | 0 | 0 |
| HEATHER RHOADES 75 ISHAM ROAD WEST HARTFORD, CT 06107 | SECRETARY 1.00 | 0 | 0 | 0 |
| 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." | | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total 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.

| | Expenses |
|----------|----------|
| 1 | |
| | |
| | |
| 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 N/A | |
| 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.)

| | | | |
|----------|--|-----------|-----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities. | 1a | 1,319,767 |
| b | Average of monthly cash balances. | 1b | 46,080 |
| c | Fair market value of all other assets (see instructions). | 1c | 25,316 |
| d | Total (add lines 1a, b, and c). | 1d | 1,391,163 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets. | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | 1,391,163 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 20,867 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,370,296 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 68,515 |

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.)

| | | | |
|-----------|--|-----------|--------|
| 1 | Minimum investment return from Part X, line 6. | 1 | 68,515 |
| 2a | Tax on investment income for 2019 from Part VI, line 5. | 2a | 414 |
| b | Income tax for 2019. (This does not include the tax from Part VI.). | 2b | |
| c | Add lines 2a and 2b. | 2c | 414 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | 68,101 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | |
| 5 | Add lines 3 and 4. | 5 | 68,101 |
| 6 | Deduction from distributable amount (see instructions). | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 68,101 |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|--|-----------|--------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. | 1a | 71,500 |
| b | Program-related investments—total from Part IX-B. | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required). | 3a | |
| b | Cash distribution test (attach the required schedule). | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 71,500 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. | 5 | 414 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 71,086 |

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 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2019 from Part XI, line 7 | | | | 68,101 |
| 2 Undistributed income, if any, as of the end of 2019: | | | | |
| a Enter amount for 2018 only. | | | 69,611 | |
| b Total for prior years: 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | | |
| a From 2014. | | | | |
| b From 2015. | | | | |
| c From 2016. | | | | |
| d From 2017. | | | | |
| e From 2018. | | | | |
| f Total of lines 3a through e. | | | | |
| 4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>71,500</u> | | | | |
| a Applied to 2018, but not more than line 2a | | | 69,611 | |
| b Applied to undistributed income of prior years (Election required—see instructions). | | | | |
| c Treated as distributions out of corpus (Election required—see instructions). | | | | |
| d Applied to 2019 distributable amount. | | | | 1,889 |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b. | | | | |
| 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. | | | | 66,212 |
| 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 applied on line 5 or line 7 (see instructions). | | | | |
| 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a. | | | | |
| 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. | | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

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(j)(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

| | Tax year | Prior 3 years | | | (e) Total |
|--|----------|---------------|----------|----------|-----------|
| | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | |
| 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 | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test—enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. | | | | | |
| c "Support" alternative test—enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

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 | 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 <i>Paid during the year</i> See Additional Data Table | | | | |
| Total | | | 3a | 71,500 |
| b <i>Approved for future payment</i> | | | | |
| Total | | | 3b | |

Enter gross amounts unless otherwise indicated.

| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (e) (See instructions.) |
|---|----------------------|---------------|-----------------------|---------------|----------------------------|
| 1 Program service revenue: | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f _____ | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments. . . . | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | 1,888 |
| 4 Dividends and interest from securities. . . . | | | | | 28,219 |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property. | | | | | |
| b Not debt-financed property. | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income. | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | 55,335 |
| 9 Net income or (loss) from special events: | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a MISCELLANEOUS _____ | | | | | 2,109 |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e). . | | | | | 87,551 |
| 13 Total. Add line 12, columns (b), (d), and (e). | | | | | 87,551 |

[illegible]

