

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

Name of foundation THE CELIA LIPTON FARRIS AND VICTOR W FARRIS FOUNDATION		A Employer identification number 59-2667398	
Number and street (or P.O. box number if mail is not delivered to street address) 2 LIBERTY SQUARE NO 500		Room/suite	B Telephone number (see instructions) (561) 841-6360
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02109		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <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		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
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 <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 96,109,094	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 <input type="checkbox"/>			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(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				
	4 Dividends and interest from securities . . .	2,368,083	2,368,083		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	1,602,819			
	b Gross sales price for all assets on line 6a 21,774,914				
	7 Capital gain net income (from Part IV, line 2) . . .		1,602,819		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	82,251	82,251		
	12 Total. Add lines 1 through 11	4,053,153	4,053,153		
	13 Compensation of officers, directors, trustees, etc.	167,335	0		167,335
	14 Other employee salaries and wages	5,541	0		5,541
	15 Pension plans, employee benefits	3,072	0		3,072
	16a Legal fees (attach schedule)	13,959	13,959		0
	b Accounting fees (attach schedule)	9,908	9,908		0
	c Other professional fees (attach schedule)	479,398	447,948		31,450
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	150,171	51,249		11,137
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy	50,527	0		50,527
	21 Travel, conferences, and meetings	69,326	0		69,326
	22 Printing and publications				
	23 Other expenses (attach schedule)	93,810	42,724		51,086
	24 Total operating and administrative expenses. Add lines 13 through 23	1,043,047	565,788		389,474
	25 Contributions, gifts, grants paid	4,259,117			4,259,117
	26 Total expenses and disbursements. Add lines 24 and 25	5,302,164	565,788		4,648,591
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-1,249,011			
	b Net investment income (if negative, enter -0-)		3,487,365		
c Adjusted net income (if negative, enter -0-) . . .					

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	4,335,773	4,135,525	4,135,525
	2 Savings and temporary cash investments			
	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)			
	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)	79,489,870	78,441,107	91,973,569
	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)	83,825,643	82,576,632	96,109,094	
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	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	83,825,643	82,576,632	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	0	0	
	29 Total net assets or fund balances (see instructions)	83,825,643	82,576,632	
30 Total liabilities and net assets/fund balances (see instructions) .	83,825,643	82,576,632		

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	83,825,643
2 Enter amount from Part I, line 27a	2	-1,249,011
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	82,576,632
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	82,576,632

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 See Additional Data Table			
b			
c			
d			
e			

(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 See Additional Data Table			
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 See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	1,602,819
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	4,485,521	93,259,191	0.048097
2017	4,491,797	93,147,348	0.048222
2016	4,476,291	88,141,560	0.050785
2015	4,653,407	84,495,045	0.055073
2014	4,639,393	89,643,117	0.051754

2 Total of line 1, column (d)	2	0.253931
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	3	0.050786
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	90,952,739
5 Multiply line 4 by line 3	5	4,619,126
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	34,874
7 Add lines 5 and 6	7	4,654,000
8 Enter qualifying distributions from Part XII, line 4	8	4,648,591

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 type="checkbox"/> and enter 1% of Part I, line 27b	1	69,747
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	0
3	Add lines 1 and 2.	3	69,747
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	69,747
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	87,785
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	87,785
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	876
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	17,162
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax 17,162 Refunded	11	0

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?		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>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0 (2) On foundation managers. <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0		
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>		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>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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>		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?	Yes	
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>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> FL		
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>	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>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		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	Yes	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address FARRISFDN.ORG	13	Yes	
14	The books are in care of ALFONSO PERILLO Telephone no. (617) 426-7080			

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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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16	Yes No

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.

1a	During the year did the foundation (either directly or indirectly):		Yes	No
	(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"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <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?	1c		No
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.)	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.)	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)

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 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	
	Organizations relying on a current notice regarding disaster assistance check here. 	<input type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	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.			
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	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
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
See Additional Data Table				
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. 				0

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".

