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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

| | F | or ca | alendar year 2019 or tax year beginning | 0, | 7/01 , 2019, a | nd ending | | 06/30, 20 20 |
|-----------------|-----------|------------|---|--|---------------------------|----------------|--|--|
| | | | of foundation THE MORRIS & BESSIE | ALTMAN FOUNDAT | ION | snamg | A Employer identif | |
| | | | PETER STERN | | | | 03-032312 | |
| | N | -, - | r and street (or P O box number if mail is not delivered t | o street address) | R | toom/suite | B Telephone numb | |
| | | PO BOX 458 | | | | | | 35 - 9943 |
| | Ci | | town, state or province, country, and ZIP or foreign posta | al code | | - - | (332) | |
| | | • | • | | | | C If exemption application pending, check here | |
| | _ | | LBURNE, VT 05482 | | | | _ | |
| • | G | Che | eck all that apply Initial return | | of a former pub | olic charity | D 1 Foreign organiza | |
| Qy | | | Final return | Amended re | | | 2 Foreign organiza 85% test, check t | |
| y _{an} | _ | | Address change | Name chang | | _ | computation . | |
| Du | Н | \neg | eck type of organization X Section 501(| · | | Λ | E If private foundatio | n status was terminated |
| - | 1 | | Section 4947(a)(1) nonexempt charitable trust | Other taxable pr | | • | under section 507(b |)(1)(A), check here . ► |
| | ı | | 1 | unting method: X C | ash 💹 Accru | al , | | in a 60-month termination |
| | | | · · · · · · · · · · · · · · · · · · · | ther (specify) | | | under section 507(b |)(1)(B), check here . |
| | | | | column (d), must be on c | ash basis) | | <u></u> | (d) Dishussessess |
| | | art | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | (a) Revenue and expenses per books | (b) Net investi income | ment | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | _ | 1 | Contributions, gifts, grants, etc., received (attach schedule) . | 50,000. | | | | |
| | | 2 | Check ▶ if the foundation is not required to attach Sch B | | | | | i |
| | | 3 | Interest on savings and temporary cash investments. | 56. | | 56. | | i i |
| - | | 4 | Dividends and interest from securities | 64,282. | 64, | ,282. | | |
| 2021 | | 5a | Gross rents | | | | | |
| 3 2 | | | Net rental income or (loss) | | | | | DELL'ED |
| 8 | nue | 6a | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 268 041 | 124,481. | | | RE(| CEIVED |
| MAR | evenu | | assets on line 6a | | 124 | ,481. | 4 FFB | 0 2 2021 |
| ≥ | Re | 7 | | | 124, | , +01. | O FEB | U) I |
| | | 8 | Net short-term capital gain, | | | | - L | |
| SCANNED | | 9 10 a | Income modifications | | | | - - 0G l | DEN, UT 🔠 |
| \neq | | | and allowances | | | - | <u> </u> | |
| Ā | | | Gross profit or (loss) (attach schedule) | | | | | - |
| တ္တ | | 11 | Other income (attach schedule) ATCH, 1 | 1,158. | | 5. | | |
| • | | 12 | Total. Add lines 1 through 11 | 239,977. | 188, | 824. | | 1 |
| | _ | 13 | Compensation of officers, directors, trustees, etc. | 0. | | | | <u>'</u> |
| • | es | | Other employee salaries and wages | | | | | |
| | nS. | 15 | Pension plans, employee benefits | | - | | | |
| | be | 16a | Legal fees (attach schedule) | | | | | |
| | Ж | | Accounting fees (attach schedule)ATCH 2 | 6,700. | _ | | | 6,700 |
| | Ve | c | Other professional fees (attach schedule) | - | | | · · · · · · · · · · · · · · · · · · · | |
| | ati | 17 | Interest | | | | | |
| | str | 18 | Taxes (attach schedule) (see instructions)[3]. | 277. | | 46. | | |
| | Ē | 19 | Depreciation (attach schedule) and depletion. | | | | - | |
| | Εþ | 20 | Occupancy | | | | | <u> </u> |
| | 4 | 21 | Travel, conferences, and meetings | | | | | |
| • | ~ | 22 | Printing and publications | | | | | |
| | g | 23 | Other expenses (attach schedule) ATCH .4. | 40,319. | 40, | 319. | <u> </u> | |
| | Operating | 24 | Total operating and administrative expenses. | | | | | |
| | era | | Add lines 13 through 23 | 47,296. | 40, | 365. | | 6,700 |
| | dC | 25 | Contributions, gifts, grants paid | 585,500. | | | | 585,500 |
| | _ | 26 | Total expenses and disbursements Add lines 24 and 25 | 632,796. | 40, | 365. | 0. | 592,200 |
| | _ | 27 | Subtract line 26 from line 12 | , | | | | , |
| | | | Excess of revenue over expenses and disbursements | -392,819. | | | |] |
| | | | Net investment income (if negative, enter -0-) | | 148, | 459. | | 1 |
| | | | Adjusted net income (if negative enter -0-) | | | | | |

JSA For Paperwork Reduction Act Notice, see instructions. 2558CD 771P 1/8/2021 4:05:

