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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2019 or tax year beginning . and ending

| Na Na | me of four | ndation | | | | | | A Empl | yer identification number | |
|------------------------------|--------------------|---|----------------------------|----------|--|--------------------|-------------|------------|--|---------------------------------------|
| | | ng and Cecelia A | ppelbaum | | | | | | | 0.4 700 |
| | | | ia Caulkins | | | | | ** | -***5990 54 | -2165990_ |
| Nı | mber and | street (or P O box number if mail is not del | vered to street address) | | | Ro | om/suite | | none number (see instructions) | |
| | | Drake Avenue | | | | | | 20 | 1-220-6892 | |
| | y or town, vans | state or province, country, and ZIP or foreig | n postal code IL 60203 | | | | | C If exe | mption application is pending, o | check here |
| | | | | | n of a former public | - chr | arity. | D 1 Fo | reign organizations, check her | . ▶□ |
| G | опеск а | Il that apply Initial ret | - | | | J CITE | arity | | | - |
| | | H | ··· | | | | | | reign organizations meeting th % test, check here and attach | |
| _ | | Address | | | | | | | | · — |
| <u>H</u> | - | | n 501(c)(3) exempt priv | | | _ | AU. | | ate foundation status was term n 507(b)(1)(A), check here | inated under |
| للإ | | 4947(a)(1) nonexempt charitable | | | e private foundation | | | | | · |
| • | | ket value of all assets at | J Accounting metho | | X Cash | Accı | ruai | | foundation is in a 60-month ter section 507(b)(1)(B), check he | |
| | | ear (from Part II, col (c), \$ 3,907 | Other (specify | | h h \ | | | 3.,20. | σοσιστιστο (=χι-χισχ), στισστιτισ | |
| | ne 16) 🕨 | <u> </u> | (Part I, column (d), m | ust | T | | | | | (d) Disbursements |
| | art I | Analysis of Revenue and Ex amounts in columns (b), (c), and (d) may | | | (a) Revenue and expenses per | | (b) Net inv | | (c) Adjusted net | for chantable |
| | | the amounts in column (a) (see instruction | | | books | | incon | пе | income | purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , rece | eived (attach schedule) | | | | | | | |
| | 2 | Check ► X If the foundation is i | not required to attach Sch | В | | | | | | |
| | 3 | Interest on savings and tempora | ary cash investments | | | 4 | | 4 | 4 | |
| | 4 | Dividends and interest from sec | urities | | | | | | | |
| | 5a | Gross rents | | | | | | | | |
| ø | b | Net rental income or (loss) | | | | | | | | |
| evenue | 6a | Net gain or (loss) from sale of assets not on | line 10 | Г | PECELV | Fſ | | | | |
| Š | b | Gross sales price for all assets on line 6a | | L | | | | | | |
| ; ໕ | 7 | Capital gain net income (from P | art IV, line 2) | က္ | | | X | O | | |
| 3 | 8 | Net short-term capital gain | | E | WINDLY OF A | 202 | | | 0 | |
| # | 9 | Income modifications | r | ľ | | | | | al moner dividence describe en | |
| - - | 10a | Gross sales less returns and allowances | | <u> </u> | | U | | | | |
| × | b | Less Cost of goods sold | <u> </u> | <u> </u> | ara werden istere en an indication | rillinik or war | | | | |
| APR | С | Gross profit or (loss) (attach scl | • | | | | | | | |
| <u> </u> | 11 | Other income (attach schedule) | | | | _ | ļ | | | |
| <u>-</u> | 12 | Total. Add lines 1 through 11 | <u> </u> | | | 4 | | 4 | 4 | |
| Zς | 13 | Compensation of officers, direct | | | | 0 | | | · · · · · · · · · · · · · · · · · · · | |
| XCANI xpenses | 14 | Other employee salaries and w | • | | | | | | | <u> </u> |
| (C) | 15 | Pension plans, employee benef | its | | | | | | | |
| | 16a | Legal fees (attach schedule) | C+m+ 1 | | | -00 | | | | 600 |
| e E | b | Accounting fees (attach schedu | | | | 500 | | | | 600 |
| Operating and Administrative | 17 | Other professional fees (attach sche | uuie) | | | | | · <u> </u> | | |
| itra | 17 | Interest Taxes (attach schedule) (see instruc | tions) | | | | | | | |
| Į. | 18 19 | Depreciation (attach schedule) and | | | | | | | | |
| Ē | 20 | Occupancy | aopietion | | - | | | | | - manaranna at Cena-ant Maraneos dist |
| Ad | 21 | Travel, conferences, and meeting | nas | | | | † | | | |
| Б | 22 | Printing and publications | .99 | | | | <u> </u> | | <u> </u> | , , , , , , , , , , , , , , , , , , , |
| 20.0 | 23 | Other expenses (att sch.) | Stmt 2 | | 1 | 50 | <u> </u> | | | 150 |
| inc | 24 | Total operating and administ | | | | | | | | |
| rat | | Add lines 13 through 23 | U | | 7 | 750 | | 0 | 0 | 750 |
| De | - 25 | Contributions, gifts, grants paid | | | | 500 | | | | 500 |
| 0 | 26 | Total expenses and disburseme | nts. Add lines 24 and 25 | | 1,2 | | 4 | 0 | | |
| _ | 27 | Subtract line 26 from line 12 | | _ | 1 | | | | | |
| | а | Excess of revenue over expense | es and disbursements | | -1,2 | 246 | | | | |
| | b | Net investment income (if neg | | | Wilder Trials Wall safety of Hills Challeng ster | 調講 | | 4 | | |
| | C | Adjusted net income (if negat | | | | | | | 4 | |

