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2019

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For | caler | ndar year 2019, or tax year beginning 05-01-20 |)19 , ar | nd ending 04-30- | 2020 | | | |
|---------------------------------------|----------|--|-----------------------------|---|---|---|--|--|
| | | ındation N M SILVERMAN FOUNDATION INC | A Employer id 22-3125351 | A Employer identification number 22-3125351 | | | | |
| Num | ber and | d street (or P.O. box number if mail is not delivered to street address) | Room/suite | P Tolophone nu | mhor (coo instruction | 20) | | |
| 1 | 14 W 47 | 7TH ST NY8-114-07-07 AFT | | (888) 866-3275 | mber (see instruction | 115) | | |
| | | n, state or province, country, and ZIP or foreign postal code | | | application is pendin | g sheek here | | |
| INEV | TORK, | NY 100361510 | | C II exemption | application is penam | y, check here ▶ ∐ | | |
| G Cł | neck al | | former public charity | _ | ganizations, check he | ▶ ⊔ | | |
| | | Final return Amended return Address change Name change | | | ganizations meeting k here and attach co | | | |
| — | ack ty | Pee of organization: ☑ Section 501(c)(3) exempt private | foundation | | undation status was t | | | |
| | , | | e private foundation | under sectio | n 507(b)(1)(A), chec | k here | | |
| I Fai | ir mark | ket value of all assets at end J Accounting method: | Cash Accru | | ation is in a 60-montl | | | |
| | | rom Part II, col. (c), ▶\$ 4,169,578 (Part I, column (d) must | be on cash basis.) | under sectio | n 507(b)(1)(B), chec | k here 🕨 🗀 | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | | | (d) Disbursements | | |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) | | |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | | | | | | |
| | 2 | Check ► ✓ if the foundation is not required to attach | | | | | | |
| | 3 | Sch. B | | | | | | |
| | 4 | Dividends and interest from securities | 73,210 | 73,210 | | | | |
| | 5a | Gross rents | , | , | | | | |
| | ь | Net rental income or (loss) | | | | | | |
| ne | 6a | Net gain or (loss) from sale of assets not on line 10 | 139,189 | | | | | |
| Revenue | b | Gross sales price for all assets on line 6a 401,573 | | | | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | 139,189 | | | | |
| | 8 | Net short-term capital gain | | | 0 | | | |
| | 9 | Income modifications | | | | | | |
| | 10a b | Gross sales less returns and allowances Less: Cost of goods sold | | | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | | | |
| | 11 | Other income (attach schedule) | % 82 | | | | | |
| | 12 | Total. Add lines 1 through 11 | 212,481 | 212,399 | | | | |
| | 13 | Compensation of officers, directors, trustees, etc. | | | | | | |
| | 14 | Other employee salaries and wages | | 0 | | | | |
| ses | 15 | Pension plans, employee benefits | | 0 | 0 | 0 | | |
| Sen. | 16a b | Accounting fees (attach schedule) | 2,500 | 0 | 0 | | | |
| Operating and Administrative Expenses | C | Other professional fees (attach schedule) | 41,664 | 24,999 | | 16,666 | | |
| tive | 17 | Interest | | , | | 0 | | |
| stra | 18 | Taxes (attach schedule) (see instructions) | 9 6,522 | 1,142 | | 0 | | |
| inis | 19 | Depreciation (attach schedule) and depletion | 0 | 0 | | | | |
| Œ. | 20 | Occupancy | | | | | | |
| βpı | 21 | Travel, conferences, and meetings | | 0 | • | | | |
| <u> 1</u> ar | 22 | Printing and publications | 209 | 0 | 0 | 209 | | |
| ŢŢ. | 24 | Total operating and administrative expenses. | 203 | | | 209 | | |
| er a | | Add lines 13 through 23 | 50,895 | 26,141 | 0 | 19,375 | | |
| Ö | 25 | Contributions, gifts, grants paid | 212,929 | | | 212,929 | | |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 263,824 | 26,141 | 0 | 232,304 | | |
| _ | 27 | Subtract line 26 from line 12: | | | | | | |
| | а | Excess of revenue over expenses and disbursements | -51,343 | | | | | |
| | ь | Net investment income (if negative, enter -0-) | | 186,258 | | | | |
| _ | С | Adjusted net income (if negative, enter -0-) | | | 0 | | | |
| ror | ₽aper | work Reduction Act Notice, see instructions. | | Cat. No. 11289) | (For | m 990-PF (2019) | | |

| For | m 990- | -PF (2019) | | | Page 2 |
|------------------|--------|--|-----------------------------------|----------------|---------------------------------|
| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | Beginning of year (a) Book Value | (b) Book Value | f year (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | (a) Book value | 9,888 | |
| | 2 | Savings and temporary cash investments | 131,015 | 23,778 | |
| | 3 | Accounts receivable ▶ | | · | , |
| | | Less: allowance for doubtful accounts | | 0 | 0 |
| | 4 | Pledges receivable P | | | |
| | | 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 ▶ 0 | | | |
| S. | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| Ass | 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) | 3,708,820 | 3,754,468 | 4,135,912 |
| | 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) | 3,839,836 | 3,788,134 | 4,169,578 |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| jės | 19 | Deferred revenue | | | |
| ≝ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Liabilities | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | 23 | Total liabilities(add lines 17 through 22) | | 0 | |
| Ņ | | Foundations that follow FASB ASC 958, check here 🕨 🗌 | | | |
| УC | | and complete lines 24, 25, 29 and 30. | | | |
| <u>la</u> | 24 | Net assets without donor restrictions | | | |
| ă | 25 | Net assets with donor restrictions | | | |
| or Fund Balances | | Foundations that do not follow FASB ASC 958, check here ▶ ✓ | | | |
| Ī | | and complete lines 26 through 30. | | | |
| | 26 | Capital stock, trust principal, or current funds | 3,839,836 | 3,788,134 | |
| Assets | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | , , | , , | |
| As s | 28 | Retained earnings, accumulated income, endowment, or other funds | | | |
| Net | 29 | Total net assets or fund balances (see instructions) | 3,839,836 | 3,788,134 | |
| Z | 30 | Total liabilities and net assets/fund balances (see instructions) . | 3,839,836 | 3,788,134 | |
| Pa | rt III | Analysis of Changes in Net Assets or Fund Balances | | | |
| 1 | Tota | al net assets or fund balances at beginning of year—Part II, column (a), lin | ne 29 (must agree with e | nd- | |
| | • | rear figure reported on prior year's return) | | . 1 | 3,839,836 |
| 2 | | er amount from Part I, line 27a | | <u> </u> | -51,343 |
| 3 4 | | er increases not included in line 2 (itemize) | | . 4 | 0 3,788,493 |
| 5 | | l lines 1, 2, and 3 | | 5 | 3,768,493 |
| 6 | | al net assets or fund balances at end of year (line 4 minus line 5)—Part II, | column (b), line 29 | . 6 | 3,788,134 |
| | | , | | | Form 990-PF (2019) |

Page **3**

| | e the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs | (b) How acquire P—Purchas D—Donatio | se | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | |
|--|--|-------------------------------------|---------------------------------|-----------------------------------|---|---|
| 1a See Additional Data Tabl | e | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| | (f) | | (g) | | (1 | h) |
| (e) Gross sales price | Depreciation allowed (or allowable) | Cost or | other basis ense of sale | | Gain o | r (loss)) minus (g) |
| a See Additional Data Tabl | e | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| | s showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | _ | | 1) |
| Complete only for assets | (i) | i i | (k) | | | l) h) gain minus |
| (i) F.M.V. as of 12/31/69 | Adjusted basis as of 12/31/69 | Excess | s of col. (i) l. (j), if any | | col. (k), but not | less than -0-) or om col.(h)) |
| a See Additional Data Tabl | | | (3)) | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| | gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi | ons). If (loss), enter -0 |)- | ` } | 3 | 139,189 |
| Part V Qualification U | Jnder Section 4940(e) for Re | educed Tax on Net | Investment | t Inc | ome | |
| For optional use by domestic p | rivate foundations subject to the sec | ction 4940(a) tax on ne | et investment ir | ncome | ≘.) | |
| f section 4940(d)(2) applies, le | eave this part blank. | | | | | |
| | e section 4942 tax on the distributant qualify under section 4940(e). Do | | • | eriod? | ☐ Ye | es 🗹 No |
| · | nount in each column for each year; | | | ntries | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | ole-use assets | | (d) Distribution rati (col. (b) divided by co | |
| 2018 | 222,675 | | 4,518,009 | | (cor. (b) divided by C | 0.049286 |
| 2017 | 203,472 | | 4,547,676 | | | 0.044742 |
| 2017 | 195,332 | | 4,131,992 | | | 0.047273 |
| 2015 | 210,443 | | 4,032,002 | | | 0.052193 |
| 2014 | 206,590 | | 4,314,939 | | | 0.047878 |
| 2 Total of line 1, column (| • | | 2 | | 0.241372 | |
| , | o for the 5-year base period—divide | the total on line 2 by 5 | O or by the | - | | 0.211372 |
| | ndation has been in existence if less | | | 3 | | 0.048274 |
| | ncharitable-use assets for 2019 fron | | [| 4 | | 4,523,256 |
| 5 Multiply line 4 by line 3 | | | [| 5 | | 218,356 |
| 6 Enter 1% of net investme | ent income (1% of Part I, line 27b) | | [| 6 | | 1,863 |
| 7 Add lines 5 and 6 | | | [| 7 | | 220,219 |
| 8 Enter qualifying distributi | [| 8 | | 232,304 | | |
| | eater than line 7, check the box in Pa | | | using | g a 1% tax rate. Se | e the Part VI |

