Form 990-PF

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990PF for instructions and the latest information. APR 11, 2019 For calendar year 2019 or tax year beginning and ending 2019 Name of foundation A Employer identification number 83-4351568 THE JOAN SCHECHTMAN CHARITABLE FDTN Number and street (or P O box number if mail is not delivered to street address) B Telephone number R ELLEN AVELLINO, 280 ROUND HILL RD 203-918-6691 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here CTGREENWICH 06831 X Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 210, 989. (Part I, column (d), must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 26,224. N/A Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents h Net rental income or (loss) 23,287 6a Net gain or (loss) from sale of assets not on line 10 23,342. 23,287. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 23,287. Total Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits STMT 1 21,938. 0. 21,938. 16a Legal fees 5,000. 0. 5,000. STMT **b** Accounting fees c Other professional fees 17 Interest 1,000 0. 0. STMT 3 Depreciation and depletion Occupancy Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 1.114. 0. 1,114. 24 Total operating and administrative 29,052 28,052. expenses. Add lines 13 through 23 18,900 18,900. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 8 46,952. 47,952 0 Add lines 24 and 25 27 Subtract line 26 from line 12: 1,559 8 Excess of revenue over expenses and disbursements 23,287. b Net investment income (if negative, enter -0-) N/A

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-PF (2019)

c Adjusted net income (if negative, enter -0-)

18 Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter *WA* on line 1. Date of ruling or determination letter:		990-PF (2019) THE JOAN SCHECHTMAN CHARITABLE FDTN, INC 83-435 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	18		
of Part I, Ine 27b • All other domestor toundations 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-) 3 Add lines 1 and 2 2 Ubintite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: 2 2019 estimated tax payments and 2018 overpayment credited to 2019 6 Exempt foreign organizations - tax withheld at source 7 Total credits and papicitant for extension of time to file (Form 8668) 6 Elect any penalty for underpayment of estimated tax. Check here International interna			
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8a Enter the states to which the foundation reports or with which it is registered. See instructions.		remain in the governing instrument?	6 X
	7	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
NI	8a	Enter the states to which the foundation reports or with which it is registered. See instructions. NY	- It is a second
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)	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? If "No," attach explanation N/A 8b		The state of the s	8b
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	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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV			9 X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X Form 990-PF (2019)	10		

Pa	art VII-A Statements Regarding Activities (continued)			· ago (
_		T	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		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			<u> </u>
	If "Yes," attach statement. See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			1
14	The books are in care of ► ROSALIA ELLEN AVELLINO Telephone no. ► 203-91	8-6	691	
' '	Located at ▶ 280 ROUND HILL RD, GREENWICH, CT ZIP+4 ▶06			_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	$\overline{}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		307	
	foreign country			
Þ	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
_	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?	,	tana.	4-
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	[depret a de	erset practical
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	= uppH14	198 - Children	~
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	, de l'acongraphi		
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"	مد څونه		per construction of
	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.)			
ь	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	± 12#	â	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	16		
	Organizations relying on a current notice regarding disaster assistance, check here	America.	, ",	27-2.
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		Х
2	Taxes on fallure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	74.2 m		7 54 7 4 7 4
_	defined in section $4942(j)(3)$ or $4942(j)(5)$).	1 1		
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	٠, .	ببيد	-4.
	6d and 6e) for tax year(s) beginning before 2019?			İ
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,	}		
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	ya e mesti aj i	Argen and	,
	statement - see instructions.) N/A	2b		
c	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	,	ť	-4mg
	>			
3а	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	'Allegar	***	2 20 .
	during the year?			
b	o If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after	- The	an Alichia	ن به المحالة الم
_	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 Form 4720,	$\lfloor _{-} \mid$		
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
4a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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		X

Form **990-PF** (2019)

Form 990-PF (2019)

IP.	art-X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee 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	136,475.
b	Average of monthly cash balances	1b	136,475.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	137,876.
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	137,876.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,068.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	135,808.
6_	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	4,930.
P	art:XI■ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	4,930.
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.)		
C	Add lines 2a and 2b	2c	466.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,464.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,464.
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	4,464.
P	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	46,952.
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	46,952.
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	46,952.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for t	the section

Form **990-PF** (2019)

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,	00/600	Todio prior to 2010	20.0	
line 7				4,464.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:				
,,		0.	 	
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018	<u>-</u>			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$ 46,952.				
a Applied to 2018, but not more than line 2a			0.	
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			······	4,464.
e Remaining amount distributed out of corpus	42,488.			
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:			•	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	42,488.			
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 instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2020				0.
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	0.			
9 Excess distributions carryover to 2020.	40.400			[
Subtract lines 7 and 8 from line 6a	42,488.			
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 42,488.				