Part XVII

| | Yes | No |
|--|-----|----|
|--|-----|----|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | |
|--------------|-----------|
| 1a(1) | No |
|--------------|-----------|

| | |
|-------|----|
| 1a(2) | No |
|-------|----|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | |
|--------------|-----------|
| 1b(1) | No |
|--------------|-----------|

| | | |
|--------------|--|-----------|
| 1b(2) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(3) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(4) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(5) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(6) | | No |
|--------------|--|-----------|

| | | |
|----|--|----|
| 1c | | No |
|----|--|----|

value
ue


[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

| | | | | |
|---|--|---------------|----------------|---|
| Sign Here  | ***** | 2020-01-24 | ***** | <div style="border: 1px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> |
| | _____ Signature of officer or trustee | _____ Date | _____ Title | |

| | | | | | |
|-------------------------------|--|--|------------|--|--------------------------|
| Paid Preparer Use Only | JAMES M MAHONEY CPA | | 2020-01-24 | | |
| | Firm's name ► MAHONEY SABOL & COMPANY LLP | | | | Firm's EIN ► 06-1289571 |
| | Firm's address ► 180 GLASTONBURY BLVD STE 400 GLASTONBURY, CT 060334439 | | | | Phone no. (860) 541-2000 |

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

| 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 <i>Paid during the year</i> | | | | |
| A PLACE CALLED HOPE 154 POND MEADOW ROAD KILLINGWORTH, CT 06419 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,500 |
| AFRICAN WILDLIFE FOUNDATION PO BOX 6082 ALBERT LEA, MN 56607 | NONE | 501(C)(3) | GENERAL PURPOSES | 750 |
| ANIMAL LEGAL DEFENSE FUND 170 EAST COTATI AVE COTATI, CA 94931 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,000 |
| Total ▶ 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| ANIMAL WELFARE LEAGUE 10305 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415 | NONE | 501(C)(3) | GENERAL PURPOSES | 750 |
| ANOTHER CHANCE FOR ENGLISH SETTERS 51 LOUDON ROAD SACO, ME 04072 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| BAT CONSERVATION INTERNATIONAL 4600 N FAIRFAX DRIVE 7TH FLOOR ARLINGTON, VA 22203 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,000 |
| Total ▶ 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| BIG CAT RESCUE12802 EASY ST TAMPA, FL 33625 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| BELINDA SHOCKLEY TREASURER PO BOX 32 DELMAR, DE 19940 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| BORN FREE USAPO BOX 32160 WASHINGTON, DC 20007 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,000 |
| Total ▶ 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| CAVALIER KING CHARLES SPANIEL RESCU 1345 EAGLE RUN DRIVE SANIBEL, FL 33957 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| CENTER FOR GREAT APESPO BOX 488 WAUCHULA, FL 33873 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| SHAWNA ENGLISH 10386 NORTH 65TH STREET LONGMONT, CO 80503 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,000 |
| Total ▶ 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| COMPANION ANIMAL ALLIANCE 2680 PROGRESS ROAD BATON ROUGE, LA 70807 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| CT ANIMAL HOUSEPO BOX 343 WATERFORD, CT 06385 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| DR STACEY GOLUBPO BOX 273 EAST HAMPTON, CT 06424 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| Total ▶ 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| KATHY SCHWARTZ HOWEPO BOX 309 LISBON, MD 21765 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,000 |
| DEFENDERS OF WILDLIFE 1130 17TH ST NW PO BOX 1553 MERRIFIELD, VA 22116 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,500 |
| DREAMCATCHER WILD HORSE & BURRO SAN PO BOX 8417 PUEBLO, CO 81008 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| Total ▶ 3a | | | | 71,500 |

| 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 | | | | |
| DREAMCHASER HORSE RESCUE CENTER & R 6350 KINCHELOE DR FALCON, MO 65490 | NONE | 501(C)(3) | GENERAL PURPOSES | 750 |
| ENVIRONMENTAL DEFENSE FUND 257 PARK AVE S NEW YORK, NY 10010 | NONE | 501(3)(C) | GENERAL PURPOSES | 500 |
| EXOTIC FELINE RESCUE CENTER 2221 E ASHBORO ROAD CENTER POINT, IN 47840 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| Total ▶ 3a | | | | 71,500 |

| 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 | | | | |
| FOUR PAWS INTERNATIONAL 6 BEACON STREET STE 1110 BOSTON, MA 02108 | NONE | 501(C)(3) | GENERAL PURPOSES | 750 |
| FRIENDS OF THE ANIMALS BATON ROUGE PO BOX 14871 BATON ROUGE, LA 70898 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,500 |
| FUR FREE SOCIETYPO BOX 6871 TOWSON, MD 21285 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| Total ▶ 3a | | | | 71,500 |