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6

5 Decreases not included in line 2 (itemize) ▶

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

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|---|--|-------------------|--|--|--|-------------|
| Pantly Capital Gains ar | nd Losses for Tax on Investmen | nt Income | | | | |
| | the kind(s) of property sold (for example, real estate, rehouse, or common stock, 200 shs MLC Co) | | (b) How acquired P – Purchase D – Donation | (c) Date ac (mo , day | • | |
| 1a N/A | | | | | | |
| b | | | | | | |
| С | | | | | | |
| _d | | | | | | |
| e | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | est or other basis expense of sale | | (h) Gain or (loss) ((e) plus (f) minus (g)) | |
| a | | · | · | | | |
| b | | | · · · · · · · · · · · · · · · · · · · | | | |
| С | | | | | | |
| d | | | | | | |
| е | | | | | | |
| Complete only for assets showing | gain in column (h) and owned by the foun- | dation on 12/31/ | 69 | (1) | Gains (Col. (h) gain minus | |
| (I) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | xcess of col (i) r col (j), if any | col | (k), but not less than -0-) or Losses (from col. (h)) | |
| <u>a</u> | | | | | | |
| <u>b</u> | | | · | | | |
| d | | | | | | |
| e | | | | | | |
| | If gain, also enter in P | art I, line 7 | | | | |
| 2 Capital gain net income or (net cap | oital loss) If (loss), enter -0- in P | | • | 2 | | |
| 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, o | column (c) See instructions If (loss), ente | r -0- in | | | | |
| Part I, line 8 | | | <u></u> | 3 | | |
| Part V Qualification Un | der Section 4940(e) for Reduce | d Tax on Ne | t Investment Inc | ome | | |
| (For optional use by domestic private for | oundations subject to the section 4940(a) | tax on net invest | tment income) | | | |
| If section 4940(d)(2) applies, leave this | s part blank | | | | | |
| Was the foundation liable for the section | on 4942 tax on the distributable amount of | any year in the b | nase neriod? | | ☐ Ves | X No |
| | under section 4940(e) Do not complete the | | oude period | | | |
| | ach column for each year, see the instructi | | ng any entries | | | |
| (a) | (b) | | (c) | | (d) | |
| Base penod years Calendar year (or tex year beginning in) | Adjusted qualifying distributions | Net | value of nonchantable-use as | sets | Distribution ratio (col (b) divided by col (c) |)) |
| 2018 | 1, | 250 | | | | |
| 2017 | | 250 | | | | |
| 2016 | | 500 | | | | |
| 2015 | | 000 | · | | | |
| 2014 | 1 | 000 | | | | |
| | | | | | | |
| 2 Total of line 1, column (d) | | | | 2 | | |
| _ | -year base period – divide the total on line | | | | | |
| the number of years the foundation | h has been in existence if less than 5 years | 5 | | 3 | | |
| 4. Enter the net value of neartheatable | la una acceta for 2010 from Dort V. lino F. | | | | | • |
| Enter the net value of honorantable | le-use assets for 2019 from Part X, line 5 | | | 4 | | |
| 5 Multiply line 4 by line 3 | | | | 5 | | |
| o Watapiy line 4 by line 6 | | | | <u> </u> | | |
| 6 Enter 1% of net investment income | e (1% of Part I. line 27b) | | | 6 | | |
| | , | | | | | |
| 7 Add lines 5 and 6 | | | | 7 | | (|
| | | | | | | |
| 8 Enter qualifying distributions from I | Part XII, line 4 | | | _8_ | 1 | ,250 |
| If line 8 is equal to or greater than | line 7, check the box in Part VI, line 1b, ar | d complete that | part using a 1% tax ra | te See the | | |
| Part VI instructions | | | | | | |
| | | | | | 50m 990-1 | OF |