[illegible]

Total number of others receiving over \$50,000 for professional services.	0
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Part IX-A	Summary of Direct Charitable Activities
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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

generations and other phenomena (e.g., convergent synthesis, research paper produced, etc.)	
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	
2	
All other program-related investments. See instructions.	
3	

[illegible]

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	89,091,294
b	Average of monthly cash balances.	1b	3,246,512
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	92,337,806
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	92,337,806
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,385,067
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	90,952,739
6	Minimum investment return. Enter 5% of line 5.	6	4,547,637

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	4,547,637
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	69,747
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	69,747
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	4,477,890
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	4,477,890
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	4,477,890

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	4,648,591
b	Program-related investments—total from Part IX-B.	1b	0
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	4,648,591
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	4,648,591

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				4,477,890
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			3,139,946	
b Total for prior years: 20____, 20____, 20____		0		
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.	0			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>4,648,591</u>				
a Applied to 2018, but not more than line 2a			3,139,946	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				1,508,645
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:	0			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.			0	
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.				0
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				2,969,245
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).	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	0			
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 Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	4,259,117
b <i>Approved for future payment</i>				
Total			▶ 3b	0

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					
4 Dividends and interest from securities. . . .			14	2,368,083	
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			18	1,602,819	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a PASS THRU INCOME _____			14	82,251	
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). .		0		4,053,153	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13	4,053,153	4,053,153

[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 |

- (1) Cash.
- (2) Other assets.

- (1) Sales of assets to a noncharitable exempt organization.
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets.
- (4) Reimbursement arrangements.
- (5) Loans or loan guarantees.
- (6) Performance of services or membership or fundraising solicitations.

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

[illegible]

- b** If "Yes," complete the following schedule.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

2020-11-16

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ Yes ☐ No

Print/Type preparer's name RICHARD JUBACK	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00630706
Firm's name ▶ TEMPLETON & COMPANY LLP				Firm's EIN ▶ 14-1918990
Firm's address ▶ 222 LAKEVIEW AVENUE SUITE 1200 WEST PALM BEACH, FL 33401				Phone no. (561) 798-9988

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
ABBOTT DOWNING	P		2019-12-31
ABBOTT DOWNING	P		2019-12-31
ABBOTT DOWNING	P		2019-12-31
PASS THROUGH GAIN	P		2019-12-31
VR GOVT NATL MTG 1.39382% 9/16/46	P		2019-12-16
LAZARD GLOBAL FIXED INCOME TRUST	P		2019-08-21
TRIAN PARTNERS LTD	P		2019-10-01
KINGDON CREDIT PARTNERS LP (ONSHORE)	P		2019-02-01
KINGDON CREDIT PARTNERS LP (ONSHORE)	P		2019-04-19

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
3,206,306		3,206,275	31
14,956,505		14,085,127	871,378
105,987			105,987
269,845			269,845
25		25	0
1,081,633		950,893	130,740
300,000		133,800	166,200
1,113,026		1,120,320	-7,294
741,587		675,655	65,932

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			31
			871,378
			105,987
			269,845
			0
			130,740
			166,200
			-7,294
			65,932

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
GEORGE F FARRIS	TRUSTEE 1.00	0	0	0
250 S AUSTRALIAN AVE 1403 WEST PALM BEACH, FL 33401				
ANDREW FARRIS	TREASURER 2.00	0	0	0
250 S AUSTRALIAN AVE 1403 WEST PALM BEACH, FL 33401				
AGNES FARRIS	TRUSTEE 1.00	0	0	0
250 S AUSTRALIAN AVE 1403 WEST PALM BEACH, FL 33401				
BRENT G HAGEY II	PRESIDENT 10.00	0	0	0
250 S AUSTRALIAN AVE 1403 WEST PALM BEACH, FL 33401				
MARIAN RETTERER	VICE PRESIDENT 1.00	0	0	0
250 S AUSTRALIAN AVE 1403 WEST PALM BEACH, FL 33401				
CHRISTINE KOEHN	EXECUTIVE DIRECTOR (LEFT 4/19) 40.00	167,335	25,000	0
250 S AUSTRALIAN AVE 1403 WEST PALM BEACH, FL 33401				
STEPHANIE R D'MEZA	TRUSTEE 1.00	0	0	0
250 S AUSTRALIAN AVE 1403 WEST PALM BEACH, FL 33401				
JAMIE RETTERER	SECRETARY 1.00	0	0	0
250 S AUSTRALIAN AVE 1403 WEST PALM BEACH, FL 33401				
SAVANNA UNDERWOOD	TRUSTEE 1.00	0	0	0
250 S AUSTRALIAN AVE 1403 WEST PALM BEACH, FL 33401				