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| E | art li | Balance Sheets | Attached schedules and amounts in the | Beginning of year | End | of year |
|-------------|----------|--|--|--------------------------------|-------------------------|-----------------------|
| _ | | Dalance Checks | description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bear | ing | | | |
| | 2 | Savings and temporary | cash investments | 237,521. | 181,923. | 181,923 |
| | l . | Accounts receivable | | | | |
| | | Less allowance for dou | btful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | | . |
| | } | | btful accounts ▶ | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from | officers, directors, trustees, and other | | | |
| | | disqualified persons (at | tach schedule) (see instructions) | | | |
| | 7 | Other notes and loans i | receivable (attach schedule) 🕨 | | | |
| | | Less allowance for dou | btful accounts ▶ | | | |
| şţs | 8 | Inventories for sale or us | se | | | |
| Assets | 9 | Prepaid expenses and d | eferred charges | | | |
| Ä | | | e government obligations (attach schedule) | | | |
| | | | e stock (attach schedule) ATCH 5 | 1,097,435. | 938,712. | |
| | | | bonds (attach schedule) ATCH 6 | 566,447. | 417,599. | 417,693 |
| | 11 | Investments - land, buildings and equipment basis | s, > | · | | |
| | | Less accumulated deprecia (attach schedule) | ation > | | | _ |
| | 12 | Investments - mortgage | loans | | | |
| | | | ach schedule) ATCH . 7 | 1,475,753. | 1,446,103. | 2,211,040 |
| | 14 | Land, buildings, and equipment basis | 14,993. | | | ATCH 8 |
| | | Less accumulated deprecia (attach schedule) | 14,993. | | | |
| | 15 | Other assets (describe | >) | | | |
| | | | completed by all filers - see the | | | |
| | | instructions Also, see p | age 1, item I) | 3,377,156. | 2,984,337. | 4,352,266 |
| | 17 | Accounts payable and a | occrued expenses | | | 1 |
| | 18 | Grants payable | | | | |
| ies | 19 | Deferred revenue | | | | |
| Liabilities | 20 | Loans from officers, directo | ors, trustees, and other disqualified persons | | | |
| 혈 | l | | otes payable (attach schedule) | | | <u> </u> |
| _ | 22 | Other liabilities (describe | ●▶) | | | |
| | | | | _ | • | · |
| _ | | | es 17 through 22) | 0. | 0. | |
| nces | | | w FASB ASC 958, check here | | | |
| 2 | | and complete lines 24, | 25, 29, and 30. | 2 277 156 | 0 004 225 | |
| aga | 24 | Net assets without done | or restrictions | 3,377,156. | 2,984,337. | <u> </u> |
| 8 | 24 25 | Net assets with donor re | . 🗀 [| | | |
| Ĕ | | | ollow FASB ASC 958, check here | | | ' . |
| Ē | | and complete lines 26 thre | ough 30. | | | 1 |
| ō | | | cipal, or current funds | | | |
| ets | | | land, bldg, and equipment fund | | _ | |
| SS | 28 | ~ | ulated income, endowment, or other funds | 2 277 156 | 2 004 227 | <u> </u> |
| 4 | 29 | | I balances (see instructions) | 3,377,156. | 2,984,337. | 7 - |
| Ne | | | net assets/fund balances (see | 2 277 156 | 2 004 227 | 1 |
| | | | nage in Not Appets or Fried Bala | 3,377,156. | 2,984,337. | <u> </u> |
| _ | art III | • | nges in Net Assets or Fund Bala palances at beginning of year - Part | | ust agree with | |
| ' | | | | | · · | 3,377,156. |
| 2 | | | ed on prior year's return) | | | -392,819. |
| | | | line 27a | | | -332,613. |
| | | | ded in line 2 (itemize) ▶ | | | 2,984,337. |
| 5 | | reases not included in | line 2 (itemize) | | | 2,704,337. |
| | | | alances at end of year (line 4 minus | line 5) - Part II, column (h) | 5). line 29 6 | 2,984,337. |
| _0 | 1018 | THE GOSELS OF THIS D | alances at enu or year time 4 minus | mie 3) - Fait II, COIUIIIN (D) |), III le 29 D | 2,364,337. |

| Part | W Canital Gains | and Losses for Tax on Inv | restment Income | | | Page 3 |
|--|--|--|---|------------------------------|---|-----------------|
| rai | | scribe the kind(s) of property sold (for | | (b) How | (c) Date acquired | (d) Date sold |
| | 2-story b | rick warehouse, or common stock, 200 | shs MLC Co) | P - Purchase D - Donation | (mo.dav.vr) | (mo , day, yr) |
| 1 a | SEE PART IV SCHEI | DULE | | | | |
| <u>b</u> | | | | | | |
| c | | | | | | |
| <u>d</u> | | | | | | |
| <u>e</u> | | | | | <u></u> | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo ((e) plus (f) minu | |
| <u>a</u> | | | | | | |
| b_ | | | | | | |
| c_ | | | | | | |
| <u>d</u> | | | | | | |
| <u> e </u> | | | | | | |
| | Complete only for assets s | howing gain in column (h) and owned | | | Gains (Col (h) ga | |
| (i) | FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (ı) over col (ı), if any | COI | (k), but not less to Losses (from co | |
| a | | | | | | |
| <u>b</u> | | | | | · | |
| <u>C</u> | | <u> </u> | | | | <u> </u> |
| <u>d</u> | | | | | | |
| е_ | | | | | | |
| 2 | Capital gain net income | or (net capital loss) | ain, also enter in Part I, line 7 | , | | 124,481. |
| 3 | Net short-term canital a | ا) السلم (loss) as defined in sections | loss), enter -0- in Part I, line 7 | 2 | | 124,401. |
| | | | structions If (loss), enter -0- in | | | |
| | - | | | , | | 0. |
| Part | | | duced Tax on Net Investment In | ocome | | |
| Wası | | the section 4942 tax on the distrib | outable amount of any year in the ba | ase perio | d? | Yes X No |
| | | 't qualify under section 4940(e) | | | | |
| 1 | | nount in each column for each ye | ar, see the instructions before maki | ng any er | | |
| Calen | (a) Base penod years dar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of nonchantable-use assets | | (d) Distribution ra (col (b) divided by | |
| | 2018 | 232,700. | 4,702,350. | | | 0.049486 |
| | 2017 | 324,089. | 4,495,189. | | | 0.072097 |
| | 2016 | 281,262. | 4,258,221. | | | 0.066052 |
| | 2015 | 256,719. | 4,212,485. | | | 0.060942 |
| | 2014 | 306,800. | 4,509,650. | т- | | 0.068032 |
| _ | - | | | | | 0 216622 |
| | Total of line 1, column (o | | | 2 | | 0.316609 |
| | _ | - | le the total on line 2 by 5 0, or by | | | 0 062222 |
| | the number of years the | foundation has been in existence | ıf less than 5 years | 3 | | 0.063322 |
| 4 | Enter the net value of no | oncharitable-use assets for 2019 f | from Part X, line 5 | 4 | 4, | 570,620. |
| 5 | Multiply line 4 by line 3. | | | 5 | | 289,421. |
| 6 | Enter 1% of net investm | ent income (1% of Part I. line 27b) | | 6 | | 1,485. |
| | | | | 7 | | 290,906. |
| | | ons from Part XII, line 4 | | 8 | | 592,200. |
| | | | n Part VI, line 1b, and complete t | | | |