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|----------------|--|-------------|-----------------|---|
| | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | see inst | ructions) | |
| | Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1 | | | |
| • | Date of ruling or determination letter (attach copy of letter if necessary—see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | 1 | | |
| | here ▶ X and enter 1% of Part I, line 27b | | | |
| С | 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 | | 0 |
| 3 | Add lines 1 and 2 | 3 | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | 4 | | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 5 | | 0 |
| 6 | Credits/Payments | | | |
| a _. | 2019 estimated tax payments and 2018 overpayment credited to 2019 6a | | | |
| b | Exempt foreign organizations – tax withheld at source 6b | | | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c | | | |
| d | Backup withholding erroneously withheld 6d 6d | | | |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | <u> </u> | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | 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 | <u> </u> | |
| <u>11</u> | Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ | 11 | | _ |
| Pa | Statements Regarding Activities | | Demonstration (| |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | 10_ |
| | participate or intervene in any political campaign? | | 1a | X_ |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | | | |
| | instructions for the definition | | 1b | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | |
| | published or distributed by the foundation in connection with the activities | /- | | |
| C | Did the foundation file Form 1120-POL for this year? | N/A | 1c | hittorii de |
| 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 ▶ \$ | _ | | |
| е | 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? | | 2 | X Marian |
| | If "Yes," attach a detailed description of the activities | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | |
| | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | N/A | 4a 4b | <u> </u> |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | И/А | | x |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | |
| • | If "Yes," attach the statement required by General Instruction T | | | |
| 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 offsetively amends the governing instrument so that no mandatony directions that | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law appears in the governing instrument? | N/A | 6 | |
| - | conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | • | 7 X | |
| 7 | Enter the states to which the foundation reports or with which it is registered. See instructions | | | |
| 8a | IL | | | |
| L | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | |
| Ь | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | 8b X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | |
| 9 | 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes," | | | 7 |
| | complete Part XIV | | 9 | x r |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | |
| 10 | names and addresses | | 10 | X |
| | names and addresses | | Form 990-PF | |