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>				
1HTC6703 WESTWOOD BLVD W TAMARAC, FL 33321	NONE	501(C)(3)	1HTC STRATEGIC PLAN CONSULTATION	50,000
ASPIRA OF FLORIDA INC 5913 SOUTH DIXIE HIGHWAY SUITE D WEST PALM BEACH, FL 33405	NONE	501(C)(3)	ASPIRA APPRENTICE PROGRAM	30,000
BROWARD BEHAVIAL HEALTH COALITION 3521 W BROWARD BLVD FORT LAUDERDALE, FL 33312	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
Total ▶ 3a				4,259,117

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>				
CENTER FOR CHILD COUNSELING INC 7731 N MILITARY TRAIL SUITE 4 WEST PALM BEACH, FL 33410	NONE	501(C)(3)	FIGHTING ACES	50,000
CENTER FOR CHILD COUNSELING INC 7731 N MILITARY TRAIL SUITE 4 WEST PALM BEACH, FL 33410	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
CENTER FOR CREATIVE EDUCATION 425 24TH STREET WEST PALM BEACH, FL 33407	NONE	501(C)(3)	MEDIA ARTS PROGRAM	100,000
Total ▶ 3a				4,259,117

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>				
CHILDREN'S COUNCIL OF WATAUGA COUNTY 225 BIRCH STREET 3 BOONE, NC 28607	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
CHILDREN'S PLAYHOUSE INC 400 TRACY CIRCLE BOONE, NC 28607	NONE	501(C)(3)	GENERAL OPERATING SUPPORT	5,000
COMMUNITY FOUNDATION FOR GREATER BUFFALO 726 EXCHANGE STREET STE 525 BUFFALO, NY 14210	NONE	501(C)(3)	HOME COMMUNITY FUND	202,000
Total ▶ 3a				4,259,117

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>				
COMMUNITY FOUNDATION OF BROWARD 910 E LAS OLAS BLVD 200 FORT LAUDERDALE, FL 33301	NONE	501(C)(3)	HOME COMMUNITY FUND	456,000
COMMUNITY FOUNDATION OF NEW JERSEY 35 KNOX HILL RD MORRISTOWN, NJ 07960	NONE	501(C)(3)	HOME COMMUNITY GRANT	202,000
COMMUNITY FOUNDATION OF PBMC 700 S DIXIE HIGHWAY STE 200 WEST PALM BEACH, FL 33401	NONE	501(C)(3)	HOME COMMUNITY GRANT	252,000
Total ▶ 3a				4,259,117

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>				
CONNECTICUT PEER REIVEW ORGANIZATION 936 SILAS DEANE HWY WETHERSFIELD, CT 06109	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
CROS MINISTRIES 3677 23RD AVE S B-101 LAKE WORTH, FL 33461	NONE	501(C)(3)	COMMUNITY MOBILE FOOD PANTRY	25,000
FLORIDA INITIATIVE FOR SUICIDE PREVENTION 13798 NW 4TH STREET SUNRISE, FL 33325	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
Total ▶ 3a				4,259,117

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				
FRIENDS OF CAMP GLEN GRAY 200 MIDVALE MOUNTAIN RD MAHWAH, NJ 07430	NONE	501(C)(3)	GENERAL OPERATING SUPPORT	2,500
GATEWAY-LONGVIEW 6350 MAIN STREET WILLIAMSVILLE, NY 14221	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING	10,000
GOOD HEALTH FOUNDATION INC 1515 N FLAGLER DRIVE SUITE 101 WEST PALM BEACH, FL 33401	NONE	501(C)(3)	MOBILE HOMELESS HEALTH	50,000
Total ▶ 3a				4,259,117

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>				
HORIZON HEALTH SERVICES 55 DODGE ROAD GETZVILLE, NY 14068	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
LA FAMILIA MEDICAL CENTER 1035 ALTO STREET SANTA FE, NM 87501	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
LOWELL ALUMNI ASSOCIATION PO BOX 320009 SAN FRANCISCO, CA 94132	NONE	501(C)(3)	LIBRARY RENOVATION	17,500
Total ▶ 3a				4,259,117

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>				
MAINE COMMUNITY FOUNDATION 50 MONUMENT WAY PORTLAND, ME 04101	NONE	501(C)(3)	HOME COMMUNITY FUND	455,000
MEALS ON WHEELS OF THE PALM BEACHES INC PO BOX 247 WEST PALM BEACH, FL 33402	NONE	501(C)(3)	FURTHERING THE REACH OF MOWPB	50,000
MENTAL HEALTH ASSOCIATION OF ERIE COUNTY 999 DELAWARE AVE BUFFALO, NY 14209	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	10,000
Total ▶ 3a				4,259,117