| Form | 990-PF (2019) | | | | | | | | P | age 6 |
|------|--|-----------|---------------------------------------|--------------------------------------|-------------------|---|--------|------------|---------|--------------|
| Pa | rt VII-B Statements Reg | arding | Activities for Which | Form 4720 May Be | Required (con | tinued) | | | | |
| 5a | During the year did the foundation | on pay o | r incur any amount to: | | | | | | Yes | No |
| | (1) Carry on propaganda, or oth | erwise a | ttempt to influence legisl | ation (section 4945(e))? | | Yes 🗸 | No | | | |
| | (2) Influence the outcome of an | y specifi | c public election (see sect | tion 4955); or to carry | <u></u> | .03 | " | | | |
| | on, directly or indirectly, any | voter re | | · · | Yes 🗸 | No | | | | |
| | (3) Provide a grant to an individ | ual for t | ravel, study, or other sim | ilar purposes? | 一 | Yes 🔽 | No | | | |
| | (4) Provide a grant to an organi | zation ot | her than a charitable, etc | , organization described | _ | — | | | | |
| | in section 4945(d)(4)(A)? Se | e instru | ctions | | • • 🗆 | Yes 🗸 | No | | | |
| | (5) Provide for any purpose other | er than r | eligious, charitable, scien | tific, literary, or | | | | | | |
| | educational purposes, or for | • | • | | | Yes 🗸 | No | | | |
| b | If any answer is "Yes" to 5a(1)- | | • | | • | d in | | | | |
| | Regulations section 53.4945 or i | | | | | | - | 5b | | |
| | Organizations relying on a curre | | - | | | | | | | |
| C | If the answer is "Yes" to question | | | · | | | | | | |
| | tax because it maintained expen | | . , | | • • 🗆 | Yes 🗌 | No | | | |
| | If "Yes," attach the statement re | - | · - | * * | | | | | | |
| 6a | Did the foundation, during the ye | • | , , , | indirectly, to pay premiu | ms on | | | | | |
| | a personal benefit contract? | | | | • | Yes 🗸 | No | | | |
| b | Did the foundation, during the ye | ear, pay | premiums, directly or ind | lirectly, on a personal ber | nefit contract? . | | - | 6 b | | No |
| _ | If "Yes" to 6b, file Form 8870. | | | | | | | | | |
| 7a | At any time during the tax year, | | | | | Yes 🗸 | No | | | |
| b | If "Yes", did the foundation recei | | • | | | | - | 7b | | |
| 8 | Is the foundation subject to the | | | | | or | | | | |
| | excess parachute payment durin | | | | | Yes 🗸 | | | | |
| Pa | | t Offic | ers, Directors, Trust | ees, Foundation Ma | nagers, Highl | y Paid Er | nploy | ees, | | |
| | and Contractors | | | | | | | | | |
| _1_ | List all officers, directors, trus | | | | | | | | | |
| | (a) Name and address | - ' | (b) Title, and average hours per week | (c) Compensation (If not paid, enter | | | (e) l | Exper | ise acc | ount, |
| | (a) Name and address | | devoted to position | -0-) | | employee benefit plans and deferred compensation | | | llowand | ces |
| MARK | SILVERMAN | DIRE | CTOR | 0 | | | | | | |
| | KEVIEW LANE | 1 | | | | | | | | |
| | CANAAN, CT 06840 | DIRE | CTOR/CECRETARY | | | | | | | |
| | E SILVERMAN MARICH AMMIS LANE | DIRE | CTOR/SECRETARY | 0 | | | | | | |
| | E PLAINS, NY 10605 | | | | | | | | | |
| MATT | HEW SILVERMAN | DIRE | CTOR | 0 | | | | | | |
| | STATE ROUTE 213 | 1 | | | | | | | | |
| | FALLS, NY 12440 | 2725 | OT 0 B | | | | + | | | |
| | AEL SILVERMAN | | CTOR | 0 | | | | | | |
| | 3 EAST TERRA DRIVE TSDALE, AZ 85258 | | | | | | | | | |
| 2 | Compensation of five highest | paid en | nployees (other than tl | nose included on line 1 | -see instructio | ns). If no | ne, en | ter " | NONE. | " |
| | | | (b) Title, and average | | (d) Contribut | | | | | |
| (a) | Name and address of each employ more than \$50,000 | ee paid | hours per week | (c) Compensation | employee b | | | | se acco | |
| | more than \$50,000 | | devoted to position | | compensa | | Oth | ici ali | owanic | C 3 |
| NON | E | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Tota | I number of other employees paid | over \$5 | 0,000 | | | • | | | | C |
| | , , , | • | | | | | Form | . 001 | n_PF (| 2019 |

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|---|--------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued) | Employees, |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N | ONE". |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NONE | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | 0 |
| Part IX-A Summary of Direct Charitable Activities | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of | Evnance |
| organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| 1 | |
| | |
| 1 | |
| | |
| | |
| 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 | |
| | |
| | |
| Total. Add lines 1 through 3 | > |
| | Farm 000 BE (2010) |

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

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4.523.256

226.163

226,163

1.863

224,300

224,300

224,300

232,304

232,304

1.863

230,441

Form 990-PF (2019)

5

6

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

1.863

Form 990-PF (2019)

Part X

5

6

1

2a

3

4

5

6

1

2

3

4

5

Part XII

Part XI

| C | Fair market value of all other assets (see instructions) | 1 c | (|
|---|--|------------|-----------|
| d | Total (add lines 1a, b, and c) | 1d | 4,592,138 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets. | 2 | (|
| 2 | Subtract line 2 from line 1d | 2 | A 502 129 |

Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 4 68,882

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2a

2b

Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

organizations check here

and do not complete this part.)

Tax on investment income for 2019 from Part VI, line 5.

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

a From 2014. **b** From 2015. c From 2016. . . . d From 2017. e From 2018.

XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9: a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

indicated below:

29,531

194,769

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| t | XIII | |
|---|------|--|
| | | |

| Form 990-PF (20 | 019) |
|-----------------|---|
| Part XIII | Undistributed Income (see instructions) |

- 1 Distributable amount for 2019 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only.
- - Excess distributions carryover, if any, to 2019:
- f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part

(a)

Corpus

0

(b)

Years prior to 2018

(c)

2018

202,773

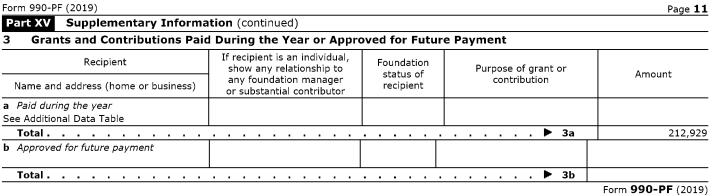
factors: N/A

Page **10** Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

| 1a | If the foundation has received a ruling or de foundation, and the ruling is effective for 20 | | | erating | | |
|----------|---|-----------------------|-----------------------|---------------------------|---------------------------------------|--------------|
| b | Check box to indicate whether the organization | ion is a private oper | ating foundation des | scribed in section \Box |] 4942(j)(3) or □ |] 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (-) T-4-1 |
| | income from Part I or the minimum | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total |
| | investment return from Part X for each year listed | | ` ' | `` | , , | |
| b | 85% of line 2a | | | | | |
| | 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 | | | | | |
| _ | activities 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: | | | | | |
| а | "Assets" alternative test—enter: | | | | | |
| | (1) Value of accets qualifying | | | | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b | | | | | | |
| | of minimum investment return shown in | | | | | |
| | Part X, line 6 for each year listed | | | | | |
| С | "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 | | | | <u> </u> | |
| Pa | rt XV Supplementary Information | | | foundation had | \$5,000 or more i | ın |
| <u>-</u> | assets at any time during th Information Regarding Foundation Man | | tructions.) | | | |
| | List any managers of the foundation who have | | than 2% of the tota | al contributions recei | ved by the foundation | n |
| | before the close of any tax year (but only if | | | | | |
| b | List any managers of the foundation who ow ownership of a partnership or other entity) | | | | arge portion of the | |
| 2 | Information Regarding Contribution, Gr | | | | | |
| - | | | • • • • | _ | | |
| | Check here ► ☐ if the foundation only mak | | | | | |
| | unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a | | | iais or organizations | unaer | |
| | | | | | | |
| а | The name, address, and telephone number | or e-mail address of | the person to whon | n applications should | l be addressed: | |
| | MARK SILVERMAN PRESIDENT OF FDN | | | | | |
| | 21 LAKEVIEW LANE NEW CANAAN, CT 06840 | | | | | |
| | (203) 861-5925 | | | | | |
| _ | N/A | | | | | |
| b | The form in which applications should be sul | bmitted and informa | ation and materials t | hey should include: | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| | DETAILED DESCRIPTION OF PROJECT OR O | | | | | |
| | Any submission deadlines: | | | | | |
| - | N/A | | | | | |

 \mathbf{d} Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Form **990-PF** (2019)



| Enter gros | s amounts unless otherwise indicated. | Unrelated bu | ısiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|------------------|---|----------------------|----------------------|-----------------------|----------------------|--|
| 1 Program | m service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions.) |
| | | | | | | |
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| c | | | | + | | |
| | | | | | | |
| | | | | | | |
| - | and contracts from government agencies | | | | | |
| _ | ership dues and assessments | | | | | |
| | st on savings and temporary cash | | | | | |
| 4 Divide | nds and interest from securities | | | 14 | 73,210 | |
| | ntal income or (loss) from real estate: | | | | | |
| | -financed property | | | | | |
| | debt-financed property | | | | | |
| | ntal income or (loss) from personal property investment income. | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| invent | • • | | | 18 | 139,189 | |
| 9 Net in | come or (loss) from special events: | | | | , | |
| 10 Gross | profit or (loss) from sales of inventory | | | | | |
| 11 Other | | | | | | |
| | RAL TAX REFUND | | | 1 | 82 | |
| | | | | | | |
| | | | | | | |
| a | | | | | | |
| | tal. Add columns (b), (d), and (e). | | | | 212,481 | |
| | Add line 12, columns (b), (d), and (e) | | | 13 | 312,461 | <u>1 </u> |
| | orksheet in line 13 instructions to verify calcu | ılations.) | | | | , |
| Part XV | I-B Relationship of Activities to the | ne Accomplish | ment of Exem | 1pt Purposes | | |
| Line No. ▼ | Explain below how each activity for which the accomplishment of the foundation's exinstructions.) | | | | | |
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| O1 | IIII 330-F1 (20 | 15) | | |
|----|-----------------|---|------|----|
| | | Information Regarding Transfers To and Transactions and Relationships With Noncharit | able | |
| | Part XVII | Exempt Organizations | ubic | |
| 1 | | nization directly or indirectly engage in any of the following with any other organization described in section 501 are section $501(c)(3)$ organizations) or in section 527 relating to political organizations? | | ٠, |