| Pa | Statements Regarding Activities (continued) | | | Taxaninia ya | | |
|----------|--|----------------|-------|--------------|--|---------------------|
| | | | | | Yes | No |
| 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 | | <u> </u> |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | | | 37 |
| | person had advisory privileges? If "Yes," attach statement. See instructions | | | 12 | - | <u> </u> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption applic | cation? | | 13 | X | |
| | Website address ► N/A None in Coulking | Telephone no 🕨 | 201-2 | 20_ | 600 | 2 |
| 14 | The books are in care of ► Marcia Caulkins 9409 Drake Avenue | relephone no | 201-2 | .20- | 003 | _ |
| | Located at Evanston IL | ZIP+4 ▶ | 60203 | 2 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here | ZIF 74 P | 0020 | | | ~ m |
| | and enter the amount of tax-exempt interest received or accrued during the year | ▶ 1 · | 15 | | | |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority | _ | | | Yes | No |
| . • | over a bank, securities, or other financial account in a foreign country? | | | 16 | ,,,,,,, | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | | | | |
| | the foreign country ▶ | | | | | |
| Pa | Statements Regarding Activities for Which Form 4720 May Be Require | ed | | | | |
| | 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? | Yes | X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | _ | | | |
| | disqualified person? | Yes | X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes | X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | ∐ Yes | X 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)? | ∐ Yes | X No | | 粫 | |
| | (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 | □ vas | X No | | | |
| | termination of government service, if terminating within 90 days) | Yes | X No | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | | N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | · L | | | |
| • | were not corrected before the first day of the tax year beginning in 2019? | | N/A | 1c | a de la constitue de la consti | التحتثار استثلمانيا |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | • | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | | |
| а | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | | | | |
| | 6d and 6e) for tax year(s) beginning before 2019? | Yes | X No | | | |
| | If "Yes," list the years ▶ 20 , 20 , 20 , 20 | | | | M | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to |) | » /» | | | |
| | all years listed, answer "No" and attach statement – see instructions) | | N/A | 2b | du#51196 i | HEIDET A 343 |
| 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 | | X No | | | |
| L | at any time during the year? If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or | Yes | X No | | | |
| b | 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 | nf . | | | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the | • | | | | |
| | foundation had excess business holdings in 2019) | | N/A | 3b | ucumpatill | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos | es? | • | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize it | | | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in | | | 4b | | X |
| | | | | Form 9 | 0-PF | (2019) |

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|---|---|-----|---|---|
| _ | ж | O P | - | u |