923581 12-17-19

Part XV Supplementary Information 3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
ALZHEIMER'S DISEASE RESEARCH	NONE	PUBLIC	GENERAL OPERATING	
22512 GATEWAY CENTER DRIVE			SUPPORT	
CLARKSBURGH, MD 20871			-	1,000
ROMAN CATHOLIC ARCHDIOCESE OF NEW	NONE	PUBLIC	RESTRICTED SUPPORT FOR	
YORK	10112		RENEW & REBUILD OF	
1011 FIRST AVENUE, 14TH FLOOR			130M	
NEW YORK, NY 10022-4134	Y 10022-4134		 	1,500
COLUMBIA MEDICAL CENTER C/O COLUMBIA	NONE		RESTRICTED SUPPORT FOR	
ALUMNI CENTER 622 WEST 113TH STREE, MAIL CODE 4524		1	DEPARTMENT OF OPTHAMOLOGY AND	
NEW YORK, NY 10025			GLAUCOMA	1,500
DOCTORS WITHOUT BORDERS	NONE	PUBLIC	GENERAL OPERATING	
40 RECTOR STREET, 16TH FLOOR			SUPPORT	2 000
NEW YORK, NY 10006		-	-	3,000
FRIENDS OF THE SMITHSONIAN	NONE	PUBLIC	GENERAL OPERATING	
PO BOX 37012			SUPPORT	
WASHINGTON, DC 20013-7012		T(6)	<u> </u>	200
b Approved for future payment	NTINUATION SHEE	Τ(S) 	> 3a (18,900
• Approved for fature payment				
NONE				
2.02.1_				
				·
Total			3b	0 n 990-PF (2019

THE JOAN SCHECHTMAN CHARITABLE FDTN, INC 83-4351568

3 Grants and Contributions Paid During the	Year (Continuation)			
, Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
HABITAT FOR HUMANITY	NONE	PUBLIC	GENERAL OPERATING	
322 W LAMAR STREET AMERICUS, GA 31709-3543			SUPPORT	10
,				
HAUPTMAN WOODWARD MEDICAL RESEARCH INSTITUTE	NONE	PUBLIC	RESTRICTED SUPPORT FOR THE GRIFFIN EDUCATION	
700 ELLICOTT STREET BUFFALO, NY 14203			FUND	2,00
BUTTALO, NI 14203				2,00
INSTITUTE OF CLASSICAL ARCHITECTURE	NONE	PUBLIC	RESTRICTED SUPPORT FOR	
20 WEST 44TH STREET, SUITE 310			LIBRARY RESOURCES	
NEW YORK, NY 10036				10
LIFTING UP WESTCHESTER	NONE	PUBLIC	GENERAL OPERATING	
35 ORCHARD STREET			SUPPORT	
WHITE PLAINS, NY 10603		 		1,00
MEMORIAL SLOAN KETTERING CANCER	NONE	PUBLIC	GENERAL OPERATING	
CENTER 1275 YORK AVENUE			SUPPORT	
NEW YORK, NY 10065				6,00
THE NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BOULEVARD	NONE	PUBLIC	RESTRICTED SUPPORT FOR LIBRARY PROGRAMS AND	
BRONX, NY 10458-5126		ļ	EXHIBITORS	1,00
PLANNED PARENTHOOD	NONE	PUBLIC	GENERAL OPERATING	
123 WILLIAM STREET, 10TH FLOOR NEW YORK, NY 10038			SUPPORT	40
THE GARDEN CONSERVANCY	NONE	PUBLIC	RESTRICTED SUPPORT FOR	
PO BOX 608 GARRISON, NY 10524			PRESERVATION PROGRAMS	10
THE WHITE PLAINS HOSPITAL FOUNDATION	NONE	PUBLIC	GENERAL OPERATING	
41 EAST POST ROAD WHITE PLAINS, NY 10601			SUPPORT	1,00
Total from continuation sheets				11,70

Part XVI-A	Analy	sis of Ir	ncome-Pi	roducing	Activities

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
Program service revenue:	code	Amount ————	code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property	1				
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	23,287.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a			l l		
b					
c					
d					
e					
Subtotal. Add columns (b), (d), and (e)		().	23,287.	
3 Total Add line 12, columns (b), (d), and (e)				13	23,287
See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities to	the Accomi	olishment of F	xempt Pu	rposes	
Tioladonomp of Addivides to		J		P-0-0-0	

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).							
	· · · · · · · · · · · · · · · · · · ·							
	Form 990-DE (2010							

Form 99	0-PF (2019) THE J	OAN SCHECHTMAN	I CHARITABLE FD	TN, INC 83-	-4351568 Page 1
Part		egarding Transfers to		d Relationships With Non	
1 Dic			wing with any other organization	n described in section 501(c)	Yes No
	her than section 501(c)(3) organ		• •		
	insfors from the reporting found	· · · · · · · · · · · · · · · · · · ·	-		
(1)	Cash				1a(1) X
(2)	Other assets				1a(2) X
b Oth	ner transactions:				
	Sales of assets to a noncharita	. •			1b(1) X
	Purchases of assets from a no	· -	1		1b(2) X
	Rental of facilities, equipment,				1b(3) X 1b(4) X
	Reimbursement arrangements				
	Loans or loan guarantees Performance of services or me	unhan hun ee fundenimaa valtelt	allow		$\begin{array}{c c} b(5) & X \\ b(6) & X \end{array}$
	aring of facilities, equipment, ma	· · · · · · · · · · · · · · · · · · ·			1c X
		=	· ·	ays show the fair market value of the	<u> </u>
			• •	in any transaction or sharing arrange	
	umn (d) the value of the goods;				,
(a) Line n	o (b) Amount involved	(c) Name of noncharit	able exempt organization	(d) Description of transfers, transaction	ons, and sharing arrangements
		N/A	A		
		1"			
	-				
					