| 323120 | Page 4 |
|--------|--------|
|--------|--------|

| Pai | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | <u>instru</u> | uction | s) | | |
|-----|--|---------------|--------|----------------|--|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | - | | Ī | | |
| | Date of ruling or determination letter (attach copy of letter if necessary - see instructions) | | | | | |
| b | b Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | | | |
| | here X and enter 1% of Part I, line 27b | | | Ī | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of | | | | | |
| | Part I, line 12, col (b) | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | | | |
| 3 | Add lines 1 and 2 | | 1,4 | 185. | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | 0. | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | 1,4 | 185. | | |
| 6 | Credits/Payments | | | | | |
| а | 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 1,200. | | | | | |
| b | Exempt foreign organizations - tax withheld at source | | | - | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c 1,050. | • | | | | |
| d | Backup withholding erroneously withheld | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 2,2 | 250. | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached | | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | 765. | | |
| 11 | Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 765. Refunded ▶ 11 | | | | | |
| Par | t VII-A Statements Regarding Activities | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | <u></u> | Yes | No | | |
| | participate or intervene in any political campaign? | 1a | _ | X | | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | | | | | |
| | instructions for the definition | 1b | | X | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | ' | | | | |
| | published or distributed by the foundation in connection with the activities | | | | | |
| C | c Did the foundation file Form 1120-POL for this year? | | | | | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | • | | | | |
| | (1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$ | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | | |
| | on foundation managers \$ | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | <u>X</u> | | |
| | If "Yes," attach a detailed description of the activities | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | الـــا | | |
| | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X | | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | <u>X</u> | | |
| | If "Yes," attach the statement required by General Instruction T | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | . | | | | |
| | By language in the governing instrument, or | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | | | |
| | conflict with the state law remain in the governing instrument? | 6 | _ X | | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | _ X | | | |
| | Enter the states to which the foundation reports or with which it is registered. See instructions. | - | | | | |
| | VT, | | | 1 | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | - | | ئ ا | | |
| | (or designate) of each state as required by General Instruction G ² If "No," attach explanation ATCH 9 | 8b | | <u> </u> | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | | | |
| | 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," | | | v | | |
| | complete Part XIV | 9 | | <u> </u> | | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | v | | |
| | names and addresses | 10 | n DE / | <u> </u> | | |
| | | | | | | |

| Pa | T VII-A Statements Regarding Activities (continued) | | | |
|----|--|----------|-----------|----------|
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule See instructions | 11 | | Х |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | |
| | person had advisory privileges? If "Yes," attach statement See instructions | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ▶ PETER STERN Telephone no ▶ 802-985- | -994 | 3 | |
| | Located at ▶PO BOX 458 SHELBURNE, VT ZIP+4 ▶ 05482 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | ▶ | اا |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | , and a signature of care activities and a signature of care activity | | Yes | |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of | | ٠. | |
| | the foreign country | ٠- | | <u> </u> |
| Pa | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | ነ | TV | Г |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | <u> </u> | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly) | | | • |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | , | 1 | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | | ļ · | | |
| | (a) a similar group of the similar to (a) description many a single-similar paragraph (i.e., i.e., i.e., i.e., | l | | |
| | (1) to some state of the pay of termoster and of particular particular particular transfer and the pay of termoster and of pay of termoster and of particular particu | | - | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | | • | - |
| | | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | | |
| | foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days), | | | |
| h | termination of government service, if terminating within 90 days) | | | |
| | Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | 10 | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | |
| Ū | were not corrected before the first day of the tax year beginning in 2019? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | - |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | • | |
| а | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | . | |
| | 6d and 6e) for tax year(s) beginning before 2019? | | | |
| | If "Yes," list the years | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement - see instructions) | 2b | | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | > | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | ! |
| | at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or | . | | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | - | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | - ' | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the | | | ٠, |
| | foundation had excess business holdings in 2019) | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| þ | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | <u></u> - | لـــِــا |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? | 4b | | Х |
| | Fo | m 99(| 0-PF | (2019 |

| Pai | t VIII Statements Regarding Activities | tor Which Form | 4720 May Be Req | uired (cont | inued) | | | |
|---|--|---------------------------------------|-----------------------------------|---------------------------------|-------------|-----------|---------|--------------|
| 5a | During the year, did the foundation pay or incur any amo | ount to | | | | - T | Yes | No |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No | | | | | | | |
| | (2) Influence the outcome of any specific public election (see section 4955), or to carry on, | | | | | | | |
| | directly or indirectly, any voter registration drive? | | | | | | | • |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No | | | | | | | ĺ |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described in | | | | | | | |
| | • | | | | X No | | . | |
| section 4945(d)(4)(A)? See instructions | | | | | | | | |
| | purposes, or for the prevention of cruelty to children | | • • | | X No | 1 | | 1 |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the | | | | | . | ١.١ | |
| U | Regulations section 53 4945 or in a current notice regard | | | | | | | |
| | | | | | | 5b | | i |
| | Organizations relying on a current notice regarding disas | | | | ▶∟ | ۱۱ | | |
| С | If the answer is "Yes" to question 5a(4), does the | | • | | □ | _ | | |
| | because it maintained expenditure responsibility for the | | • • • • • • • • • • • | . Yes | No | | | |
| | If "Yes," attach the statement required by Regulations se | , , | | | | | |] |
| 6a | Did the foundation, during the year, receive any fun | • | | | | ŀ | | 1 |
| | on a personal benefit contract? | | | | X No | | | _ |
| b | Did the foundation, during the year, pay premiums, dire | ctly or indirectly, on a | personal benefit contra | ct? | | 6b | | X |
| | If "Yes" to 6b, file Form 8870 | | | | | | | . |
| 7a | At any time during the tax year, was the foundation a pa | | | | X No | | | |
| b | If "Yes," did the foundation receive any proceeds or have | | | on? | | 7 b | | |
| 8 | Is the foundation subject to the section 4960 tax on pay | ` ' | | | | | | - 1 |
| | remuneration or excess parachute payment(s) during the | | | | X No | | | <u> </u> |
| Pai | Information About Officers, Director and Contractors | s, Trustees, Fou | indation Managers | s, Highly Pa | id Employ | ees, | | |
| 1 | List all officers, directors, trustees, and foundati | on managers and | their compensation. | See instruct | ions. | | - | |
| | (a) Name and address | (b) Title, and average hours per week | (c) Compensation (If not paid, | (d) Contributi employee bene | ons to | e) Expens | e accou | ınt, |
| | (a) Name and address | devoted to position | enter -0-) | and deferred com | | other all | owance | s |
| | | | | | | | | |
| ATC | H 10 | | 0. | | 0. | | | 0. |
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| | | | | _ | | | | |
| | | | | | | | | |
| 2 | Compensation of five highest-paid employees "NONE." | (other than thos | e included on line | 1 - see ii | nstructions |). If no | one, e | enter |
| | No. 1 de de la constant de la consta | (b) Title, and average | (1) | (d) Contribut employee b | | e) Expens | e accou | ınt. |
| (a) | Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | plans and de | ferred | other all | owance | s. |
| | | · | - | compensa | tion | | | |
| | NONE | | | | | | | |
| | NONE | | | _ | _ | | | |
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| | | | | | | | | |
| | | | | | | | ` | |
| Total | number of other employees paid over \$50,000 | | <u> </u> | <u></u> | ▶ | | N D E | |
| | | | | | | | | |