| | | | Assisting for Which F | | avisad (cont | mucad) | rage 0 |
|-----------|---------------------------------|------------------------|--|---|-----------------------------------|--|--|
| | | | Activities for Which F | orm 4/20 May Be Re | quirea (conti | nuea) | |
| 5a | During the year did the found | | | | | . | Yes No |
| | (1) Carry on propaganda, or | | | | L | Yes 🗓 No | |
| | (2) Influence the outcome of | | |), or to carry on, | | G S | |
| | directly or indirectly, any | | | | | Yes X No | |
| | (3) Provide a grant to an ind | dividual for travel, | study, or other similar purpos | es? | Ļ | Yes 🗓 No | |
| | (4) Provide a grant to an org | ganization other th | an a charitable, etc., organiza | ation described in | | | |
| | section 4945(d)(4)(A)? S | See instructions | | | | Yes 🗓 No | |
| | (5) Provide for any purpose | other than religiou | us, charitable, scientific, litera | ry, or educational | - | | |
| | purposes, or for the prev | vention of cruelty t | o children or animals? | | | Yes 🔀 No | |
| b | If any answer is "Yes" to 5a(| 1)-(5), did any of | the transactions fail to qualify | under the exceptions descr | ibed | | |
| | in Regulations section 53 49 | 45 or in a current | notice regarding disaster ass | istance? See instructions | | N/A | 5b |
| | Organizations relying on a ci | urrent notice regai | ding disaster assistance, che | eck here | | ▶ [_] | |
| С | If the answer is "Yes" to que: | stion 5a(4), does t | he foundation claim exemption | on from the tax | | _ | |
| | because it maintained exper | nditure responsibil | ty for the grant? | | N/A 🗌 | Yes No | |
| | If "Yes," attach the statemen | nt required by Reg | ulations section 53 4945-5(d) |) | | | |
| 6a | Did the foundation, during th | ie year, receive ar | y funds, directly or indirectly, | to pay premiums | | | |
| | on a personal benefit contra | | • | | | Yes 🗓 No | |
| b | Did the foundation, during th | e year, pay premi | ums, directly or indirectly, on | a personal benefit contract? | _ | | 6b X |
| | If "Yes" to 6b, file Form 8870 | | - • • | | | | |
| 7a | At any time during the tax ye | | ation a party to a prohibited to | ax shelter transaction? | | Yes X No | |
| b | If "Yes," did the foundation re | | | | ? | N/A | 7b |
| 8 | • | • • | ax on payment(s) of more tha | | _ | | |
| • | remuneration or excess para | | · • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Yes 🗓 No | |
| P | irt VIII Information | About Office | rs, Directors, Trustee | s. Foundation Manag | ers, Highly | Paid Employe | es. |
| Hillstin. | and Contrac | | ,, | •, • • • • • • • • • • • • • • • • • • | , , | | • |
| 1 | ist all officers, directors, tr | | dation managers and their | compensation. See instr | uctions. | | · · · · · · · · · · · · · · · · · · · |
| | <u> </u> | | ······································ | | | (d) Contributions to | T |
| | | (a) Name and addres | S | (b) Title, and average hours per week | (c) Compensation (If not paid, | employee benefit | (e) Expense account, other allowances |
| | | | | devoted to position | enter -0-) | plans and deferred compensation | Other allowances |
| - Ar | n Appelbaum | | New York | President/Di | | | |
| | 2 West End Avenue | Apt 7P | NY 10023 | 0.00 | (| o [†] (| ه اه |
| | by Friedman | | New York | V. Pres/Dire | | | |
| | ₹ | Apt 7F | NY 10023 | 0.00 | | | 0 |
| | remy Borovitz | Apc /I | New York | Scty-Treas./ | | | |
| | 2 West End Avenue | Apt 7P | NY 10023 | 0.00 | (| | 0 |
| <u> </u> | 2 West End Avenue | APC 12 | N1 10023 | 0.00 | | | <u> </u> |
| | | | | | | | |
| | Compensation of five high | reat poid ample | rece (ather then these inclu | udod on line 1 – see instru | ctions) If none | ontor | |
| 2 | "NONE." | nest-paid employ | ees (other than those more | Jueu Oli lille 1 – See liistiu | ctions). Il none | , enter | |
| | NONE. | | · · · · · · · · · · · · · · · · · · · | 1 | | (d) Contributions to | |
| | f-1 blown and address of | faceb amalayaa aad m | than \$50,000 | (b) Title, and average hours per week | (c) Compensation | employee benefit | (e) Expense account, |
| | (a) Name and address of | reach employee palo mi | ore man \$50,000 | devoted to position | (c) Compensation | plans and deferred compensation | other allowances |
| | | | | | | Compensation | + |
| N | NE | | | | | | |
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| | | | | | | | |
| | I number of other employees | | | | | | • 0 |