| a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash | | | organization directly or in er than section 501(c)(3) | | | | | | | | on 501 | Yes | No |
|--|--------|-----------------------|--|-------------------------------|----------------|--------------------------|--|---------------------|--------------------|---|------------------------|---|-------|
| (1) Cash (2) Other assets. (3) Differ systems (4) Differ systems (5) Differ transactions: (6) Differ transactions: (7) Sales of assets to a noncharitable exempt organization. (8) Peruraneaes of assets from a noncharitable exempt organization. (9) Reimbursement arrangements. (10) Sales of assets from a noncharitable exempt organization. (10) Reimbursement arrangements. (10) Reimbursement arrangements. (10) Peruraneae of assets from a numbership or fundraising solicitations. (10) Peruraneae of assets or membership or fundraising solicitations. (10) Peruraneae of assets or membership or fundraising solicitations. (5) Peruraneae of services or membership or fundraising solicitations. (6) Peruraneae of services or membership or fundraising solicitations. (7) The assets of any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services received. (a) Name of organization (b) Amount involved (c) Name of noncharitable exempt organization. (d) Description of transfers, transactions, and shoring arrangements are serviced from the property of the services of the services received. (a) Name of organization (b) Type of organization (c) Description of relationship. (c) Description of relationship. (d) Description of from transfers, transactions, and shoring arrangements are services received. (a) Name of organization (b) Type of organization (c) Description of relationship. (c) Description of relationship. (d) Description of from transfers, and to the best of the property of property in the property of property in the property of organization of property (other than tapparer) is based on all interests of the property of property of property in the property of property of property in the property of | | | , , , , | - | • | | | _ | | | | + | |
| (2) Dother assets. Active Dother Invalidation of Personal Programments Dother Invalidation Dother In | | | · - | | | | | | | | . la(| اد | No |
| b Other transactions: 13 Sales of assets to a noncharitable exempt organization. 13 Pourchases of assets from a noncharitable exempt organization. 14 Reimbursement a transperients. 15 Loans or loan quarantees. 15 Loans or loan quarantees. 16 Performance of services or membership or fundrating solicitations. 15 Salaring of facilities, equipment, mailing lists, other assets, or paid employees. 15 Salaring of facilities, equipment, mailing lists, other assets, or paid employees. 15 Salaring of facilities, equipment, mailing lists, other assets, or paid employees. 15 Salaring of facilities, equipment, mailing lists, other assets, or paid employees. 15 Salaring of facilities, equipment, mailing lists, other assets, or paid employees. 15 Salaring of facilities, equipment, mailing lists, other assets, or paid employees. 16 The asset or any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the good, other assets, or services received. 16 The asset or parties of the good, other assets, or services received. 17 Salaring of the assets or any stream of the salaring arrangements are asset or the salaring arrangements. 18 Salaring of the asset of the good, other assets, or services received. 19 June ho (b) Amount involved (c) Name of nonchantable exempt organization. (d) Description of transfers, transactions, and sharing arrangements described in section 501(c) (other than section 501(c) (o | | | | | | | | | | | <u> </u> | ' | No |
| (a) Sales of assets to a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursament arrangements. (5) Lears or foan quarantees. (6) Performance of services or membership or fundralsing solicitations. (7) Sharing of Facilities, equipment, maling lists, charassets, or gaid employees. (8) Sharing of Facilities, equipment, maling lists, charassets, or gaid employees. (9) A It file answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value on the quarantees will be a provided in the properties of the poots, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line No. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements executed in section 501(c) (other than section 501(c)(3)) or in section 5277. □ Ves ☑ No bit "Yes," completes the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship. □ In the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of the penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat | | • • | | | | | | | | | . -40 | ' | + |
| (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of failties, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundralsing solicitations. (6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees. (7) It has not been sold that a proper in the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value and y transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value and y transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services given by the reporting foundation. If the foundation diversity or services given by the reporting foundation. If the foundation received less than fair market value and y transaction or sharing arrangements. (a) Line No (b) Amount smoked (c) Name of nonchantable exempt organizations (described in section 501(c) (other than section 501(c)(3)) or in section 527?. | | | | itable evemni | t orda | nization | | | | | 160 | | No |
| (3) Bental of facilities, equipment, or other assets. (4) Reimbursment arrangements. (5) Loans or loan guarantees. (5) Loans or loan guarantees. (6) Performance of services or membership or fundralsing solicitations. (6) Performance of services or membership or fundralsing solicitations. (7) Interformance of services or membership or fundralsing solicitations. (8) Performance of services or membership or fundralsing solicitations. (8) Performance of services or membership or fundralsing solicitations. (8) Interformance of services or membership or fundralsing solicitations. (8) Interformance of services or membership or fundralsing solicitations. (9) Interformance or sharing arrangement, mailing lists, other assets, or paid employees. (9) Interformance or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (9) Interformance or sharing arrangements, show in column (d) the value of the goods, other assets, or services received. (9) Interformance or sharing arrangements or sharing arrangements of membership or fundralsing statements, and sharing arrangements described in section 501(c) (d) the than section 501(c)(3)) or in section 5277. (9) Interformance or services received. (9) Name of organization (9) Name of organization (10) Type of organization (10) Type of organization (10) Type of organization (10) Description of relationship (11) Type of organization (12) Description of relationship (13) Interformance or services received. (14) Description of transfers, transactions, and sharing arrangements and statements, and to the beautiful statements and statements, and to the beautiful statements and statements and statements, and to the beautiful statements and statements and statements, and to the beautiful statements and statements an | | | | • | - | | | | • | | | | No |
| (4) Reimbursement arrangements. (5) Loans of loan quarantees. (6) Performance of services or membership or fundraising solicitations. (8) Performance of services or membership or fundraising solicitations. (8) Performance of services or membership or fundraising solicitations. (8) The answer to any of the above is "Sen," complete the following schedule. Column (b) should silvays show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in the goods, other assets, or services regiven by the reporting foundation. If the foundation received less than fair market value in the goods, other assets, or services regiven to relative the reporting foundation. If the foundation received less than fair market value in the goods, other assets, or services regiven arrangements. (a) Ilies No (b) Amount involved (c) Name of menthatitable exampt organization (d) Discription of transfurs, transactions, and sharing arrangements organization of transfurs, transactions, and sharing arrangements are serviced by the service of the following schedule. (a) Ilies No (b) Type of organization (c) Description of relationship. (d) Discription of transfurs, transactions, and sharing arrangements are serviced by the service of the following schedule. (a) Ilies of organization (b) Type of organization (c) Description of relationship. (d) Discription of transfurs, transactions, and sharing arrangements. (e) Discription of transfurs, transactions, and sharing arrangements. (b) Type of organizations (c) Description of relationship. (d) Discription of transfurs, transactions, and sharing arrangements. (e) Discription of transfurs, transactions, and sharing arrangements. (e) Discription of transfurs, transactions, and sharing arrangements. (e) Discription of transfurs, transactions, and sharing arrangements. (f) Discription of transfurs, transactions, and sharing arrangements. (h) Type of organization (e) Discription of tra | | - | | | | | | | • • | | | | No |
| (§) Loans or loan guarantees. (§) Performance of services or membership or fundraising solicitations. (§) Performance of services or membership or fundraising solicitations. (§) Performance of services or membership or fundraising solicitations. (§) Performance of services or membership or fundraising solicitations. (§) Ible No. (§) Amount involved (§) Name of noncharisable exempt organization (§) Amount involved (§) Name of noncharisable exempt organization (§) Description of transfers, transactions, and sharing arrangements (§) Lice No. (§) Amount involved (§) Name of noncharisable exempt organization (§) Description of transfers, transactions, and sharing arrangements (§) Lice No. (§) Amount involved (§) Name of noncharisable exempt organization (§) Description of transfers, transactions, and sharing arrangements (§) Name of organization (§) Type of organization (§) Type of organization (§) Description of relationship | | | | • | | | | | | | <u> </u> | | + |
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| c Sharing of facilities, equipment, malling lists, other assets, or paid employees. d If the answers to any of the above is "Ves," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line No. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line No. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line No. (b) Amount involved (c) Name of noncharitable exempt organizations (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (e) Description of relationship of the properties of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (e) Description of relationship of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (e) Description of relationship of relationship of transfers, transactions, and sharing arrangements (e) Description of relationship of relationship of relationship of relationship of reparts and statements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of preparer (other than tax payer) is based on all information of my knowledge and belief. It is true, correct, and complete. Declaration | | | | | | | | | | | <u> </u> | | No |
| d If the answer to any of the above in "res," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than framarket value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Amount involved (c) Name of noncharitable excempt organization (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements of the goods of | | | | | | | | | | | <u> </u> | 1 | No |
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| 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? | i | of the go n any tr | oods, other assets, or ser ansaction or sharing arra | vices given b ngement, sho | y the ow in | reporting f column (d | foundation. If the i) the value of th | foundation regorder | receive er asse | d less than fair mar ts, or services recei | ket value ved. | rangomo | nte |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | (a) | Line No. | (b) Amount involved | (C) Name of | попсп | aritable exer | TIPE Organization | (d) Descrip | ption or | transiers, transactions, | , and snaring a | rangeme | nics |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | + | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | + | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | + | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | | | | | | | |
| described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | | | | | | | | | |
| Date Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer Signature of officer or trustee Print/Type preparer's name Preparer's Signature Date Check if self- employed Print's EIN P94-1687665 Firm's EIN P94-1687665 Phone no. (888) 866-327 | 2a I | s the fo | undation directly or indire | ectly affiliated | d with | , or related | d to, one or more | tax-exempt | organi | zations | | | |
| 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. ***** Date | | describe | d in section 501(c) (other | r than section | 501(| c)(3)) or i | n section 527? . | | | 🗆 Ye | es 🗹 No | | |
| (a) Name of organization (b) Type of organization (c) Description of relationship Coordinate | | | | | | /(-// | | | | | | | |
| 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. ****** 2020-08-28 | | 103, | • | | | l (b |) Type of organizat | ion I | | (c) Description | of relationship | | |
| 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. ****** 2020-08-28 ******* ******* ******* ******* | | | (-, | | | (- | . , . , , | | | (-, | | | |
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| 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. ****** 2020-08-28 ******* ******* ******* ******* | | | | | | | | | | | | | |
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| 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. ****** 2020-08-28 ******* ******* ******* ******* | | | | | | | | | | | | | |
| Firm's name ► BANK OF AMERICA Firm's address ► P O BOX 1802 PROVIDENCE, RI 029011802 Page Date Title Check if self-employed ► PTIN P00146417 PTIN P00146417 Firm's EIN ►94-1687665 Phone no. (888) 866-327 | 216 | of wh | my knowledge and belief | , it is true, co | | | | | | | ased on all in | ormatio | n of |
| Print/Type preparer's name Print/Type preparer's name Preparer's Signature Date Check if self-employed ▶ □ PTIN | _ | | ***** | | | | 2020-08-28 | *** | **** | | return with the pre | | |
| Paid Preparer Jse Only Firm's name BANK OF AMERICA Firm's elin P00146417 | | | Signature of officer or to | rustee | | | Date | Title | е | | | ✓ Yes I | □No |
| Paid Preparer Jse Only Firm's name BANK OF AMERICA Firm's elin P00146417 | | | Print/Type preparer's | name | Prep | arer's Sian | nature | Date | | | PTIN | | |
| Paid Preparer Jse Only Firm's name ▶ BANK OF AMERICA Firm's address ▶ P O BOX 1802 PROVIDENCE, RI 029011802 Phone no. (888) 866-327 | | | , , , , , , , , , , , , , , , , | | | 9 | | 15400 | | Check if self- | | 16117 | |
| Preparer Jse Only Firm's name ▶ BANK OF AMERICA Firm's EIN ▶94-1687665 Firm's address ▶ P O BOX 1802 PROVIDENCE, RI 029011802 Phone no. (888) 866-327 | | | KVDEN I NICED | | | | | 2000 | | employed ▶ 🔲 | P001 | +041/ | |
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| Firm's address ► P O BOX 1802 PROVIDENCE, RI 029011802 Phone no. (888) 866-327 | | - | Third Hallier Brain | N OF AMERIC | -~ | | | | |] 1 | Firm's EIN ► | 4-1687 | 665 |
| PROVIDENCE, RI 029011802 Phone no. (888) 866-327 | ٠٠, | | | O BOX 1802 | | | | | | | | | |
| PROVIDENCE, RI 029011802 | | | | | | | | | | | Phone no (9) | 88) 866- | .3275 |
| F 000 BF (20) | | | PR | OVIDENCE, I | RI 02 | 9011802 | | | | | i none no. (8 | ,0, 000- | J2/3 |
| | | | | | | | | | | | F ^ | 00-PF | /2012 |