Form 990-PF (2019) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services ▶ Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc N/A Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A All other program-related investments. See instructions NONE

Form 990-PF (2019)

Page 8

| Pa | Minimum Investment Return (All domestic foundations must complete this part. F see instructions.) | oreign found | ations, |
|-----|--|---------------------------------------|--------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, et purposes | С, | |
| а | Average monthly fair market value of securities | 1a | 4,430,501. |
| | b Average of monthly cash balances | · · · · · · · · · · · · · · · · · · · | 209,722. |
| | Fair market value of all other assets (see instructions) | | |
| d | | | 4,640,223. |
| 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 | |
| 3 | Subtract line 2 from line 1d | | 4,640,223. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, s | ee | |
| | instructions) | 4 | 69,603. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line | 4 5 | 4,570,620. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 228,531. |
| Pa | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here ▶ and do not complete this part) | foundations | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 228,531. |
| 2 a | a Tax on investment income for 2019 from Part VI, line 5 2a 1,49 | 35. | |
| b | | | |
| С | · · · · · · · · · · · · · · · · · · · | 2c | 1,485. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | | 227,046. |
| 4 | Recoveries of amounts treated as qualifying distributions | | |
| 5 | Add lines 3 and 4 | | 227,046. |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part X | III, | |
| | line 1 | 7 | 227,046. |
| | Qualifying Distributions (see instructions) | 1 1 | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | E02 200 |
| a | | | 592,200. |
| þ | | | |
| 2 | | · | |
| • | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| | Suitability test (prior IRS approval required) | | |
| 4 | Cash distribution test (attach the required schedule) | | 592,200. |
| 5 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incon | | 392,200. |
| J | · · · | 1 1 | 1,485. |
| 6 | Enter 1% of Part I, line 27b. See instructions. Adjusted qualifying distributions. Subtract line 5 from line 4 | | 590,715. |
| U | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when | | · |
| | qualifies for the section 4940(e) reduction of tax in those years | i calculating v | viretrier the roundation |

Page 9

| Part XIII Undistributed Income (see inst | ructions) | _ | | |
|---|---------------|----------------------------|-------------|----------------|
| Distributable amount for 2019 from Part XI, | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
| line 7 | | | | 227,046. |
| 2 Undistributed income, if any, as of the end of 2019 | W | | | |
| a Enter amount for 2018 only | | | | |
| b Total for pnor years 20 17 ,20 16 ,20 15 | | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | | |
| a From 2014 | | | | |
| 16.050 | † | | | |
| 74 675 | - | | | |
| 102 010 | - | | | |
| u 110111 2017 1 1 1 1 1 1 1 1 | - | | | |
| e From 2018 | 224,745. | | | |
| f Total of lines 3a through e | 224,745. | <u> </u> | , <u> </u> | |
| 4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 592,200. | | | | |
| 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 | , = , | | , | 227,046. |
| e Remaining amount distributed out of corpus | 365,154. | | | |
| 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 589,899. | | | |
| b Prior years' undistributed income Subtract | | - · - · · · · | | |
| line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) | | | | , |
| tax has been previously assessed | | | <u>-</u> | |
| 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 | | | | - |
| 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 | 589,899. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2015 46,858. | | | | |
| b Excess from 2016 74,675. | | | | |
| c Excess from 2017 103,212. | | | | |
| d Excess from 2018 | | | | ļ |
| e Excess from 2019 365, 154. | | | | <u> </u> |

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

Part XV

Part XIV

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the

| 2 | Information I | Regarding (| Contribution, | Grant, Gift, | Loan, | Scholar | ship, e | tc., Pr | ograms: |
|---|---------------|-------------|---------------|--------------|-------|---------|---------|---------|---------|
|---|---------------|-------------|---------------|--------------|-------|---------|---------|---------|---------|

if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

ATCH 11

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

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Form 990-PF (2019)

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Page **11**

| Part XV. Supplementary Information (continued) | | | | | | | | |
|--|--|----------------------|----------------------------------|----------|--|--|--|--|
| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount | | | | |
| Name and address (home or business) | or substantial contributor | recipient | contribution | | | | | |
| a Paid during the year SEE ATTACHED STATEMENT A | or substantial contributor | recipient | Contribution | 585,500. | | | | |
| | | | | | | | | |
| Total | | <u></u> | ▶ 3a | 585,500. | | | | |
| b Approved for future payment | | | | | | | | |
| Total | | | ▶ 3b | | | | | |

Page 12

| Part XVI- | A Analysis of Income-Prod | ucing Act | ivities | | | |
|---------------|--|----------------------|----------------------|-----------------------|----------------------------|-----------------------------------|
| | amounts unless otherwise indicated | | ated business income | Excluded by | y section 512, 513, or 514 | (e) |
| · | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income |
| _ | Scivice revenue | | | + | | (See instructions) |
| . — | | | | - | | |
| | | | | | | <u> </u> |
| | | | | | | |
| | | | | | | |
| f | | | | | | |
| g Fees a | and contracts from government agencies | | | | | |
| 2 Members | ship dues and assessments | | | | | |
| 3 Interest of | n savings and temporary cash investments | | | 14 | 56. | |
| 4 Dividend | s and interest from securities | | = . | 14 | 64,282. | |
| 5 Net renta | al income or (loss) from real estate | | | | | |
| a Debt- | financed property | | | | | |
| | ebt-financed property | | | | | |
| 6 Net rental | income or (loss) from personal property | | | + | | |
| | vestment income | | | 18 | 124,481. | |
| , | oss) from sales of assets other than inventory | | _ | 10 | 124,401. | |
| | me or (loss) from special events · · · | | | | | |
| | ofit or (loss) from sales of inventory | | | | | |
| | renue a TCH 12 | | | | 1,158. | |
| | | | | | -, | - |
| . — | | | | <u> </u> | | |
| e | | | | - | | |
| - | Add columns (b), (d), and (e) | | | | 189,977. | |
| | ld line 12, columns (b), (d), and (e) | | | | 13 | 189,977. |
| (See worksh | eet in line 13 instructions to verify calci | | | | | |
| Part XVI- | Relationship of Activities | s to the A | ccomplishment of Ex | xempt Pur | poses | |
| Line No. ■ | Explain below how each activity accomplishment of the foundation | | | | - | • |
| | | | | | | |
| | | | | | | - |
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03-0323120 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt **Organizations**