| 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 | | | | |
| GENTLE GIANT DRAFT HORSE RESCUE PO BOX 5058 HAGERSTOWN, MD 21741 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| GUARDIANS OF RESCUE 34 EAST MAIN ST STE 303 SMITHTOWN, NY 11787 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,500 |
| HORSE RESCUE UNITED INC PO BOX 308 NEWPORT, NJ 08345 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,500 |
| Total ▶ 3a | | | | 71,500 |

| 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 | | | | |
| HUDSON RIVER SLOOP CLEARWATER 724 WOLCOTT AVE BEACON, NY 12508 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| INTERNATIONAL EXOTIC ANIMAL SANCTUR PO BOX 637 BOYD, TX 76023 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| LITTLE LONGEARS MINIATURE DONKEY RESCUE1558 BOLLINGER RD WESTMINSTER, MD 21157 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| Total ▶ 3a | | | | 71,500 |

| 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 | | | | |
| LOUISIANA HORSE RESCUE ASSOCIATION 8900 MELROSE LANE RIVER RIDGE, LA 70123 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,500 |
| NOAH'S LOST ARK SANCTUARY ATTN ELLEN KARNOFELPO BOX 1419 MERRIFIELD, VA 22116 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| NORTHEAST ANIMAL SHELTER 347 HIGHLAND AVE SALEM, MA 01970 | NONE | 301(C)(3) | GENERAL PURPOSES | 500 |
| Total ▶ 3a | | | | 71,500 |

| 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 | | | | |
| NOWZAD DOGS NFP2770 MAIN STREET STE 161 FRISCO, TX 75033 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| OCEAN CONSERVANCY1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036 | NONE | 501(C)(3) | GENERAL PURPOSES | 750 |
| OCEANA CHARITABLE GRANT 1350 CONNECTICUT AVE NW 5TH FLOOR WASHINGTON, DC 20036 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,000 |
| Total ▶ 3a | | | | 71,500 |

| 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 | | | | |
| OUR HEN HOUSEPO BOX 310 GERMANTOWN, NY 12526 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| PEACEFUL VALLEY DONKEY RESCUE PO BOX 5741 SAN ANGELO, TX 76902 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| PERFORMING ANIMAL WELFARE SOCIETY PO BOX 849 GALT, CA 95632 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| Total ► 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE 5100 WISCONSIN AVE NW SET 400 WASHINGTON, DC 20016 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,500 |
| POLLINATOR PARTNERSHIP 423 WASHINGTON STREET 5TH FLOOR SAN FRANCISCO, CA 94111 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| PRIDEROCK WILDLIFE REFUGE PO BOX 1594 TERRELL, TX 75160 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| Total ▶ 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| RAINFOREST ALLIANCE233 BROADWAY 28TH FLOOR NEW YORK, NY 10279 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| RAY OF LIGHT FARM232 TOWN STREET EAST HADDAM, CT 06423 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| SAVING AMERICA'S MUSTANGS 2683 VIA DE LA VALLEG313 DEL MAR, CA 92014 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,250 |
| Total ▶ 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| SEA SHEPARD CONSERVATION SOCIETY PO BOX 96059 WASHINGTON, DC 200906059 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,000 |
| SHUG SIGHTHOUND UNDERGROUND PO BOX 339 MCLEAN, VA 22101 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| SVM WILDLIFE HOSPITAL OF LOUISIANA LSU FOUNDATION 3796B NICHOLSON DR BATON ROUGE, LA 70802 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,500 |
| Total ▶ 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| THE DAVID SHELDRIK WILDLIFE TRUST 25283 CABOT RD STE 101 LAGUNA HILLS, CA 92653 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,500 |
| THE ELEPHANT SANCTUARY IN TN PO BOX 393 HOHENWALD, TN 38462 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| TIGER HAVEN237 HARVEY RD KINGSTON, TN 37763 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| Total ▶ 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| WILD MW1010 PROJECT717 POPLAR AVE BOULDER, CO 80304 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,000 |
| WILD BIRD FUND565 COLUMBUS AVE NEW YORK, NY 10024 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,500 |
| WILDLIFE IN CRISISPO BOX 1246 WESTON, CT 06883 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,000 |
| Total ▶ 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| WILDLIFE REHABILITATORS ASSOCIATION 2865 TOWER HILL ROAD SAUNDERSTOWN, RI 02874 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,000 |
| WOLF CONSERVATION CENTER PO BOX 421 SOUTH SALEM, NY 10590 | NONE | 501(C)(3) | GENERAL PURPOSES | 1,500 |
| WOODSTOCK FARM ANIMAL SANCTUARY 2 RESCUE ROAD HIGH FALLS, NY 12440 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,000 |
| Total ▶ 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| MOUNTAIN HUMANE 101 CROY CREEK ROAD PO BOX 1496 HAILEY, ID 833331496 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| ST MARTIN'S ANIMAL FOUNDATION ATTN SKY VALENCIA 8860 CORBIN AVE 245 NORTHRIDGE, CA 91423 | NONE | 501(C)(3) | GENERAL PURPOSES | 2,000 |
| BLOCK ISLAND FERAL CATS INITIATIVE PO BOX 1324 BLOCK ISLAND, RI 02807 | NONE | | GENERAL PURPOSES | 500 |
| Total ▶ 3a | | | | 71,500 |