| | ving and Cecelia Appelbaum | <u>**-***5990</u> | |
|-------------------------------------|---|---------------------------------------|------------------|
| | ation About Officers, Directors, Trustees, Fo | undation Managers, Highly Paid E | mployees, |
| | ntractors (continued) | · · · · · · · · · · · · · · · · · · · | |
| 3 Five highest-paid inc | dependent contractors for professional services. See in | structions. If none, enter "NONE." | |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | | |
| | | | |
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| | | | |
| | | 4 | |
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| | | | |
| Total number of others recei | iving over \$50,000 for professional services | | > |
| Part IX-A Sumn | nary of Direct Charitable Activities | | |
| | rect chantable activities during the tax year. Include relevant statistical information es served, conferences convened, research papers produced, etc | n such as the number of | Expenses |
| 1 N/A | | | |
| | | | |
| _ | | | |
| 2 | | | |
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| 2 | | | |
| J | | | |
| | | • | |
| 4 | | | |
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| | | | |
| Part IX-B Sumn | nary of Program-Related Investments (see in | structions) | |
| | elated investments made by the foundation during the tax year on lines 1 and 2 | | Amount |
| 1 N/A | | | |
| | | | |
| 2 | | | |
| • | | | |
| | | | |
| All other program-related investmen | nts See instructions | | |
| 3 | | | |
| | | | |
| | | | |
| Total. Add lines 1 through 3 | | <u></u> | <u> </u> |

| Forn | 1990-PF (2019) Irving and Cecelia Appelbaum **-***599 | • | Page 8 |
|----------|---|---------------------|--------|
| | Minimum Investment Return (All domestic foundations must complete this part | Foreign foundations | |
| n mannen | see instructions) | | • |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 0 |
| þ | Average of monthly cash balances | 1b | 0 |
| С | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 0 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | 0 | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 0 |
| 4 | Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see | 7 | |
| | instructions) | 4 | 0 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 0 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 0 |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope | rating foundations | |
| | and certain foreign organizations, check here ▶ ☐ and do not complete this par | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2019 from Part VI, line 5 | | |
| b | Income tax for 2019 (This does not include the tax from Part VI) | | |
| С | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 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 | 0 |
| P | artXII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 1,250 |
| 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 | | |
| а | 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 | 1,250 |
| 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 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 1,250 |
| | 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 | | |

| Form | 990-PF (2019) Irving and C | ecelia Appe | lbaum | **-***59 | 90 | • ,• | Page 9 |
|------|--|----------------|--|--|--|------------------------------|-----------------------|
| | MXIII Undistributed Income | | | | | | |
| | | | (a) | (b) | (c) | (d) | |
| 1 | Distributable amount for 2019 from Part XI | ١, | Corpus | Years prior to 2018 | 2018 | 2019 | |
| | line 7 | | | | | | 0 |
| 2 | Undistributed income, if any, as of the end | l of 2019 | | | | | |
| а | Enter amount for 2018 only | | | | | | |
| b | Total for prior years 20, 20 | 20 | | Thurdress of Array Table of Arrayman Committee and the | | | |
| 3 | Excess distributions carryover, if any, to 20 | | | | | | |
| а | | 1,000 | | | | | |
| b | From 2015 | 1,000 | | | | | |
| C | From 2016 | 500 | 22 T 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | |
| ď | From 2017 | 1,250 1,250 | The property of the property o | | | | |
| e | From 2018 | 1,250 | 5,000 | | | | |
| 4 | Total of lines 3a through e Qualifying distributions for 2019 from Part | YII | | | salatini kallantini irraattotta onuvota, tirini barahi | | |
| • | line 4 ▶ \$ 1,250 | Λιι, | | | | | |
| а | Applied to 2018, but not more than line 2a | | | | | | |
| | Applied to undistributed income of prior ye | | | | | | |
| | (Election required – see instructions) | | | | | | |
| С | Treated as distributions out of corpus (Elec | ction | | | | | |
| | required - see instructions) | | | | | | |
| d | Applied to 2019 distributable amount | | | | | | |
| е | Remaining amount distributed out of corpu | | 1,250 | | | | |
| 5 | Excess distributions carryover applied to 2 | | | | | | |
| | (If an amount appears in column (d), the s | ame | | | | | |
| 6 | amount must be shown in column (a)) | | | | | | |
| 0 | Enter the net total of each column as indicated below: | | | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract | line 5 | 6,250 | | | | |
| b | Prior years' undistributed income. Subtract | | | | | | |
| | line 4b from line 2b | | | | | | |
| С | Enter the amount of prior years' undistribut | ted | | | | | |
| | income for which a notice of deficiency has | | | | | | |
| | been issued, or on which the section 4942 | ?(a) | | | | | |
| | tax has been previously assessed | l | | | | | |
| đ | Subtract line 6c from line 6b Taxable | | | | | | |
| | amount – see instructions Undistributed income for 2018 Subtract lir | •• | | | | | |
| e | 4a from line 2a Taxable amount – see | | | | | | |
| | instructions | | | | | | |
| f | Undistributed income for 2019 Subtract lir | nes | | | | Mario i Hemmerstandelli - 31 | ann aichminideiseit-d |
| | 4d and 5 from line 1. This amount must be | | | | | | |
| | distributed in 2020 | | | | | | 0 |
| 7 | Amounts treated as distributions out of cor | rpus | | | | | |
| | to satisfy requirements imposed by section | n | | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may b | e | | | | | |
| | required—see instructions) | | | | | | |
| 8 | Excess distributions carryover from 2014 r | | 1 000 | | | | |
| 0 | applied on line 5 or line 7 (see instructions | | 1,000 | | | | |
| 9 | Excess distributions carryover to 2020 Subtract lines 7 and 8 from line 6a | | 5,250 | | | | |
| 10 | Analysis of line 9 | | | | | | |
| a | Excess from 2015 | 1,000 | | | | | |
| b | Excess from 2016 | 500 | | | | | |
| C | Excess from 2017 | 1,250 | | | | | |
| d | Excess from 2018 | 1,250 | | | | | |
| е | Excess from 2019 | 1,250 | | | | | |