| 1 [| Did the organization directly or indirectly engage in any of the following with any other organization described Yes | | | | | | | Yes | No | | | | |
|--|--|---|----------------------|-----------------|-----------------|-------------------|--|-------------------|--------------|--|--------------|-------------|---------|
| in section 501(c) (other than section 501(c)(3) organizations) or in sec | | | | | | r in secti | on 527, re | lating 1 | to political | | | | |
| organizations? | | | | | | | | | - 1 | | | | |
| a ¯ | Transfers from the reporting foundation to a noncharitable exempt organization of | | | | | | | | | | | | |
| (| (1) Cash | | | | | | | 1a(1) | | | | | |
| (| (2) Other assets | | | | | | | 1a(2) | | | | | |
| b (| Other t | transactions: | | | | | | | | | | | |
| (| 1) Sal | les of assets to a no | ncharitable exe | empt orga | inization. | | | | | | 1b(1) | | |
| (| 2) Pui | rchases of assets fro | om a noncharit | able exen | npt organ | ızatıon | | | | | 1b(2) | | |
| (| 3) Re | ntal of facilities, equi | pment, or othe | r assets. | | | | | | | 1b(3) | | |
| (| 4) Re | ımbursement arrange | ements | | | | | | | | 1b(4) | | |
| (| 5) Loa | ans or loan guarantee | es | | | | | | | | 1b(5) | | |
| (| 6) Per | rformance of service | s or members | hip or fun | ndraising | solicitations. | | | | | 1b(6) | | |
| | | g of facilities, equipm | | | | | | | | | | | |
| | | answer to any of th | | | | | | | | | | | |
| | | of the goods, other a | | | | | | | | | | | |
| | /alue ı | n any transaction or | sharing arran | gement, | show in | column (d) | the value | of the goods | s, other | assets, or se | ervices | rece | eived |
| (a) Lın | e no | (b) Amount involved | (c) Name of | noncharitat | ble exempt o | organization | | cription of trans | fers, trans | actions, and shar | ing arra | ngemer | nts |
| | | N/A | | | | | N/A | | | | | | |
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| | | foundation directly o | • | | | | | • | • | _ | ٦., | | ۱ |
| | | ed in section 501(c) | - | ction 501 | (c)(3)) oi | 'in section t | 2/7 | | • • • • • | | Ye | s | No |
| D I | res | complete the follow (a) Name of organization | | | (h) Tuno o | formanization | | | (a) Danas | | | | |
| | | (a) Name of organization | | | (b) Type 0 | f organization | | | (c) Descrip | ption of relations | ПР | | |
| | | | | | | | | | | | | | |
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| | | | - | | | | | - | | | | | |
| | | | | | | | | | | | | | |
| | Under | penalties of penjury, I declar | re that I have exam | ined this reti | urn, including | accompanying | schedules and | statements, and t | to the best | of my knowledge | and be | elief, it i | s true. |
| | correc | t, and complete Declaration of | preparer (other than | taxpayer) is ba | ased on all inf | ormation of which | preparer has a | ny knowledge | | | | | |
| Sign | P | ETER STERN | | | | | | | May the IRS | | | | |
| Here | Sign | nature of officer or trustee , | | | Date . | | Title | | | with the pre | | Yes | No |
| • | X | | ties | _ | 1/15 | 12021 | | | | 00001100110 | | .65 | |
| | 1 , | Print/Type preparer's nar | ne | Prepa | arer's signati | | | Date | | heck of P | TIN | | |
| Paid | | KAREN J DANAHE | | · ' | EN J D. | | | 01/08/2 | I . | " — " | 0071 | 729 | 5 |
| Prepa | arer | | NAHER ATTI | | | | - | | Firm's El | | | | |
| Use (| | | RYE CR, P | | | | | | , S E1 | | | • | |
| | 3 | | BURLINGTON | | | | 054 | 107-2166 | Phone no | 802-38 | 3-03 | 99 | |
| | | | • | | | | | | 1 | <u>- </u> | n 990 | | 2019) |

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2019

Employer identification number

| THE MORRIS & BESSIE | ALTMAN FOUNDATION | _ |
|--|--|--|
| C/O PETER STERN | | 03-0323120 |
| Organization type (check one) | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private fou | ndation |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundate | ion |
| | 501(c)(3) taxable private foundation | · |
| | overed by the General Rule or a Special Rule. I, (8), or (10) organization can check boxes for both the General Rule and a S | Special Rule See |
| General Rule | | |
| | filing Form 990, 990-EZ, or 990-PF that received, during the year, contribured represently from any one contributor. Complete Parts I and II See instruction intributions | _ |
| Special Rules | | |
| regulations under se 13, 16a, or 16b, and | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/2 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 of that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 C | or 990-EZ), Part II, line of the greater of (1) |
| contributor, during th | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rene year, total contributions of more than \$1,000 exclusively for religious, chall purposes, or for the prevention of cruelty to children or animals. Complet | arıtable, scientific, |
| contributor, during the contributions totaled during the year for a General Rule applies | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that respectively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions in exclusively religious, charitable, etc., purpose. Don't complete any of the past to this organization because it received nonexclusively religious, charitable ore during the year. | t no such that were received arts unless the etc , contributions |
| | sn't covered by the General Rule and/or the Special Rules doesn't file Sche t answer "No" on Part IV, line 2, of its Form 990, or check the box on line F | • |

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

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

Name of organization THE MORRIS & BESSIE ALTMAN FOUNDATION Name of organization C/O PETER STERN