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, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 188. ISHARES RUSSELL 1000 VALUE ETF 2016-01-21 2020-03-11 662. ISHARES RUSSELL 1000 VALUE ETF 2013-09-30 2020-03-11 549. ISHARES RUSSELL 1000 GROWTH 2013-09-30 2020-03-11 2. ISHARES US TECHNOLOGY ETF 2013-09-09 2020-03-11 14. ISHARES US TECHNOLOGY ETF 2013-07-11 2020-03-11 55. ISHARES US TECHNOLOGY ETF 2013-09-30 2020-03-11 108.42 MFS INTERNATIONAL VALUE FUND 2014-07-02 2020-03-11 157. SPDR GOLD TRUST 2018-09-20 2019-05-10 2017-01-20 558, SPDR GOLD TRUST 2019-05-10 15. SPDR GOLD TRUST 2018-10-03 2019-05-10 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 20.684 16.693 3,991 72,833 56,935 15,898 87,819 42,790 45,029 425 157 268 2,975 1,072 1,903 4,309 7,380 11,689 4,490 4,068 422 6 6 23 22 1 1 1 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 3,991 15,898 45,029 268 1,903 7,380 422 1

| List and describe the kind(c) of property sold (e.g., real estate.) | Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d | | | | | |
|--|--|--------------------------------------|------------------|----------------------------|---------------|------------|
| S58. SPDR GOLD TRUST | | | | How acquired P—Purchase | Date acquired | |
| 157. SPDR GOLD TRUST 2018-09-20 2019-07-09 558. SPDR GOLD TRUST 2017-01-20 2019-07-09 15. SPDR GOLD TRUST 2018-10-03 2019-07-09 15. SPDR GOLD TRUST 2018-10-03 2019-07-09 15. SPDR GOLD TRUST 2018-10-03 2019-08-13 2019-08-13 2018-09-20 2019-08-13 2018-09-20 2019-08-13 157. SPDR GOLD TRUST 2018-09-20 2019-08-13 157. SPDR GOLD TRUST 2018-09-20 2019-09-05 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 15. SPDR GOLD TRUST | | | | 2018-10-03 | 2019-06-11 |
| 157. SPDR GOLD TRUST | 558. SPDR GOLD TRUST | | | | 2017-01-20 | 2019-06-11 |
| SSS. SPDR GOLD TRUST | 157. SPDR GOLD TRUST | | | | 2018-09-20 | 2019-06-11 |
| 15. SPDR GOLD TRUST 2018-10-03 2019-07-09 2018-10-03 2019-08-13 2019-08-13 2019-08-13 2019-08-13 2019-08-13 2019-09-20 2019-08-13 2018-09-20 2019-09-05 2018-09-20 2019-09-05 2018-09-20 2019-09-05 2018-09-20 2019-09-05 2018-09-20 2019-09-05 2018-09-20 2019-09-05 2018-09-20 2019-09-05 2018-09-20 2019-09-05 2018-09-20 2019-09-05 2018-09-20 2 | 157. SPDR GOLD TRUST | | | | 2018-09-20 | 2019-07-09 |
| 15. SPDR GOLD TRUST 558. SPDR GOLD TRUST 2018-10-03 2019-08-13 2017-01-20 2019-08-13 157. SPDR GOLD TRUST 2018-09-20 2019-09-05 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1 1 22 20 6 6 6 6 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 | 558. SPDR GOLD TRUST | | | | 2017-01-20 | 2019-07-09 |
| S58. SPDR GOLD TRUST 2017-01-20 2019-08-13 157. SPDR GOLD TRUST 2018-09-20 2019-08-13 157. SPDR GOLD TRUST 2018-09-20 2019-09-05 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h | 15. SPDR GOLD TRUST | | | | 2018-10-03 | 2019-07-09 |
| 157. SPDR GOLD TRUST 2018-09-20 2019-08-13 157. SPDR GOLD TRUST 2018-09-20 2019-09-05 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1 | 15. SPDR GOLD TRUST | | | | 2018-10-03 | 2019-08-13 |
| 157. SPDR GOLD TRUST 2018-09-20 2019-09-05 | 558. SPDR GOLD TRUST | | | | 2017-01-20 | 2019-08-13 |
| Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed (f) (or allowable) Cost or other basis (g) plus expense of sale (h) (e) plus (f) minus (g) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 157. SPDR GOLD TRUST | | | | 2018-09-20 | 2019-08-13 |
| (e) Gross sales price Depreciation allowed (f) (or allowable) Cost or other basis (g) plus expense of sale Gain or (loss) (h) (e) plus (f) minus (g) 1 1 1 22 20 6 6 6 6 23 20 1 1 1 1 24 20 7 6 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Gains (Col. (h) gain minus col. (k), but not less than -0-) or col. (k) (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) | 157. SPDR GOLD TRUST | | | | 2018-09-20 | 2019-09-05 |
| (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1 1 1 22 20 6 6 6 23 20 1 1 1 24 20 1 7 6 6 7 6 6 7 6 6 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Gains (Col. (k) but not less than -0-) or col. (k). Unto less than -0-) or col. (k). | Form 990PF Part IV - Capital | Gains and Losses for Tax on | Investment I | ncome - Colum | ns e - h | |
| 22 20 6 6 6 6 6 6 6 6 6 6 6 7 7 20 7 7 7 7 8 7 8 7 8 7 8 7 8 7 8 8 8 8 8 | (e) Gross sales price | | | | | |
| 6 6 6 6 6 23 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 | | | 1 | | |
| 6 23 20 1 1 1 1 24 20 7 6 6 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) Losses (from col (h)) Losses (from col (h)) | 22 | | | 20 | | 2 |
| 23 20 1 1 1 1 24 20 7 6 7 6 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) (j) Losses (from col (h)) | 6 | | | 6 | | |
| 1 1 1 20 20 20 20 7 6 6 7 7 6 6 7 7 6 6 7 7 8 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or col. (k), but not less than -0-) or col. (k) but not less than -0-) or coll coll coll coll coll coll coll c | 6 | | | 6 | | |
| 1 24 20 7 6 7 6 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) losses (from col. (h)) | 23 | | | 20 | ; | |
| 24 20 7 6 7 6 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) (i) Losses (from col. (h)) | 1 | | | 1 | | |
| 7 6 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or col. (k), but not less than -0-) or col. (k) coses (from col. (h)) | 1 | | | 1 | | |
| Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or col. (k), but not less than -0-) or col. (k) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or col. (k) and owned by the foundation on 12/31/69 | 24 | | | 20 | | |
| Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or col. (k), but not less than -0-) or col. (k) coses (from col. (h)) | 7 | | | 6 | 1 | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) Adjusted basis Gains (Col. (h) gain minus col. (k), but not less than -0-) or col. (k) and col. (k) are collected by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or collected by the foundation on 12/31/69 | 7 | | | 6 | 1 | |
| (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) col. (k), but not less than -0-) or col. (| Form 990PF Part IV - Capital | Gains and Losses for Tax on | Investment I | ncome - Colum | ns i - I | |
| (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) Losses (from col. (h)) | Complete only for assets show | ring gain in column (h) and owned b | y the foundation | on 12/31/69 | | |
| | (i) F.M.V. as of 12/31/69 | Adjusted basis (j) as of 12/31/69 | | | | |
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| 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.) | | | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | |
| | | | 2017-01-20 | 2019-09-05 | |
| | | | 2018-10-03 | 2019-09-05 | |
| 15. SPDR GOLD TRUST | | | 2018-10-03 | 2019-10-10 | |
| | | | 2017-01-20 | 2019-10-10 | |
| | | | 2018-09-20 | 2019-10-10 | |
| | | | 2018-09-20 | 2019-11-13 | |
| | | | 2017-01-20 | 2019-11-13 | |
| | | | 2018-10-03 | 2019-11-13 | |
| | | | 2017-01-20 | 2019-12-10 | |
| | | | 2018-10-03 | 2019-12-10 | |
| Gains and Losses for Tax on | Investment I | ncome - Colum | ns e - h | | |
| Depreciation allowed (f) (or allowable) | | Cost or other basis (g) plus expense of sale | | or (loss) (f) minus (g) | |
| | | 20 | | 5 | |
| | | 1 | | | |
| | 1 | | | | |
| | | 20 | | | |
| | | 6 | | | |
| | 6 | | | | |
| | | 23 | | 4 | |
| | | 1 | | | |
| | | 21 | | | |
| | | 1 | | | |
| Gains and Losses for Tax on | Investment I | ncome - Colum | ns i - I | | |
| ving gain in column (h) and owned b | y the foundation | on 12/31/69 | Gains (Col. (h) gain minus | (h) gain minus | |
| Adjusted basis (j) as of 12/31/69 | | | col. (k), but not less than -0-) ((I) Losses (from col.(h)) | | |
| | | | | 5 | |
| | | | | | |
| | | | | | |
| | | | | 5 | |
| | | | | 1 | |
| | | | | 2 | |
| | | | | 4 | |
| | | | | | |
| | | | | 5 | |
| | | | | | |
| | Gains and Losses for Tax on (f) (or allowable) Gains and Losses for Tax on Adjusted basis | Gains and Losses for Tax on Investment I (g) plus ex Gains and Losses for Tax on Investment I (g) plus ex Gains and Losses for Tax on Investment I Adjusted basis Excess Excess | kind(s) of property sold (e.g., real estate, use; or common stock, 200 shs. MLC Co.) How acquired P—Purchase D—Donation Gains and Losses for Tax on Investment Income - Colum (f) (or allowable) Cost or other basis (g) plus expense of sale 1 1 20 6 6 23 1 Gains and Losses for Tax on Investment Income - Colum 20 1 1 21 21 Gains and Losses for Tax on Investment Income - Colum ing gain in column (h) and owned by the foundation on 12/31/69 Adjusted basis Excess of col. (i) | kind(s) of property sold (e.g., real estate, use; or common stock, 200 shs. MLC Co.) How acquired P—Purchase D—Donation 2017-01-20 2018-10-03 2018-10-03 2018-09-20 2018-09-20 2018-09-20 2018-10-03 2017-01-20 2018-10-03 2017-01-20 2018-10-03 2017-01-20 2018-10-03 2017-01-20 2018-10-03 2017-01-20 2018-10-03 2017-01-20 2018-10-03 2017-01-20 2018-10-03 2017-01-20 2018-10-03 2017-01-20 2018-10-03 2017-01-20 2018-10-03 2017-01-20 2018-10-03 2017-01-20 2018-10-03 2017-01-20 2018-10-03 | |

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, (d) (b) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2018-09-20 157. SPDR GOLD TRUST 2019-12-10 45. VANGUARD DIVIDEND APPRECIATION ETF 2016-01-21 2020-03-11 1901. VANGUARD FTSE DEVELOPED MARKETS ETF 2017-01-20 2020-03-11 1504. VICTORYSHARES US 500 VOLATILITY WTD ETF 2017-01-20 2020-03-11 CAPITAL GAIN DIVIDENDS Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) (f) 7 6 1 1,703 4,967 3,264 68,222 71,390 -3,168 70,386 61,484 8,902 56,826 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 1,703 -3,168 8,902

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ST 10SEDH'S CHUDCH NI/A ו פר 500

| 34 S CHESTNUT STREET NEW PALTZ, NY 12561 | IV/A | 1 | ONNESTRICIED GENERAL | 300 |
|---|------|----|----------------------|-------|
| PRESIDENT & TRUSTEES OF COLBY COLLEGE 4120 MAYFLOWER HI | N/A | PC | UNRESTRICTED GENERAL | 2,000 |