' Page 11

| 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 | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year AWARE 520 Eighth Avenue | NONE To assist/pro | moto Towish | dommuni tu | 50 |
| New york NY 10018 | 10 assist/pic | MOCE DEWISH | domman1 cy | 50 |
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| Total b Approved for future payment | | | > 3a | 50 |
| N/A | | | | |
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| , | | | | |
| | | | | |
| | | | | |
| Total | | <u> </u> | ▶ 3b | • |
| IUIAI | | | > 30 | |

| • | Page | 12 |
|---|------|----|
| | | |

| F | art XVI-A | Analysis of Income-Producing Activ | vities | | | | |
|-----|----------------|--|--|---|--|---|---|
| Ξnt | er gross amou | unts unless otherwise indicated | Unrelate | ed business income | Exclude | d by section 512, 513, or 514 | 4-1 |
| | • | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exempt function income (See instructions) |
| 1 | Program serv | | | | ļ | | (500 11011 50110110) |
| | a | | | <u> </u> | - | | |
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| | <u></u> | | | | - | | |
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| | <u>•</u> —— | | | | | | |
| | | I contracte from government againsts | | | | | |
| 2 | | d contracts from government agencies | ···· | · | | | |
| | - | dues and assessments avings and temporary cash investments | | | | | |
| | | d interest from securities | | | | | |
| | | come or (loss) from real estate | | | | | |
| • | | inced property | overter state Will Will State address of the | , cake data month limitation in the last hone stall drust | sellinien-bratista. | mentals and Hotters manufa allteraliterbischeinsung | antice and the prescription of the first of |
| | | -financed property | | | - | | |
| 6 | | come or (loss) from personal property | | | | <u> </u> | |
| | Other investr | | - | | · · · · · · | | |
| | |) from sales of assets other than inventory | | | | - | |
| | | or (loss) from special events | <u> </u> | | | <u>.</u> | |
| | | or (loss) from sales of inventory | | | | | |
| | | e a | | · · · · · · · · · · · · · · · · · · · | | | |
| | b | | | | | • | |
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| | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | e | | | | | | |
| 12 | Subtotal Add | f columns (b), (d), and (e) | | _ 0 | | 0 | 4 |
| 13 | Total. Add lir | ne 12, columns (b), (d), and (e) | | <u>.</u> | | 13 _ | 4 |
| Se | e worksheet ii | n line 13 instructions to verify calculations) | | | | · | |
| ij, | art XVI-B | Relationship of Activities to the Acc | complishme | ent of Exempt Pu | rpose | <u> </u> | |
| | Line No. | Explain below how each activity for which income is | • | | | • | |
| | 7 | accomplishment of the foundation's exempt purpose | | | icu burb | oses) (See instructions | i) |
| | | All income used for grant | s to cn | arrcy | | | |
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Form 990-PF (2019) Irving and Cecelia Appelbaum **-**5990 PartixVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt **Organizations**