Employer identification number 03-0323120

| Part I | Contributors (see instructions). | Use duplicate copies of Part I if additional space is needed. |
|--------|----------------------------------|---|

| (a) | (b) | (c) Total contributions | (d) |
|-----|--|-------------------------|---|
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| 1 | BERNICE AND MILTON STERN FOUNDATION 1430 BROADWAY NEW YORK, NY 10018 | \$50,000. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | - - \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | - - \$ - | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | Total contributions | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization THE MORRIS & BESSIE ALTMAN FOUNDATION C/O PETER STERN

Employer identification number

03-0323120

| art II Nonc | ash Property (see instructions). Use duplicate copies | s of Part II if additional space is ne | eded. |
|---------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| n) No. From Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \ \ \\$ | ļ ———— |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
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| a) No. irom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| a) No. From Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |

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| ochedule b | (1 Gill 330; 330-22; 61 330-1 1) (2013) | | | rage + | | |
|---------------------------|---|---|---|--|--|--|
| Name of or | ganization THE MORRIS & BESSIE AL | TMAN FOUNDATION | 1 | Employer identification number | | |
| | C/O PETER STERN | | | 03-0323120 | | |
| Part III | | the year from any ons completing Par e year. (Enter this in | one contributor. (t III, enter the total formation once. S | Complete columns (a) through (e) and of exclusively religious, charitable, etc., | | |
| (a) No. | Ose duplicate copies of Fart III il addit | lorial space is rieede | su. | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | (e) Transf | er of gift | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift (c) Use | | of gift | (d) Description of how gift is held | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| | | | - | | | |
| | | _ | | | | |
| (a) No. from Part I | (b) Purpose of gift (c) Use | | of gift | (d) Description of how gift is held | | |
| | | | | | | |
| | | - | | | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (a) No. | | | | 1 | | |
| from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | (e) Transf | er of gift | | | |
| | T | - J 71D + 4 | | | | |
| | Transferee's name, address, ar | 10 ZIP + 4 | Kelatio | nship of transferor to transferee | | |
| | | | | | | |
| | | | | | | |

03-0323120

ATTACHMENT

- OTHER INCOME

PART I

FORM 990PF,

OTHER INVESTMENT INCOME FROM KI OTHER MISCELLANEOUS INCOME BASIS ADJUSTMENT DESCRIPTION

INVESTMENT INCOME 734. 419. PER BOOKS EXPENSES

REVENUE

AND

2

TOTALS

1,158.

20146-400

2558CD 771P 1/8/2021

ATTACHMENT 2

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| FEES | |
| ACCOUNTING | |
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| Н | |
| PART | |
| 990PF, | |
| FORM | |

| CHARITABLE PURPOSES | 6,700. | 6,700. |
|---|-----------------|--------|
| ADJUSTED NET INCOME | | |
| NET INVESTMENT INCOME | | |
| REVENUE AND EXPENSES PER BOOKS | 6,700. | 6,700. |
| | | TOTALS |
| DESCRIPTION | ACCOUNTING FEES | |

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03-0323120

- TAXES FORM 990PF, PART I

EXPENSES PER BOOKS REVENUE AND

INVESTMENT INCOME

FEDERAL EXCISE TAX FOREIGN TAXES

DESCRIPTION

231. 46.

46.

TOTALS

46.

4:05:12 PM V 19-7.7F 2558CD 771P 1/8/2021

ATTACHMENT 4

03-0323120

FORM 990PF, PART I - OTHER EXPENSES

| NET | INC | 36,954. 877. | 2,348. |
|----------------------------|------------------------|---|---------------|
| REVENUE AND EXPENSES | PER BOOKS 140. | 36,954. 877. | 2,348. |
| | ION VICE CHARGES | INVESTMENT FEES PORTFOLIO DEDUCTIONS | PENSE |
| | DESCRIPTI BANK SERV | INVESTMEN PORTFOLIC | OTHER EXPENSE |

40,319.

40,319.

TOTALS

03-0323120

ATTACHMENT 5

| | į |
|-----------|---|
| STOCK | |
| CORPORATE | |
| 1 | l |
| II | |
| PART | |
| 990PF, | |
| FORM | |

| ENDING BOOK VALUE | 860,131. |
|----------------------|--------------------------|
| DESCRIPTION | PUBLICLY TRADED EQUITIES |

TOTALS

| $\overline{\overline{\text{FMV}}}$ | 1,461,207. 80,403. | 1,541,610. |
|------------------------------------|-----------------------|------------|
| ENDING BOOK VALUE | 860,131. 78,581. | 938,712. |

ATTACHMENT 6

03-0323120

FORM 990PF, PART II - CORPORATE BONDS

BOOK VALUE ENDING

ENDING FMV

DESCRIPTION

PUBLICLY TRADED BONDS

417,599.

417,693.

417,693.

TOTALS

417,599.

20146-400

ATTACHMENT

| | | INVESTMENTS |
|--|---|-------------|
| | | OTHER |
| | 1 | ۰ ٦ |
| | į | |
| | 1 | PAKI |
| | 1 | OPF. |

- OTHER INVESTMENTS FORM 990PF,

DESCRIPTION

ENDING BOOK VALUE

ENDING FMV

OCA CREDIT OPPORTUNITIES FUND OCA OVERSEAS FEEDER FUND II SELECT EQUITY OFFSHORE LTC

54,204. 1,391,899.

2,211,040.

33,406. 2,177,634.

TOTALS

1,446,103.