LINDESTRICTED GENERAL

212,929

| PRESIDENT & TRUSTEES OF COLBY COLLEGE 4120 MAYFLOWER HI WATERVILLE, ME 04901 | N/A | PC | UNRESTRICTED GENERAL | 2,000 |
|---|-----|----|----------------------|-------|
| WILLISTON NORTHAMPTON SCHOOL 19 PAYSON AVENUE EASTHAMPTON, MA 01027 | N/A | PC | UNRESTRICTED GENERAL | 5,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|---|-----|----|----------------------|-------|
| TRUSTEES OF DEERFIELD ACADEMY PO BOX 87 DEERFIELD, MA 01342 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| | | | | |

| DEERFIELD, MA 01342 | | | | |
|---|-----|----|----------------------|-------|
| BERKSHIRE SCHOOL INC 245 N UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| PLANNED PARENTHOOD OF SOUTHERN | N/A | PC | UNRESTRICTED GENERAL | 1,750 |

| 245 N UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
|--|-----|----|----------------------|-------|
| PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND INC 345 WHITNEY AVENUE NEW HAVEN, CT 06511 | N/A | PC | UNRESTRICTED GENERAL | 1,750 |

| SHEFFIELD, MA 01257 | | | | |
|--|-----|----|----------------------|---------|
| PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND INC 345 WHITNEY AVENUE NEW HAVEN, CT 06511 | N/A | PC | UNRESTRICTED GENERAL | 1,750 |
| Total | | | ▶ 3a | 212,929 |

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Amount contribution

Purpose of grant or contribution

recipient

Purpose of grant or contribution

a Paid during the year

| RUMSEY HALL SCHOOL 201 ROMFORD ROAD WASHINGTON DEPOT, CT 06794 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
|--|-----|----|----------------------|-------|
| GUNNERY INC99 GREEN HILL ROAD WASHINGTON, DC 06793 | N/A | PC | UNRESTRICTED GENERAL | 2,000 |

| GUNNERY INC99 GREEN HILL ROAD WASHINGTON, DC 06793 | N/A | PC | UNRESTRICTED GENERAL | 2,000 |
|---|-----|----|----------------------|-------|
| NEW CANAAN COUNTRY SCHOOL INC PO BOX 997 NEW CANAAN, CT 06840 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| | | | | |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CT MARK'S EDISCORAL CHURCH

Total .

NI/A

| 111 OENOKE RIDGE NEW CANAAN, CT 06840 | IN/A | FC | UNRESTRICTED GENERAL | 4,000 |
|--|------|----|----------------------|-------|
| BENNETT CANCER CENTER | N/A | PC | UNRESTRICTED GENERAL | 3,000 |

l no

LINDECTRICTED CENERAL

▶ 3a

4 000

| BENNETT CANCER CENTER 1 HOSPITAL PLAZA STAMFORD, CT 06904 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |
|---|-----|----|----------------------|-------|
| TRINITY COLLEGE300 SUMMIT STREET | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

| STAMFORD, CT 06904 | | | | |
|--|-----|----|----------------------|------|
| TRINITY COLLEGE300 SUMMIT STREET HARTFORD, CT 06106 | N/A | PC | UNRESTRICTED GENERAL | 1,00 |
| • | | | | · |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LOOMIS INSTITUTE N/A PC UNRESTRICTED GENERAL 1,000 4 BATCHELDER ROAD

| WINDSOR, CT 06095 | | | | |
|--|-----|----|----------------------|-------|
| NEW CANAAN COMMUNITY YOUNG MENS CHRISTIAN ASSN INC 564 SOUTH AVENUE NEW CANAAN, CT 06840 | N/A | PC | UNRESTRICTED GENERAL | 5,000 |
| | | | | |

| 564 SOUTH AVENUE NEW CANAAN, CT 06840 | | | | |
|---|-----|----|----------------------|-------|
| NEW CANAAN COMMUNITY FDN INC 111 CHERRY STREET NEW CANAAN, CT 06840 | N/A | PC | UNRESTRICTED GENERAL | 3,500 |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

| | or substantial contributor | | | |
|------------------------------|----------------------------|----|----------------------|-------|
| a Paid during the year | | | | |
| KIDS IN CRISIS INC1 SALEM ST | N/A | PC | UNRESTRICTED GENERAL | 5,000 |

| COS COB, CT 06807 | | | | |
|--|-----|----|----------------------|-------|
| VILLA MARIA EDUCATION CENTER INC 161 SKY MEADOW DRIVE STANFORD, CT 06903 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |
| WHITE PLAINS PERFORMING ARTS CTR | N/A | PC | UNRESTRICTED GENERAL | 3,000 |

| 161 SKY MEADOW DRIVE STANFORD, CT 06903 | IN/A | PC | ONRESTRICTED GENERAL | 3,000 |
|--|------|----|----------------------|-------|
| WHITE PLAINS PERFORMING ARTS CTR INC 11 CITY PLACE WHITE PLAINS, NY 10601 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |

| 161 SKY MEADOW DRIVE STANFORD, CT 06903 | | | | |
|--|-----|----|----------------------|---------|
| WHITE PLAINS PERFORMING ARTS CTR INC 11 CITY PLACE WHITE PLAINS, NY 10601 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |
| Total | | | ▶ 3a | 212,929 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DI ANNIED DADENTHOOD FEDERATION NI/A ן פר LINDESTRICTED GENERAL 500

| OF AMERICA 123 WILLIAM STREET NEW YORK, NY 10038 | IVA | | ONNESTRICTED GENERAL | 300 |
|--|-----|----|----------------------|-----|
| FRESH AIR FUND | N/A | PC | UNRESTRICTED GENERAL | 500 |

| 14EW 10KK, W1 10050 | | | | |
|--|-----|----|----------------------|-------|
| FRESH AIR FUND 633 THIRD AVENUE 14TH FLOOR NEW YORK, NY 10017 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK NY 10016 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

| 633 THIRD AVENUE 14TH FLOOR NEW YORK, NY 10017 | | | | |
|---|-----|----|----------------------|-------|
| NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WESTCHESTER JEWISH COMMUNITY N/A PC UNRESTRICTED GENERAL 1,683 SVCS INC

| 845 NORTH BROADWAY WHITE PLAINS, NY 10603 | | | | |
|---|-----|----|----------------------|-------|
| ST VINCENT'S HOSPITAL 275 NORTH STREET HARRISON, NY 10528 | N/A | PC | UNRESTRICTED GENERAL | 5,000 |
| WHITE PLAINS HOSPITAL MEDICAL | N/A | PC | UNRESTRICTED GENERAL | 4,500 |

За

212,929

41 EAST POST ROAD WHITE PLAINS, NY 10601

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CARDINAL MCCLOSKEY SCHOOL AND N/A PC UNRESTRICTED GENERAL 3,000 HOME FOR CHILDREN INC

| 115 EAST STEVENS AVE STE LL5 VALHALLA, NY 10595 | | | | |
|---|-----|----|----------------------|-------|
| IONA PREP SCHOOL 173 STRATTON ROAD NEW ROCHELLE, NY 10804 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| OUR LADY OF SORROWS PARISH WHITE PLAINS 920 MAMARONECK AVENUE | N/A | PC | UNRESTRICTED GENERAL | 4,000 |

▶ 3a

212,929

WHITE PLAINS, NY 10605

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 1,000

| AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW STE 400 ATLANTA, GA 30303 | N/A | PC | UNRESTRICTED GENERAL | 1 |
|--|-----|----|----------------------|---|
| MEMORIAL SLOAN KETTERING CANCER | N/A | PC | UNRESTRICTED GENERAL | 1 |

| ATLANTA, GA 30303 | | | | |
|--|-----|----|----------------------|-------|
| MEMORIAL SLOAN KETTERING CANCER CTR 1275 YORK AVENUE NEW YORK, NY 10017 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| AMERICAN PARKINSON DISEASE | N/A | PC | UNRESTRICTED GENERAL | 500 |

| 1275 YORK AVENUE NEW YORK, NY 10017 | | | | |
|---|-----|----|----------------------|-----|
| AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305 | N/A | PC | UNRESTRICTED GENERAL | 500 |

| , | | | | |
|---|-----|----|----------------------|---------|
| AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| Total | | | ▶ 3a | 212,929 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CORPORATION FOR PUBLIC N/A PC UNRESTRICTED GENERAL 1,000 BROADCASTING 401 NINTH STREET NW

| WASHINGTON, DC 20004 | | | | |
|--|-----|----|----------------------|-------|
| MEALS ON WHEELS OF WHITE PLAINS INC 311 NORTH STREET STE 307 WHITE PLAINS, NY 10605 | N/A | PC | UNRESTRICTED GENERAL | 2,000 |
| ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSN INC 225 NORTH MICHIGAN AVENUE STE 1700 | N/A | PC | UNRESTRICTED GENERAL | 3,500 |

▶ 3a

212,929

| 311 NORTH STREET STE 307 WHITE PLAINS, NY 10605 | | | | |
|---|-----|----|----------------------|------|
| ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSN INC 225 NORTH MICHIGAN AVENUE STE 1700 CHICAGO, IL 60601 | N/A | PC | UNRESTRICTED GENERAL | 3,50 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| CARDINAL'S APPEAL 1101 FIRST AVENUE 14TH FLOOR NEW YORK, NY 10022 | N/A | PC | UNRESTRICTED GENERAL | 500 |
|---|-----|----|----------------------|-------|
| WHITE PLAINS HISTORICAL SOCIETY | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

| WHITE PLAINS HISTORICAL SOCIETY 60 PARK AVENUE WHITE PLAINS, NY 10603 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
|---|-----|----|----------------------|-------|
| VETERANS SUPPORT FDN FBO VIETNAM VETERANS OF AMERICA 366 UNION AVENUE WEST HAVEN. CT 06516 | N/A | PC | UNRESTRICTED GENERAL | 500 |

212,929

| WHITE PLAINS, NY 10603 | | | | |
|---|-----|----|----------------------|-----|
| VETERANS SUPPORT FDN FBO VIETNAM VETERANS OF AMERICA 366 UNION AVENUE WEST HAVEN, CT 06516 | N/A | PC | UNRESTRICTED GENERAL | 500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GREEN CHIMNEYS CHILDREN'S N/A PC UNRESTRICTED GENERAL 1,000 SERVICES INC 400 DOANSBURG ROAD CALLER BOX 719

| BREWSTER, NY 10509 | | | | |
|--|-----|----|----------------------|-----|
| NYU - STERN - HASKINS 25 WEST 4TH STREET 4TH FL NEW YORK, NY 10003 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| WESTCHESTER GOLF ASSOC | N/A | PC | UNRESTRICTED GENERAL | 750 |

| 25 WEST 4TH STREET 4TH FL NEW YORK, NY 10003 | | | | |
|--|-----|----|----------------------|----|
| WESTCHESTER GOLF ASSOC 49 KNOLLWOOD ROAD FLMSFORD, NY, 10523 | N/A | PC | UNRESTRICTED GENERAL | 75 |

Total .