| a 1 () () () () () () () () () () () () () | n section 50 prganization: Fransfers fro 1) Cash 2) Other as Other transa 1) Sales of 2) Purchas 3) Rental of 4) Reimbur 5) Loans of 6) Perform Sharing of fa | of (c) (other than sections? In the reporting foundatesets existing assets to a noncharital es of assets from a nor of facilities, equipment, or sement arrangements or loan guarantees ance of services or meacilities, equipment, maintenance or services or meacilities. | tion to a nonce ble exempt of acharitable ex or other asset | ganizations) or in s charitable exempt of rganization kempt organization ts fundraising solicitation er assets, or paid e | ection 527, related arganization of ons mployees | er organization described ing to political (b) should always show the fair | 1a(1) X 1a(2) X 1b(1) X 1b(2) X 1b(3) X 1b(4) X 1b(5) X 1b(6) X 1c X |
|--|---|--|--|---|--|---|--|
| | | | | | | e foundation received less than fa | |
| | | | | | | e goods, other assets, or service | |
| |) Line no | (b) Amount involved | | e of nonchantable exemp | | | transactions, and sharing arrangements |
| N/A | | | | | | <u> </u> | |
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| | | <u> </u> | | | | | |
| | | ation directly or indirect section 501(c) (other t | - | | | kempt organizations | Yes X No |
| b | | nplete the following sch | edule | | | T | |
| | | a) Name of organization | | (b) Type of or | ganization | (c) Desc | enption of relationship |
| N | /A | | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | |
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| | | | | | | | |
| | Under per | nalties of perjury, I declare the | at I have examine | ed this return, including a | accompanying sched | ules and statements, and to the best of n | ny knowledge and belief, it is true, |
| Sign Here | | Du Ch | reparer (other th | an taxpayer) is based or | | hich preparer has any knowledge $4 \cdot 29 \cdot 20$ | May the IRS discuss this return with the preparer shown below? See instructions X Yes No |
| | | ature of officer or trustee | · | | | | Date (TE) |
| | Print/Ty | rpe preparer's name | | | Preparer's signatur | 1 | Date Check X if self-employed |
| Paid | Larr | y Rose | | | | ans from | 04/24/20 |
| D | | | | | | 46 46 46 46 46 46 46 46 | |
| | | | | | | 44 4440770 | |
| | | | Hempst | | 11552 | | Phone no 516-489-2234 |
| | | | | | | | Form 990-PF (2019) |

APP5990 Irving and Cecelia Appelbaum

-*5990 Federal Statements

-*5990, FYE: 12/31/2019

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

| Description | | | | | |
|-----------------|-----------------|----------------|------|-----------------|-----------------------|
| | Total | Net Investr | | Adjusted Net | Charitable Purpose |
| Accounting Fees | | | | | |
| - | \$ 600 | \$ | \$_ | | \$ 600 |
| Total | \$ 600 | \$ | 0 \$ | 0 | \$ 600 |

Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses

| Description | _ | | | | |
|-----------------|-----------|-------------------|-----------------|------|-----------------------|
| | Total | Net Investment | Adjusted Net | | Charitable Purpose |
| Expenses | \$ \$ | \$ | \$ | \$ | |
| Investment Fees | 150 | | | | 150 |
| Total | \$ 150 | \$ 0 | \$ | 0 \$ | 150 |