20146-400

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kınd of F | Property | | Desc | ription | | P Or D | Date acquired | Date sold |
|--|---------------------------------------|--|--------------------------|--------------------------------|------------------------------|--------------|---------------------|-----------|
| Gross sale price less expenses of sale | Depreciation allowed/ allowable | Cost or other basis | FMV as of 12/31/69 | Adj basis as of 12/31/69 | Excess of FMV over adj basis | | Gain or (loss) | |
| | | TOTAL LONG-T PARTNERSHIP, ESTATES OR T | TERM COMMON S CORPORA | TRUST FUND FION, AND O | AND | | 12. | |
| 398,800. | | SALE OF SECU | URITIES - NE | EUBERGER BEI | RMAN | 7 | /ARIOUS -12,905. | VARIOUS |
| 869,229. | | SALE OF SECU 730,396. | JRITIES - NE | EUBERGER BEI | RMAN | 7 | /ARIOUS 138,833. | VARIOUS |
| | | SALE OF SECU | JRITIES- OCA | A CREDIT FUI | ND | 1 | /ARIOUS -1,459. | VARIOUS |
| OTAL GAIN(L | oss) | | | | | - | 124,481. | |
| | | | | | | | | |
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03-0323120

| INVESTMENT | |
|------------|--|
| FOR | |
| HELD | |
| NOT | |
| EQUIPMENT | |
| BUILDINGS, | |
| AND, | |

| LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT ATTACHMENT 8 | PIXED ASSET DETAIL | METHOD/ BEGINNING ENDING BALANCE | MS 1,522 1,522 1,522 1,522 | 3,408 3,408 3,408 3,408 | M5 1,361 1,361 1,361 1,361 | M5 2,473 2,473 2,473 2,473. | 3,048 3,048 3,048 3,048 | M5 3,180. 3,180 3,180 | 14,992 |
|--|--------------------|--|----------------------------|-------------------------|----------------------------|-----------------------------|-------------------------|-----------------------|--------|
| • | | ASSET DESCRIPTION | PRINTER | COMPUTER | COMPUTER | COMPUTER | COMPUTER | COMPUTER | TOTALS |

20146-400

ATTACHMENT 9

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

REPORTING IS NOT REQUIRED BY THE STATE OF VERMONT.

PART VIII

FORM 990PF,

NAME AND ADDRESS

EXPENSE ACCT

CONTRIBUTIONS

ATTACHMENT 10

ALLOWANCES AND OTHER

BENEFIT PLANS TO EMPLOYEE

COMPENSATION

1.00

DIRECTOR

1.00

415 9TH STREET, APT 53

ABBI STERN

BROOKLYN, NY 11215

SHELBURNE, VT 05482

MARJORIE STERN

PO BOX 458

DIRECTOR

1.00

SHELBURNE, VT 05482

SARENA STERN

PO BOX 458

DIRECTOR

2.00

SHELBURNE, VT 05482

PETER STERN

PO BOX 458

DIRECTOR

ATTACHMENT 11

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

PETER STERN PO BOX 458 SHELBURNE, VT 05482 802-985-9943

FORM IN WHICH APPLICATION SHOULD BE SUBMITTED AND INFORMATION THEY SHOULD INCLUDE:

ANY FORM IS ACCEPTABLE. INCLUDE ORGANIZATIONAL DETAILS AND PROPOSED USE OF FUNDS.

SUBMISSION DEADLINES:

N/A

RESTRICTIONS OR LIMITATIONS ON AWARDS:

N/A

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

THE MORRIS & BESSIE ALTMAN FOUNDATION

03-0323120

ATTACHMENT 12

| | RELATED OR EXEMPT T FUNCTION INCOME | 5. 734. 419. |
|---|-------------------------------------|---|
| _ | AMOUNT | |
| | EXCLUSION CODE | 01 01 |
| | AMOUNT | |
| | BUSINESS | |
| | | |
| | | |
| | lion | OTHER INCOME FROM FORM K1 OTHER MISCELLANEOUS INCOME BASIS ADJUSTMENT |
| | DESCRIPTION | OTHER II OTHER M: BASIS AI |

TOTALS

2558CD 771P 1/8/2021

| Recipient | Relationship Status | Purpose | Amount |
|---|---------------------|--------------|--------|
| ACLU OF Vermont PO Box 277 Montpelier, VT 05601 | N/A Public | Operations | 750 |
| AGE Well 76 Pearl St #201 Essex Junction, VT 05452 | N/A Public | Operations | 1,000 |
| All Breed Rescue 491 Industrial Ave Williston, VT 05495 | N/A Public | Operations | 750 |
| Boys & Girls Club of Burlington 62 Oak St Burlington, VT 05401 | N/A Public | Operations | 500 |
| Burlington City Arts 135 Church Street Burlington, VT 05401 | N/A Public | Operations | 5,500 |
| Burlington Generator 250 Main Street Burlington, VT 05401 | N/A Public | Operations | 500 |
| Champlain College 163 South Willard Street Burlington, VT 05401 | N/A Public | Operations | 41,750 |
| Changing Perspectives PO Box 694 Bradford, VT 05033 | N/A Public | Operations | 2,500 |
| Child Care Resource 300 Cornerstone Dr #128 Williston, VT 05495 | N/A Public | Operations | 1,000 |
| Chittenden Emergency Food Shelf 228 N Winooski Ave Burlington, VT 05401 | N/A Public | : Operations | 1,500 |

| Recipient | Relationship Sta | tus Purpo: | se Amount |
|---|------------------|---------------|------------|
| Community Health Center of Burlington 617 Riverside Avenue #200 Burlington, VT 05401-1601 | N/A Put | olic Operatio | ons 2,000 |
| Dismas House 96 Buell Street Burlington, VT 05401 | N/A Put | olic Operatio | ons 500 |
| DoSomething.org 19 West 21st Street 8th Floor New York, N.Y. 10010 | N/A Put | olic Operatio | ons 25,000 |
| ECHO Museum 1 College Street Burlington, VT 05401 | N/A Put | olic Operatio | ons 500 |
| Flynn Theatre 153 Main Street Burlington, VT 05401 | N/A Pub | olic Operatio | ons 2,000 |
| Food 4 Farmers 523 Isham Road Hinesburg, VT 05461 | N/A Pub | olic Operatio | ons 750 |
| Generator Makerspace 40 Sears Lane Burlington, VT 05401 | N/A Pub | olic Operatio | ons 1,000 |
| Hopewell Fund 1201 Connecticut Ave, NW Suite 300 Washington, D.C. 20036 | N/A Pub | olic Operatio | ons 25,000 |
| Howard Center 208 Flynn Avenue, Suite 3J Burlington, VT 05401 | N/A Pub | olic Operatio | ons 1,000 |
| Humane Society of Chittenden County 142 Kindness Ct South Burlington, VT 05403 | N/A Pub | olic Operatio | ons 2,500 |