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>				
MID ERIE MENTAL HEALTH SERVICES 608 WILLIAM STREET BUFFALO, NY 14206	NONE	501(C)(3)	NATIONAL COUNCIL FOR BEHAVIOR HEALTH	5,000
MILAGRO CENTER695 AUBURN AVE DELRAY BEACH, FL 33444	NONE	501(C)(3)	MILAGRO MIDDLE SCHOOL PROGRAM	50,000
NAMI PBC 5205 GREENWOOD AVENUE SUITE 110 WEST PALM BEACH, FL 33407	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
Total ▶ 3a				4,259,117

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>				
NEWARK BETH ISREAL MEDICAL CENTER 201 LYONS AVE NEWARK, NJ 07112	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
NORTH CAROLINA COMMUNITY FOUNDATION 3737 GLENWOOD AVE 460 RALEIGH, NC 27612	NONE	501(C)(3)	HOME COMMUNITY FUND	603,000
OASISP O BOX 1591 BOONE, NC 28607	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
Total ▶ 3a				4,259,117

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>				
PALM BEACH COUNTY FOOD BANK 525 GATOR DRIVE LANTANA, FL 33462	NONE	501(C)(3)	INCREASING IMPACT IN PBC	50,000
PALM HEALTHCARE FOUNDATION 700 S DIXIE HIGHWAY STE 205 WEST PALM BEACH, FL 33401	NONE	501(C)(3)	PBC BEHAVIORAL HEALTH STRATEGIC PLAN IMPLEMENTATION CONSULTANT	35,000
PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST 2300 N FLORIDA MANGO ROAD WEST PALM BEACH, FL 33409	NONE	501(C)(3)	CUIDATE (TAKE CARE OF YOURSELF) PROGRAM	61,576
Total ► 3a				4,259,117

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>				
PRINCETON UNIVERSITY 701 FORRESTAL ROAD PRINCETON, NJ 08540	NONE	501(C)(3)	GENERAL OPERATING SUPPORT	5,000
RUTGERS UNIVERSITY FOUNDATION 123 WASHINGTON STREET NEWARK, NJ 07102	NONE	501(C)(3)	PRESIDENTS GRANT	25,000
RUTGERS UNIVERSITY FOUNDATION 123 WASHINGTON STREET NEWARK, NJ 07102	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	10,000
Total ▶ 3a				4,259,117

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>				
SANTA FE COMMUNITY FOUNDATION PO BOX 1827 SANTA FE, NM 87505	NONE	501(C)(3)	HOME COMMUNITY FUND	456,000
SANTA FE RECOVERY CENTER 5312 JAGUAR DR SANTA FE, NM 87507	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
SOUTH FLORIDA WELLNESS NETWORK 5225 NW 33RD AVE OAKLAND PARK, FL 33309	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
Total ▶ 3a				4,259,117

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>				
SPURWINK SERVICES 901 WASHINGTON AVE SUITE 100 PORTLAND, ME 04103	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	10,000
SUNSHINE SOCIAL SERVICES 1480 SW 9TH AVE FORT LAUDERDALE, FL 33315	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
TAKE STOCK IN CHILDREN 1896 PALM BEACH BLVD 103 WEST PALM BEACH, FL 33409	NONE	501(C)(3)	COLLEGE RETENTION SERVICES	50,000
Total ▶ 3a				4,259,117

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 LIFE LINK2325 CERRILLOS ROAD SANTA FE, NM 87505	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	5,000
THE PALM BEACH STATE COLLEGE FOUNDATION INC 4200 S CONGRESS AVENUE LAKE WORTH, FL 33461	NONE	501(C)(3)	ONE SOURCE CENTER	62,500
THE PALM BEACH STATE COLLEGE FOUNDATION INC 4200 S CONGRESS AVENUE LAKE WORTH, FL 33461	NONE	501(C)(3)	AMP COACHING PROGRAM	100,000
Total ▶ 3a				4,259,117