					
	-				·
				<u> </u>	
	- 				
			· · · · · · · · · · · · · · · · · · ·		
je	(a) Name of org	tly affiliated with, or related to, on 501(c)(3)) or in section 527?	one or more tax-exempt organiza	ations described	Yes X No
773	(a) Name of org	eoule.	(b) Type of organization	(c) Description of r	elationshin
	N/A	garneation	(b) Type of Organization	(c) Description of t	outronomp
····			+		<u> </u>
	1				·
					
•					
				ements, and to the best of my knowledge	May the IRS discuss this
Sign	arta belier, it is true, correct, and com	ipiete/Deciaration of preparentother t	nan taxpayer) is based on all informatio	on of which preparer has any knowledge	return with the preparer shown below? See instr
Here			1.1.10m	PRESIDENT	X Yes
	Signature of officer or trustee	1/	Date	Title	

914-381-8900

P01375186

PTIN

Firm's EIN ► 27-1728945

Form **990-PF** (2019)

Paid

Preparer

Use Only

Date

Preparer's signature

Print/Type preparer's name

Firm's name ► PKF

ANN P BUSCAGLIA

O'CONNOR

HARRISON, NY 10528-1633

Firm's address ▶ 500 MAMARONECK AVENUE

Check

self- employed

Phone no.

Date

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

INC

THE JOAN SCHECHTMAN CHARITABLE FDTN,

OMB No 1545-0047

2019

Name of the organization

Employer identification number

83-4351568

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Organization type (check one)								
Filers of	:	Section:						
Form 99	0 or 990-EZ	501(c)() (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	X 501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.						
X	_	filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	year, contributions is checked, enter h purpose Don't con	exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., noplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., etc., contributions totaling \$5,000 or more during the year						
but it mu	ıst answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

IVAIIIE OI O	ngamzation		Emplo	yer identification number
THE J	OAN SCHECHTMAN CHARITABLE FDTN, INC		_83	-4351568
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	.c	(d) Type of contribution
1	JOAN SCHECHTMAN 1200 KING STREET, APT 209 RYE BROOK, NY 10573-7009	\$25,7		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	15	(d) Type of contribution
2	JOAN SCHECHTMAN 1200 KING STREET, APT 209 RYE BROOK, NY 10573-7009	\$5	23.	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and Z IP + 4	(c) Total contribution	ıs	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
		\$		Person

(a)

No.

Person
Payroll
Noncash
(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions)

(d)

Type of contribution

(b)

Name, address, and ZIP + 4

(c)

Total contributions

Name of organization

Employer identification number

THE JOAN SCHECHTMAN CHARITABLE FDTN, INC

83-4351568

art II Nonc	ash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2 3475 S	HS BROWN FORMAN CORP CL B		
		<u> </u>	09/17/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 s	

Name of c	organization			Employer identification number			
THE J	OAN SCHECHTMAN CHARITAI	SIE FOTH THE		83-4351568			
Part III	Exclusively religious, charitable, etc., contrib	utions to organizations described in	n section 501(c)(7), (8), or (10) ti				
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious	charitable, etc., contributions of \$1,000	or less for the year (Enter this info one	e) ► \$			
(a) No.	Use duplicate copies of Part III if additional	al space is needed					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
		.					
ļ							
		(e) Transfer of	gift				
	Transferrate come address and 710 de						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(I) D	(-) () ((-I) D				
Part I	(b) Purpose of gift	(c) Use of gift	(a) Desc	ription of how gift is held			
j		()7					
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
_							
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Rel		Relationship of tra	elationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
Part I							
	l ————————————————————————————————————						
Ī	(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of trai	nsferor to transferee			
j							
	<u> </u>						

FORM 990-PF	LEGAL	FEES	S	TATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
LEGAL FEES	21,938.	0.		21,938.
TO FM 990-PF, PG 1, LN 16A =	21,938.	0.		21,938.
FORM 990-PF	ACCOUNTING FEES		STATEMENT 2	
DESCRIPTION		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	5,000.	0.		5,000.
TO FORM 990-PF, PG 1, LN 16B	5,000.	0.		5,000.
FORM 990-PF	90-PF TAXES			TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	1,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	1,000.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 4
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
BANK CHARGES	216.	0.		216
CORPORATE SERVICE FEES NYS CHARITIES REGISTRATION	873.	0.		216. 873.
CORPORATE SERVICE FEES	25.	0.		

FORM 990-PF	CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
3105 BROWN FORMAN CORP CL B	-	468.	209,898.
TOTAL TO FORM 990-PF, PART II, L	INE 10B	468.	209,898.