| 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 | | | | |
| IRONWOOD PIG SANCTUARY PO BOX 35490 TUCSON, AZ 85740 | NONE | | GENERAL PURPOSES | 500 |
| LITTLE BROOK FARM 548 COUNTY ROUTE 13 OLD CHATHAM, NY 12997 | NONE | | GENERAL PURPOSES | 500 |
| ADIRONDACK WILDLIFE REFUGE 977 SPRINGFIELD ROAD WILMINGTON, NY 12997 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| Total ▶ 3a | | | | 71,500 |

| 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 <i>Paid during the year</i> | | | | |
| THE GENTLE BARN15825 SIERRA HWY SANTA CLARITA, CA 91390 | NONE | 501(C)(3) | GENERAL PURPOSES | 500 |
| Total ▶ 3a | | | | 71,500 |

TY 2019 Accounting Fees Schedule**Name:** BURT FAMILY FOUNDATION INC**EIN:** 30-0633793

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|--------|--------------------------|------------------------|---|
| ACCOUNTING FEES | 5,150 | | | |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Gain/Loss from Sale of Other Assets Schedule

Name: BURT FAMILY FOUNDATION INC

EIN: 30-0633793

Gain Loss Sale Other Assets Schedule

| Name | Date Acquired | How Acquired | Date Sold | Purchaser Name | Gross Sales Price | Basis | Basis Method | Sales Expenses | Total (net) | Accumulated Depreciation |
|---------|---------------|--------------|-----------|----------------|-------------------|---------|--------------|----------------|-------------|--------------------------|
| VARIOUS | | PURCHASE | | | 328,808 | 284,720 | | | 44,088 | |

TY 2019 Investments Corporate Stock Schedule

Name: BURT FAMILY FOUNDATION INC

EIN: 30-0633793

Investments Corporation Stock Schedule

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|---------------|------------------------|-------------------------------|
| EQUITIES | 733,735 | 1,020,434 |
| FIXED INCOME | 334,436 | 335,045 |

TY 2019 Investments - Other Schedule

Name: BURT FAMILY FOUNDATION INC

EIN: 30-0633793

Investments Other Schedule 2

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|-------------------------|-----------------------|------------|-------------------------------|
| ALTERNATIVE INVESTMENTS | AT COST | 20,000 | 25,591 |

TY 2019 Other Income Schedule

Name: BURT FAMILY FOUNDATION INC

EIN: 30-0633793

Other Income Schedule

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|---------------|-----------------------------------|--------------------------|---------------------|
| MISCELLANEOUS | 2,109 | | 2,109 |

TY 2019 Other Professional Fees Schedule**Name:** BURT FAMILY FOUNDATION INC**EIN:** 30-0633793

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------|---------------|----------------------------------|--------------------------------|--|
| INVESTMENT MANAGEMENT FEES | 12,537 | | | |

TY 2019 Taxes Schedule**Name:** BURT FAMILY FOUNDATION INC**EIN:** 30-0633793

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------|--------|--------------------------|------------------------|---|
| FOREIGN TAXES | 42 | | | |