600

| Recipient | Relationship | Status | Purpose | Amount |
|---|--------------|--------|------------|--------|
| Hunger Free Vermont 38 Eastwood Dr South Burlington, VT 05403 | N/A | Public | Operations | 5,000 |
| Jennifer Wilkins Chapin Foundation 110 Larch Row Wenham, MA 01984 | N/A | Public | Operations | 500 |
| Keeping Track 2209 Main Rd Huntington, VT 05462 | N/A | Public | Operations | 250 |
| Kids on the Ball, Inc 19 Lindenwood Dr South Burlington, VT 05403 | N/A | Public | Operations | 10,000 |
| King Street Youth Center P O. Box 1615 87 King Street Burlington, VT 05402 | N/A | Public | Operations | 500 |
| Larner College of Medicine 89 Beaumont Avenue Burlington, VT 05405 | N/A | Public | Operations | 21,000 |
| Lee Pesky Learning Center 3324 Elder Street Boise, ID 83705 | N/A | Public | Operations | 750 |
| Let's Grow Kids 19 Marble Ave Suite 4 Burlington, VT 05401 | N/A | Public | Operations | 750 |
| Lyric Theater Company 7 Green Tree Dr South Burlington, VT 05403 | N/A | Public | Operations | 500 |
| Mountain Lake PBS One Sesame Street Plattsburgh, NY 12901 | N/A | Public | Operations | 500 |

| Recipient | Relationship Sta | itus | Purpose | Amount |
|--|------------------|------|------------|--------|
| Partners in Adventure 1394 Orchard Road Charlotte, VT 05445 | N/A Pu | blic | Operations | 500 |
| Planned Parenthood of Northern New England 128 Lakeside Avenue, Suite 301 Burlington, VT 05401 | N/A Pu | blic | Operations | 2,000 |
| Prescott College 220 Grove Ave Prescott, AZ 86301 | N/A Pu | blic | Operations | 2,000 |
| Proctor Academy 204 Main Street Andover, NH 03216 | N/A Pu | blic | Operations | 1,000 |
| Puppets in Education 600 Blair Park Road, Suite 240 Williston, VT 05495 | N/A Pu | blic | Operations | 250 |
| Push Black 625 Monroe Street NE Apt 109 Washington, D.C. 20017 | N/A Pu | blic | Operations | 25,000 |
| Resource 329 Harvest Lane, Suite 200 Williston, VT 05495 | N/A Pu | blic | Operations | 1,000 |
| Run Vermont 1 Main St Burlington, VT 05401 | N/A Pu | blic | Operations | 2,000 |
| Salvation Farms 49 Portland St Morristown, VT 05661 | N/A Pu | blic | Operations | 500 |
| Shelburne Crafts School 64 Harbor Road Shelburne, VT 05482 | N/A Pu | blic | Operations | 500 |

| Recipient | Relationship Sta | atus | Purpose | Amount |
|--|------------------|-------|------------|---------|
| Shelburne Emergency Food Shelf 5420 Shelburne Rd Shelburne, VT 05482 | N/A Pu | ublic | Operations | 750 |
| Shelburne Farms PO BOX 1174 Morrisville, VT 05661 | N/A Pu | ublic | Operations | 58,750 |
| Shelburne Library 5376 Shelburne Rd Shelburne, VT 05482 | N/A Pu | ıblıc | Operations | 10,000 |
| Shelburne Museum U.S. Route 7 P.O. Box 10 Shelburne, VT 05482 | N/A Pu | ublic | Operations | 10,000 |
| Special Olympics Vermont 16 Gregory Dr #2 South Burlington, VT 05403 | N/A Pu | ıblıc | Operations | 1,000 |
| Spectrum Youth & Family Services 31 Elmwood Ave Burlington, VT 05401 | N/A Pu | ıblıc | Operations | 7,500 |
| Sterling College 16 Sterling Dr Craftsbury, VT 05827 | N/A Pu | ıblic | Operations | 750 |
| Stern Center for Language & Learning 183 Talcott Road, Suite 101 Williston, VT 05495 | N/A Pu | ıblıc | Operations | 175,000 |
| Team Rubicon USA 300 North Continental Blvd., Suite 150 El Segundo, CA 90245 | N/A Pu | ıblıc | Operations | 750 |
| The Cunniff Dixon Foundation P.O.Box 800 Essex, CT 06426 | N/A Pu | ıblıc | Operations | 1,000 |

| Recipient | Relationship Stat | ıs Purpose | Amount |
|--|-------------------|---------------|--------|
| The Greater Burlington YMCA 266 College St Burlington, VT 05401 | N/A Pub | ic Operations | 500 |
| The Hun School 176 Edgerstoune Road Princeton, NJ 08540 | N/A Pub | ic Operations | 750 |
| The J S. Munt Family Room 20 Allen Street Burlington, VT 05401 | N/A Pub | ic Operations | 10,500 |
| The School House 8 Catkın Dr South Burlington, VT 05403 | N/A Pub | ic Operations | 500 |
| Vermont Women's Fund 3 Court St Middlebury, VT 05753 | N/A Pub | ic Operations | 750 |
| Tuck Annual Giving Dartmouth College 100 Tuck Hall Hanover, NH 03755 | N/A Pub | c Operations | 1,000 |
| United Way of Northwest Vermont 412 Farrell Street, Suite 200 South Burlington, Vt 05403 | N/A Pub | c Operations | 1,000 |
| University of Vermont 85 South Prospect Street Burlington, VT 05405 | N/A Pub | c Operations | 500 |
| VABVI 60 Kımball Avenue South Burlington, VT 05403 | N/A Pub | c Operations | 500 |
| Vermont Community Foundation 3 Court Street Middlebury, VT 05753 | N/A Publ | c Operations | 25,000 |

| Recipient | Relationship Statu | s Purpose | Amount |
|---|--------------------|--------------|---------|
| Vermont Food Bank P.O. Box 254 South Barre, VT 05670 | N/A Publi | c Operations | 55,000 |
| Vermont Public Radio 365 Troy Avenue Colchester, VT 05446 | N/A Publi | c Operations | 15,000 |
| Vermont Public Television 10 E Allen St Suite 202 Winooski, VT 05404 | N/A Publi | c Operations | 500 |
| Vermont Youth Conservation Corps 1949 East Main Street Richmond, VT 05477 | N/A Publi | c Operations | 5,000 |
| Vermont Youth Orchestra 223 Ethan Allen Ave Colchester, VT 05446 | N/A Publi | c Operations | 500 |
| VtDigger 97 State Street Montpelier, VT 05602 | N/A Publi | c Operations | 12,500 |
| Total | | - | 585,500 |