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|---|-----|----|----------------------|-------|
| WHITE PLAINS BEAUTIFICATION FDN INC PO BOX 1614 WHITE PLAINS, NY 10602 | N/A | PC | UNRESTRICTED GENERAL | 5,000 |

| WHITE PLAINS, NY 10602 | | | | |
|---|-----|----|----------------------|-----|
| YMCA OF KINGSTON AND ULSTER COUNTY 507 BROADWAY KINGSTON, NY 12401 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| | | | | |

| YMCA OF KINGSTON AND ULSTER COUNTY 507 BROADWAY KINGSTON, NY 12401 | N/A | PC | UNRESTRICTED GENERAL | 50 |
|---|-----|----|----------------------|------|
| ST PETER'S PARISH1017 KEATON AVE | N/A | PC | UNRESTRICTED GENERAL | 1.00 |

| 507 BROADWAY KINGSTON, NY 12401 | | | | |
|------------------------------------|-----|----|----------------------|-------|
| ST PETER'S PARISH1017 KEATON AVE | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

| | | | | i |
|---|-----|----|----------------------|-------|
| ST PETER'S PARISH1017 KEATON AVE ROSENDALE, NY 12472 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| | | | | |

212,929

| ROSENDALE, NY 12472 | ST PETER'S PARISH1017 KEATON AVE | N/A | PC | UNRESTRICTED GENERAL | |
|---------------------|----------------------------------|-----|----|----------------------|--|
| | ROSENDALE, NY 12472 | | | | |

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

Recipient Second If recipient is an individual, show any relationship to any foundation manager or substantial contributor

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient recipient

Purpose of grant or contribution

Amount recipient

| | | | | · |
|--|-----|----|----------------------|-------|
| ULSTER COUNTY SPCA20 WEIDY ROAD KINGSTON, NY 12401 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| CARDINAL HAYES HOME FOR CHILDREN ST JOSEPH DRIVE MILLBROOK, NY 12545 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |

| Total | | | ▶ 3a | 212.929 |
|---|------|----|----------------------|---------|
| ULSTER COUNTY HISTORICAL SOCIETY PO BOX 279 STONE RIDGE, NY 12484 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| KINGSTON, NY 12401 | IN/A | PC | ONRESTRICTED GENERAL | 500 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

| Name and address (home or business) | or substantial contributor | T COIPICITO | | |
|-------------------------------------|----------------------------|-------------|----------------------|------|
| a Paid during the year | | | | |
| FAMILY OF WOODSTOCK INC | N/A | PC | UNRESTRICTED GENERAL | 1,00 |

| PO BOX 3516 KINGSTON, NY 12402 | | | | |
|-----------------------------------|-----|----|----------------------|--|
| MOHONK PRESERVE INCPO BOX 715 | N/A | PC | UNRESTRICTED GENERAL | |

| KINGSTON, NY 12402 | | | | |
|--|-----|----|----------------------|-------|
| MOHONK PRESERVE INCPO BOX 715 NEW PALTZ, NY 12561 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| CHILD LIGHT INC FBO LEDERMAN | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

| NEW PALTZ, NY 12561 | IN/A | PC | UNRESTRICTED GENERAL | 500 |
|---|------|----|----------------------|-------|
| CHILD LIGHT INC FBO LEDERMAN CHILDREN'S CENTER 3007 ROUTE 213 EAST STONE RIDGE, NY 12484 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

| NEW PALTZ, NY 12561 | | | | |
|---|-----|----|----------------------|---------|
| CHILD LIGHT INC FBO LEDERMAN CHILDREN'S CENTER 3007 ROUTE 213 EAST STONE RIDGE, NY 12484 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| Total | | | ▶ 3a | 212,929 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| | | | l | |
|---|-----|----|----------------------|-------|
| KINGSTON SELF-HELP CENTER INC 17 ST JAMES STREET KINGSTON, NY 12401 | N/A | PC | UNRESTRICTED GENERAL | 2,500 |
| a Paid during the year | | | | |

| HIGH MEADOW SCHOOL INC PO BOX 552 STONE RIDGE, NY 12484 | N/A | PC | UNRESTRICTED GENERAL | 500 |
|---|-----|----|----------------------|-----|
| ULSTER COUNTY HABITAT FOR HUMANITY | N/A | PC | UNRESTRICTED GENERAL | 500 |

| STONE RIDGE, NY 12484 | | | | |
|--|-----|----|----------------------|-----|
| ULSTER COUNTY HABITAT FOR HUMANITY PO BOX 2554 KINGSTON, NY 12402 | N/A | PC | UNRESTRICTED GENERAL | 500 |

▶ 3a

212,929

| STONE RIDGE, NY 12484 | | | | |
|--|-----|----|----------------------|-----|
| ULSTER COUNTY HABITAT FOR HUMANITY PO BOX 2554 KINGSTON, NY 12402 | N/A | PC | UNRESTRICTED GENERAL | 500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager

or substantial contributor

N/A

Name and address (home or business)

COLGATE UNIVERSITY13 OAK DRIVE

HAMILTON, NY 13346

Total .

recipient

| a Paid during the year | | | | |
|---|-----|----|----------------------|-------|
| ULSTER COMMUNITY COLLEGE FOUNDATION INC 491 COTTEKILL ROAD STONE RIDGE, NY 12484 | N/A | PC | UNRESTRICTED GENERAL | 574 |
| CATSKILL ANIMAL SANCTUARY INC 316 OLD STAGE ROAD SAUGERTIES, NY 12477 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

PC

UNRESTRICTED GENERAL

▶ 3a

2,000

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total . .

| a Paid during the year | | | | |
|---|-----|----|----------------------|-------|
| ST LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |

| ST AGNES CHURCH6 HILLCREST AVE LAKE PLACID, NY 12946 | N/A | PC | UNRESTRICTED GENERAL | 500 |
|--|-----|----|----------------------|-------|
| INTERNATIONAL MOTOR RACING RESEARCH CTR 610 S DECATUR STREET WATKINS GLEN, NY 14891 | N/A | PC | UNRESTRICTED GENERAL | 2,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| VOICES OF SEPTEMBER 11 161 CHERRY STREET NEW CANAAN, CT 06840 | N/A | PC | UNRESTRICTED GENERAL | 4,000 |
|---|-----|-----|-----------------------|-------|
| ALITICM CDEAVC1 E 22DD CT 4TH EL | N/A | DC. | LINBECTRICTED CENERAL | F00 |

| 11211 6/11/1/11/, 61 00010 | | | | |
|---|-----|----|----------------------|-------|
| AUTISM SPEAKS1 E 33RD ST 4TH FL NEW YORK, NY 10016 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| SQUASH HAVEN INC 70 TOWER PARKWAY | N/A | PC | UNRESTRICTED GENERAL | 1,500 |

| AUTISM SPEAKS1 E 33RD ST 4TH FL NEW YORK, NY 10016 | N/A | PC | UNRESTRICTED GENERAL | 500 |
|---|-----|----|----------------------|---------|
| SQUASH HAVEN INC 70 TOWER PARKWAY NEW HAVEN, CT 06511 | N/A | PC | UNRESTRICTED GENERAL | 1,500 |
| Total | | | ▶ 3a | 212,929 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|--|-----|----|----------------------|-------|
| LIFELINE NEW YORK845 3RD AVE FL 15 NEW YORK, NY 10022 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| REGIONAL FOOD BANK OF NE NY INC | N/A | PC | UNRESTRICTED GENERAL | 500 |

| REGIONAL FOOD BANK OF NE NY INC 965 ALBANY-SHAKER ROAD LATHAM, NY 12110 | N/A | PC | UNRESTRICTED GENERAL | 50 |
|---|-----|----|----------------------|----|
| RONDOUT VALLEY ANIMALS 4628 ROUTE 209 | N/A | PC | UNRESTRICTED GENERAL | 50 |

| LATHAM, NY 12110 | | | | |
|--|-----|----|----------------------|-----|
| RONDOUT VALLEY ANIMALS 4628 ROUTE 209 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| ACCORD, NY 12404 | | | | |

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212,929

| RONDOUT VALLEY ANIMALS 4628 ROUTE 209 | N/A | PC | UNRESTRICTED GENERAL | 5 |
|--|-----|----|----------------------|---|
| 4020 ROUTE 209 | | | | |
| ACCORD, NY 12404 | | | | |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year

| a raid during the year | | | | |
|---|------|-----|-----------------------|-------|
| VILLANOVA UNIVERSITY 800 E LANCASTER AVENUE VILLANOVA, PA 19085 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| COMMUNITY FOUNDATIONS OF THE | NI/A | DC. | LINDECTRICTED CENERAL | 2.000 |

| COMMUNITY FOUNDATIONS OF THE HUDSON | N/A | PC | UNRESTRICTED GENERAL | 2,000 |
|-------------------------------------|-----|----|----------------------|-------|
| VALLEY | | | | |
| 80 WASHINGTON STREET STE 201 | | | | |
| POUGHKEEPSIE, NY 12601 | | | | |

| VALLEY 80 WASHINGTON STREET STE 201 POUGHKEEPSIE, NY 12601 | | | | |
|--|-----|----|----------------------|-------|
| NEW CANAAN EMS182 SOUTH AVENUE | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

212,929

| POUGHKEEPSIE, NY 12601 | | | | |
|--|-----|----|----------------------|-----|
| NEW CANAAN EMS182 SOUTH AVENUE NEW CANAAN, CT 06840 | N/A | PC | UNRESTRICTED GENERAL | 1,0 |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

| | or substantial contributor | | | |
|---|----------------------------|----|----------------------|-----|
| a Paid during the year | | | | |
| AMERICAN CIVIL LIBERTIES UNION FDN 99 CHAUNCY STREET STE 310 | N/A | PC | UNRESTRICTED GENERAL | 500 |

| BOSTON, MA 02111 | | | | |
|--|-----|----|----------------------|-----|
| MACULAR DEGENERATION RESEARCH 22512 GATEWAY CENTER DR CLARKSBURG, MD 20871 | N/A | PC | UNRESTRICTED GENERAL | 500 |

| MACULAR DEGENERATION RESEARCH 22512 GATEWAY CENTER DR CLARKSBURG, MD 20871 | N/A | PC | UNRESTRICTED GENERAL | 500 |
|--|-----|----|----------------------|-------|
| ST MARY'S FOOD BANK ALLIANCE 2831 N 31ST AVENUE | N/A | PC | UNRESTRICTED GENERAL | 3,863 |

| CLARKSBURG, MD 20871 | | | | |
|---|-----|----|----------------------|-------|
| ST MARY'S FOOD BANK ALLIANCE 2831 N 31ST AVENUE PHOENIX, AZ 85009 | N/A | PC | UNRESTRICTED GENERAL | 3,863 |

| ST MARY'S FOOD BANK ALLIANCE 2831 N 31ST AVENUE PHOENIX, AZ 85009 | N/A | PC | UNRESTRICTED GENERAL | 3,863 |
|---|-----|----|----------------------|---------|
| Total | | | ▶ 3a | 212,929 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| - / | | 1 | | |
|---|-----|----|----------------------|-------|
| PITTSBURGH VINTAGE GRAND PRIX ASSN INC 1000 GAMMA DRIVE STE 106 PITTSBURGH, PA 15238 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |
| CATHOLICS COME HOME INC | N/A | PC | UNRESTRICTED GENERAL | 500 |

| PITTSBURGH, PA 15238 | | | | |
|--|-----|----|----------------------|-------|
| CATHOLICS COME HOME INC 560 WEST CROSSVILLE ROAD STE 101 ROSWELL, GA 30075 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| RIVERS OF RECOVERY INC PO BOX 22326 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |

212,929

| 560 WEST CROSSVILLE ROAD STE 101 ROSWELL, GA 30075 | IN/A | FC | ONKESTRICTED GENERAL | 51 |
|---|------|----|----------------------|------|
| RIVERS OF RECOVERY INC PO BOX 22326 EAGAN, MN 55122 | N/A | PC | UNRESTRICTED GENERAL | 3,00 |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| 1 | | | | |
|--|-----|----|----------------------|-------|
| WNET825 EIGHTH AVENUE 14TH FLOOR NEW YORK, NY 10019 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| MARY'S SHELTER OF THE TREASURE COAST INC 1033 SE 14TH STREET STUART, FL 34996 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| | | 1 | | |

| Total | | | ▶ 3a | 212,929 |
|--|-----|----|----------------------|---------|
| HOME FUR GOOD ANIMAL RESCUE AND PLACEMENT 10220 NORTH 32ND STREET PHOENIX, AZ 85028 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |
| MARY'S SHELTER OF THE TREASURE COAST INC 1033 SE 14TH STREET STUART, FL 34996 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

| | or substantial continuation | | | |
|---|-----------------------------|----|----------------------|-------|
| a Paid during the year | | | | |
| HOMELESS YOUTH CONNECTION 9950 W VAN BUREN STREET NO 114 AVONDALE, AZ 85323 | N/A | PC | UNRESTRICTED GENERAL | 4,000 |

| WOMANS CLUB OF WHITE PLAINS FDN INC 305 RIDGEWAY WHITE PLAINS, NY 10605 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |
|--|-----|----|----------------------|-------|
| | | | | |

| 305 RIDGEWAY WHITE PLAINS, NY 10605 | | | | |
|--|-----|----|----------------------|-------|
| SPECTRUM DESIGNS382 MAIN STREET PORT WASHINGTON, NY 11050 | N/A | PC | UNRESTRICTED GENERAL | 5,000 |

▶ 3a

| WHITE PLAINS, NY 10605 | | | | |
|--|-----|----|----------------------|------|
| SPECTRUM DESIGNS382 MAIN STREET PORT WASHINGTON, NY 11050 | N/A | PC | UNRESTRICTED GENERAL | 5,00 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
|-------------------------------------|--|-----------|----------------------|-------|
| a Paid during the year | | | | |
| STONE RIDGE LIBRARY FDN INC | N/A | PC | UNRESTRICTED GENERAL | 8,000 |

| PO BOX 188 STONE RIDGE, NY 12484 | IN/A | 1 | ONNESTRICIED GENERAL | 3,000 |
|--|------|----|----------------------|-------|
| KAPPA KAPPA GAMMA FDN 530 E TOWN ST COLUMBUS, OH 43017 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

| KAPPA KAPPA GAMMA FDN 530 E TOWN ST COLUMBUS, OH 43017 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
|--|-----|----|----------------------|-------|
| BRADLEY UNIVERSITY 1501 WEST BRADLEY AVENUE PEORIA, IL 61625 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

| 530 E TOWN ST COLUMBUS, OH 43017 | | | OMESTIMOTED SEMENCE | 2,000 |
|--|-----|----|----------------------|---------|
| BRADLEY UNIVERSITY 1501 WEST BRADLEY AVENUE PEORIA, IL 61625 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| Total | | | | 212,929 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| | | | | 1 |
|--|-----|-----|-----------------------|-------|
| SOUTHERN CONNECTICUT ALLIANCE 15 EASTWOOD ROAD NORWALK, CT 06851 | N/A | PC | UNRESTRICTED GENERAL | 1,700 |
| DAWS FOR DURING HEARTS | N/A | DC. | LINDESTRICTED GENERAL | 500 |

| NORWALK, CT 06851 | | | | |
|--|-----|----|----------------------|-----|
| PAWS FOR PURPLE HEARTS 5860 LABATH AVENUE STE A ROHNERT PARK, CA 94951 | N/A | PC | UNRESTRICTED GENERAL | 500 |

| PAWS FOR PURPLE HEARTS 5860 LABATH AVENUE STE A ROHNERT PARK, CA 94951 | N/A | PC | UNRESTRICTED GENERAL | 500 |
|--|-----|----|----------------------|-------|
| FUTURE 5 INC135 ATLANTIC ST | N/A | PC | UNRESTRICTED GENERAL | 1,500 |

| 5860 LABATH AVENUE STE A ROHNERT PARK, CA 94951 | | | | |
|--|-----|----|----------------------|-------|
| FUTURE 5 INC135 ATLANTIC ST | N/A | PC | UNRESTRICTED GENERAL | 1,500 |

| ROHNERT PARK, CA 94951 | | | | |
|---|-----|----|----------------------|-------|
| FUTURE 5 INC135 ATLANTIC ST STAMFORD, CT 06901 | N/A | PC | UNRESTRICTED GENERAL | 1,500 |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|---|-----|----|----------------------|-------|
| HUMAN SERVICES CAMPUS INC 1125 W JACKSON STREET PHOENIX, AZ 85007 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |

| PHOENIX, AZ 85007 | | | | |
|--|-----|----|-----------------------|-------|
| PROJECT SLEEPPO BOX 70206 LOS ANGELES, CA 90070 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |
| FURNISHING DIGNITYPO BOX 51209 | N/A | DC | LINRESTRICTED GENERAL | 2 000 |

| LOS ANGELES, CA 90070 | | | ONKESTRICTED GENERAL | 3,000 |
|---|-----|----|----------------------|-------|
| FURNISHING DIGNITYPO BOX 51209 PHOENIX, AZ 85076 | N/A | PC | UNRESTRICTED GENERAL | 2,000 |
| | | | | |

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year | | | | |
|---|-----|----|----------------------|-------|
| DAUGHTERS OF LIBERTY'S LEGACY INC 4 GROVE ROAD WHITE PLAINS, NY 10603 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| | | | | |

| SAINT CECILIA CATHOLIC COMMUNITY 555 NORTH COMMERCIAL ROAD STE 01 PALM SPRINGS, CA 92262 | N/A | PC | UNRESTRICTED GENERAL | 2,000 |
|--|-----|----|----------------------|-------|
| MARBLETOWN FIRST AID UNIT INC | N/A | PC | UNRESTRICTED GENERAL | 500 |

| 555 NORTH COMMERCIAL ROAD STE 01 PALM SPRINGS, CA 92262 | | | | |
|---|-----|----|----------------------|-----|
| MARBLETOWN FIRST AID UNIT INC PO BOX 323 30 SCHOOL HILL ROAD HIGH FALLS, NY 12440 | N/A | PC | UNRESTRICTED GENERAL | 500 |

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

| Name and address (home or business) | or substantial contributor | recipient | | |
|-------------------------------------|----------------------------|-----------|-----------------------|-------|
| a Paid during the year | | | | |
| SOUTH EAST EUROPEAN EILM FESTIVAL | N/A | PC | LINRESTRICTED GENERAL | 1 000 |

| 7119 W SUNSET BLVD STE 306 LOS ANGELES, CA 90046 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
|---|-----|----|----------------------|-------|
| SPECIAL OLYMPICS NEW YORK INC | N/A | PC | UNRESTRICTED GENERAL | 500 |

| LOS ANGELES, CA 90046 | | | | |
|--|-----|-----|-----------------------|-------|
| SPECIAL OLYMPICS NEW YORK INC 1133 19TH STREET NW WASHINGTON, DC 20036 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| NATIONAL BURLIC PADIO INC | N/A | DC. | LINDESTRICTED CENEDAL | 2 000 |

| SPECIAL OLYMPICS NEW YORK INC 1133 19TH STREET NW WASHINGTON, DC 20036 | N/A | PC | UNRESTRICTED GENERAL | 500 |
|--|-----|----|----------------------|-------|
| NATIONAL PUBLIC RADIO INC 1111 NORTH CAPITOL STREET NW | N/A | PC | UNRESTRICTED GENERAL | 2,000 |

| - | | | | 242.020 |
|---|-----|----|----------------------|---------|
| NATIONAL PUBLIC RADIO INC 1111 NORTH CAPITOL STREET NW WASHINGTON, DC 20002 | N/A | PC | UNRESTRICTED GENERAL | 2,000 |
| WASHINGTON, DC 20036 | | | | |

| Total | | | ▶ 3a | 212 929 |
|--|-------|----|----------------------|---------|
| 1111 NORTH CAPITOL STREET NW WASHINGTON, DC 20002 | | | | |
| NATIONAL PUBLIC RADIO INC | I N/A | PC | UNKESTRICTED GENERAL | 2,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year | | | | |
|--|-----|----|----------------------|-------|
| OPEN SPACE INSTITUTE INC 1350 BROADWAY STE 201 NEW YORK, NY 10018 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW STE 200 WASHINGTON DC 20005 | N/A | PC | UNRESTRICTED GENERAL | 500 |

| NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW STE 200 WASHINGTON, DC 20005 | N/A | PC | UNRESTRICTED GENERAL | |
|---|-----|----|----------------------|--|
| AMERICAN INDIAN COLLEGE FUND | N/A | PC | UNRESTRICTED GENERAL | |

| 1110 VERMONT AVE NW STE 200 WASHINGTON, DC 20005 | N/A | FC | ONRESTRICTED GENERAL | 31 |
|---|-----|----|----------------------|----|
| AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD | N/A | PC | UNRESTRICTED GENERAL | 50 |

| WASHINGTON, DC 20005 | | | | |
|---|-----|----|----------------------|-----|
| AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221 | N/A | PC | UNRESTRICTED GENERAL | 500 |

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

recipient

any foundation manager

Name and address (home or business)

| Name and address (nome or business) | or substantial contributor | · | | |
|--|----------------------------|----|----------------------|-----|
| a Paid during the year | | | | |
| WORLD WILDLIFE FUND INC 1250 24TH STREET NW WASHINGTON, DC 20037 | N/A | PC | UNRESTRICTED GENERAL | 500 |

| AMERICAN NATIONAL RED CROSS 431 EAST CARY STREET RICHMOND, VA 23219 | N/A | PC | UNRESTRICTED GENERAL | 500 |
|---|-----|----|----------------------|-----|
| NATURE CONSERVANCY INC | N/A | PC | UNRESTRICTED GENERAL | 500 |

| RICHMOND, VA 23219 | | | | |
|---|-----|----|----------------------|-----|
| NATURE CONSERVANCY INC 4245 N FAIRFAX DRIVE STE 100 ARLINGTON, VA 22203 | N/A | PC | UNRESTRICTED GENERAL | 500 |

| RICHMOND, VA 23219 | | | | |
|---|-----|----|----------------------|---------|
| NATURE CONSERVANCY INC 4245 N FAIRFAX DRIVE STE 100 ARLINGTON, VA 22203 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| Total | | | ▶ 3a | 212,929 |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year | | | | |
|--|-----|----|----------------------|-------|
| ROANOKE COLLEGE221 COLLEGE LANE SALEM, VA 24153 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| ETERNAL WORD TELEVISION NETWORK INC | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

| ETERNAL WORD TELEVISION NETWORK INC 5817 OLD LEEDS ROAD IRONDALE, AL 35210 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
|---|-----|----|----------------------|-------|
| ROSENDALE THEATRE COLLECTIVE | N/A | PC | UNRESTRICTED GENERAL | 500 |

| 5817 OLD LEEDS ROAD IRONDALE, AL 35210 | | | | |
|---|-----|----|----------------------|-----|
| ROSENDALE THEATRE COLLECTIVE PO BOX 545 ROSENDALE, NY 12472 | N/A | PC | UNRESTRICTED GENERAL | 500 |

| IRONDALE, AL 35210 | | | | |
|---|-----|----|----------------------|-----|
| ROSENDALE THEATRE COLLECTIVE PO BOX 545 ROSENDALE, NY 12472 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| | | | | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| a raid during the year | | | | |
|---|-----|----|----------------------|-------|
| GREENS LEDGE LIGHT PRESERVATION SOCIETY INC101 ROWYTON AVE 2ND FLOOR NORWALK, CT 06853 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |

| NORWALK, CT 06853 | | | | |
|---|-----|----|----------------------|-------|
| PERCY GRAINGER AMERICA INC 7 CROMWELL PL WHITE PLAINS, NY 10601 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
| GENERATION JUSTICE | N/A | PC | UNRESTRICTED GENERAL | 3,000 |

| PERCY GRAINGER AMERICA INC 7 CROMWELL PL WHITE PLAINS, NY 10601 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |
|---|-----|----|----------------------|-------|
| GENERATION JUSTICE 3900 CAMELBACK RD NO 300 PHOENIX, AZ 85018 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |

| WHITE PLAINS, NY 10601 | | | | |
|---|-----|----|----------------------|---------|
| GENERATION JUSTICE 3900 CAMELBACK RD NO 300 PHOENIX, AZ 85018 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |
| Total | | | ▶ 3a | 212,929 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