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 SCRIPPS RESEARCH INSTITUTE 120 SCRIPPS WAY 4B2 JUPITER, FL 33458	NONE	501(C)(3)	FARRIS FOUNDATION FELLOWSHIP	31,541
THE SCRIPPS RESEARCH INSTITUTE 120 SCRIPPS WAY 4B2 JUPITER, FL 33458	NONE	501(C)(3)	FARRIS FOUNDATION FELLOWSHIP ENDOWMENT	145,000
TRI-COUNTY MENTAL HEALTH SERVICES PO BOX 2008 LEWISTON, ME 04241	NONE	501(C)(3)	BEHAVIORAL HEALTH PLANNING GRANT	10,000
Total ▶ 3a				4,259,117

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>				
UNITED WAY OF PALM BEACH COUNTY INC 477 ROSEMARY AVE SUITE 230 WEST PALM BEACH, FL 33401	NONE	501(C)(3)	ACHIEVE PALM BEACH COUNTY	250,000
UNITED WAY OF PALM BEACH COUNTY INC 477 ROSEMARY AVE SUITE 230 WEST PALM BEACH, FL 33401	NONE	501(C)(3)	HUNGER RELIEF INITIATIVE TEAM PROJECTS	100,000
UNIVERSITY NOW DAY NURSERY 171 BROADMEAD PRINCETON, NJ 08540	NONE	501(C)(3)	TUITION ASSISTANCE FUND AND OTHER SUPPORT	20,000
Total ▶ 3a				4,259,117

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>				
UNIVERSITY OF PENNSYLVANIA 1 COLLEGE HALL PHILADELPHIA, PA 19104	NONE	501(C)(3)	GENERAL OPERATING SUPPORT	5,000
URBAN LEAGUE OF PALM BEACH COUNTY 1700 N AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407	NONE	501(C)(3)	PROJECT READY STEM	100,000
VITA NOVA INC 2724 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	501(C)(3)	THE SPOT	37,500
Total ► 3a				4,259,117

TY 2019 Accounting Fees Schedule

Name: THE CELIA LIPTON FARRIS AND VICTOR W
FARRIS FOUNDATION

EIN: 59-2667398

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	9,908	9,908		0

TY 2019 Investments - Other Schedule

Name: THE CELIA LIPTON FARRIS AND VICTOR W
FARRIS FOUNDATION

EIN: 59-2667398

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ABBOT DOWNING - FIXED INCOME	AT COST	25,130,810	25,561,070
ABBOT DOWNING - EQUITIES	AT COST	31,710,976	42,882,302
ABBOT DOWNING - COMPLEMENTARY STRATEGIES	AT COST	14,082,606	16,856,960
ABBOT DOWNING - REAL ASSETS	AT COST	7,516,715	6,673,237

TY 2019 Legal Fees Schedule

Name: THE CELIA LIPTON FARRIS AND VICTOR W
FARRIS FOUNDATION

EIN: 59-2667398

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL SERVICES	13,959	13,959		0

TY 2019 Other Expenses Schedule

Name: THE CELIA LIPTON FARRIS AND VICTOR W
FARRIS FOUNDATION

EIN: 59-2667398

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE AND OTHER EXPENSES	4,843	0		4,843
INSURANCE	5,111	0		5,111
DUES	10,150	0		10,150
TELEPHONE	2,837	0		2,837
PASS THRU DEDUCTIONS FROM INVESTMENT PARTNERSHIP K-1	42,724	42,724		0
WEBSITE AND COMPUTER EXPENSE	13,294	0		13,294
PROGRAM DEVELOPMENT	14,851	0		14,851

TY 2019 Other Income Schedule

Name: THE CELIA LIPTON FARRIS AND VICTOR W
FARRIS FOUNDATION

EIN: 59-2667398

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PASS THRU INCOME	82,251	82,251	82,251

TY 2019 Other Professional Fees Schedule

Name: THE CELIA LIPTON FARRIS AND VICTOR W
FARRIS FOUNDATION

EIN: 59-2667398

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	424,274	424,274		0
INVESTMENT FEES	19,674	19,674		0
CONTRACT SERVICES	35,450	4,000		31,450

TY 2019 Taxes Schedule

Name: THE CELIA LIPTON FARRIS AND VICTOR W
FARRIS FOUNDATION

EIN: 59-2667398

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	11,076	0		11,076
FOREIGN TAXES	51,249	51,249		0
TAXES - OTHER	61	0		61
TAXES - INCOME	87,785	0		0