NI/A

Total .

| STONE RIDGE, NY 12484 | N/A | PC | UNKESTRICTED GENERAL | 500 |
|--|-----|----|----------------------|-------|
| ARTS COUNCIL 1625 N CENTRAL AVENUE PHOENIX, AZ 85004 | N/A | PC | UNRESTRICTED GENERAL | 2,000 |

D.C.

| 1625 N CENTRAL AVENUE PHOENIX, AZ 85004 | | | | |
|--|-----|----|----------------------|-------|
| HOSPICE OF THE VALLEY 1510 EAST FLOWER STREET | N/A | PC | UNRESTRICTED GENERAL | 3,000 |
| DUCENTY AZ DEC14 | | | | 1 |

| · | | | | 1 |
|---|-----|----|----------------------|-------|
| HOSPICE OF THE VALLEY 1510 EAST FLOWER STREET PHOENIX, AZ 85014 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |
| | | | | (|

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MAKE-A-WISH FOUNDATION OF N/A PC UNRESTRICTED GENERAL 500 AMEDICA

| 4742 N 24TH STREET STE 400 PHOENIX, AZ 85016 | | | | |
|---|-----|----|----------------------|-------|
| CENTRAL ARIZONA SHELTER SERVICES INC PO BOX 18250 | N/A | PC | UNRESTRICTED GENERAL | 5,000 |

| CENTRAL ARIZONA SHELTER SERVICES INC PO BOX 18250 PHOENIX, AZ 85005 | N/A | PC | UNRESTRICTED GENERAL | 5,000 |
|--|-----|----|----------------------|-------|
| ARIZONA FOOD BANK 340 E CORONADO RD PHOENIX, AZ 85004 | N/A | PC | UNRESTRICTED GENERAL | 2,500 |

Total .

За

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or husiness)

| Name and address (nome or business) | or substantial contributor | | | |
|-------------------------------------|----------------------------|----|----------------------|-------|
| a Paid during the year | | | | |
| WASTE NOT INC | N/A | PC | UNRESTRICTED GENERAL | 3,000 |

| 1700 N GRANITE REEF ROAD SCOTTSDALE, AZ 85257 | | | | |
|--|-----|----|----------------------|--|
| SOUTHWEST CENTER FOR HIVAIDS INC | N/A | PC | UNRESTRICTED GENERAL | |

Total .

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

| • | | | | |
|---|-----|----|----------------------|--|
| THWEST CENTER FOR HIVAIDS INC 1 NORTH CENTRAL AVENUE STE 200 ENIX, AZ 85004 | l ' | PC | UNRESTRICTED GENERAL | |
| ENDS OF EIGHT | N/A | PC | UNRESTRICTED GENERAL | |

| FRIENDS OF EIGHT N/A PC UNRESTRICTED GENERAL 2,000 555 N CENTRAL AVENUE STE 500 PHOENIX, AZ 85004 PC UNRESTRICTED GENERAL 2,000 | 1101 NORTH CENTRAL AVENUE STE 200 PHOENIX, AZ 85004 | | | | |
|---|--|-----|----|----------------------|-------|
| | 555 N CENTRAL AVENUE STE 500 | N/A | PC | UNRESTRICTED GENERAL | 2,000 |

3,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|---|-----|----|-----------------------|-----|
| SPCAPO BOX 1230 WASHINGTON, DC 10116 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| GUIDE DOGS FOR THE BLIND INC | N/A | PC | LINRESTRICTED GENERAL | 500 |

| · | | | | |
|--|-----|----|----------------------|-----|
| GUIDE DOGS FOR THE BLIND INC 350 LOS RANCHITOS ROAD SAN RAFAEL, CA 94903 | N/A | PC | UNRESTRICTED GENERAL | 500 |
| MADD511 E JOHN CARPENTER FWY 700 | N/A | PC | UNRESTRICTED GENERAL | 609 |

| SAN RAFAEL, CA 94903 | | | | |
|---|-----|----|----------------------|-----|
| MADD511 E JOHN CARPENTER FWY 700 IRVING, TX 75062 | N/A | PC | UNRESTRICTED GENERAL | 609 |
| | | | | (|

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

■ 3a

212,929

| (| or substantial contributor | | | |
|--|----------------------------|----|----------------------|-------|
| a Paid during the year | | | | |
| LIBERTY WILDLIFE INCPO BOX 14345 SCOTTSDALE, AZ 85267 | N/A | PC | UNRESTRICTED GENERAL | 3,000 |

| SCOTTSDALE, AZ 85267 | | | | |
|--|-----|----|----------------------|---|
| PRIESTS FOR LIFE 5211 S WASHINGTON AVENUE | N/A | PC | UNRESTRICTED GENERAL | |
| TITUCVILLE EL 22700 | | | | i |

any foundation manager

Name and address (home or business)

Total.

| PRIESTS FOR LIFE N/A PC UNRESTRICTED GENERAL 1, | | | | | |
|---|---|-----|----|----------------------|-------|
| 5211 S WASHINGTON AVENUE TITUSVILLE, FL 32780 | 1 | N/A | PC | UNRESTRICTED GENERAL | 1,000 |

| efile GRAPHIC print - DO NOT P | ROCESS | As Filed D | ata - | a - DLN: 93491274005250 | | | | |
|--|----------------------------------|------------|-------|-------------------------|------------------|--|---|--|
| TY 2019 Accounting Fe | TY 2019 Accounting Fees Schedule | | | | | | | |
| | | | | | | | | |
| Name: SYD & JAN M SILVERMAN FOUNDATION INC EIN: 22-3125351 | | | | | | | | |
| Category | Amo | ount | | Investment Income | Adjuste Incor | | Disbursements for Charitable Purposes | |
| TAX PREPARATION FEE | | 2,500 | | | | | 2,500 | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491274005250 |
|--------------------------------------|-----------------|---------------------|
| | | |

TY 2019 Investments - Other Schedule

Name: SYD & JAN M SILVERMAN FOUNDATION INC

| EIN: 22-3 | 125351 | | |
|--------------------------------|-----------------------|------------|----------------------------------|
| Investments Other Schedule 2 | | | |
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
| 245914817 DELAWARE EMERGING MA | AT COST | 104,208 | 111,508 |
| 921943858 VANGUARD FTSE DEVELO | AT COST | 130,191 | 116,995 |
| 78463V107 SPDR GOLD TRUST | AT COST | 226,226 | 262,338 |
| 32008F606 FIRST EAGLE GLOBAL F | AT COST | 1,125,795 | 1,060,196 |
| 464287614 ISHARES RUSSELL 1000 | AT COST | 244,906 | 434,542 |
| 74441P866 PGIM JENNISON HEALTH | AT COST | 78,665 | 92,167 |
| 921908844 VANGUARD DIVIDEND AP | AT COST | 60,047 | 88,154 |
| 922908751 VANGUARD SMALL-CAP E | AT COST | 134,356 | 131,976 |
| 464287598 ISHARES RUSSELL 1000 | AT COST | 367,576 | 403,037 |
| 464287721 ISHARES US TECHNOLOG | AT COST | 39,200 | 94,415 |
| 55273E822 MFS INTERNATIONAL VA | AT COST | 184,381 | 209,188 |
| 92647N766 VICTORYSHARES US 500 | AT COST | 876,490 | 975,833 |
| PIMCO INVESTMENT GRADE | AT COST | 227 | 217 |
| PIMCO MORTGAGE BACKED | AT COST | 38 | 37 |
| PIMCO REAL RETURN FUND | AT COST | 18 | 18 |
| T ROWE PRICE US TREASURY | AT COST | 34 | 35 |
| 464288760 ISHARES US AEROSPACE | AT COST | 96,954 | 76,634 |
| 922908553 VANGUARD REAL ESTATE | AT COST | 85,156 | 78,622 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491274005250 |
|--------------------------------------|-----------------|--------------------------|---------------------|
| TY 2019 Other Decreases Scho | edule | | |
| | | | |
| Name: | SYD & JAN M | SILVERMAN FOUNDATION INC | |
| EIN: | 22-3125351 | | |
| Description | | | Amount |

TIMING DIFFERENCE

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: | 93491274005250 | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2019 Other Expenses Sche | dule | | | _ | | |
| | | | | | | |
| Name: | SYD & JAN M S | ILVERMAN FOUND | DATION INC | | | |
| EIN: 22-3125351 | | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |

OTHER CHARITABLE EXPENSES

Name: SYD & JAN M SILVERMAN FOUNDATION INC.

EIN: 22-3125351

FEDERAL TAX REFUND

efile GRAPHIC print - DO NOT PROCESS

Other Income Schedule Description

As Filed Data -

Net Investment

Adjusted Net Income

DLN: 93491274005250

Revenue And **Expenses Per Books**

82

Income

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491274005250 | | | | | | | |
|--|--|--|--|--|--|--|--|
| TY 2019 Other Professional Fees Schedule | | | | | | | |
| | | | | | | | |
| Name: SYD & JAN M SILVERMAN FOUNDATION INC | | | | | | | |
| EIN: 22-3125351 | | | | | | | |
| Colores Not Francisco Additional Not Bisharas No. | | | | | | | |

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

24,999

16,666

41,664

INVESTMNT MNGMNT FEES (NON-DED

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | DLN: 9349127 | |
|---|---------------|--------------------------|------------------------|---|
| TY 2019 Taxes Schedule | | | | |
| Name: SYD & JAN M SILVERMAN FOUNDATION INC EIN: 22-3125351 | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| FOREIGN TAXES | 1,019 | 1,019 | · | 0 |
| EXCISE TAX - PRIOR YEAR | 1,936 | 0 | | 0 |
| EXCISE TAX ESTIMATES | 3,444 | 0 | | 0 |
| FOREIGN TAXES ON QUALIFIED FOR | 12 | 12 | | 0 |

FOREIGN TAXES ON NONQUALIFIED