# EXTENDED TO MAY 17, 2021

Return (	ot Priv	/ate Fo	undation	
or Continu 4047/s	-V41 T	Trackad as	Devento Formaletia	_

Form **990-PF** 

	mal Revenue Service 1 Go to www.irs  calendar year 2019 or tax year beginning JUL	s gov/Form990PF for insti 1, 2019	ructions and the latest info , and ending	JUN 30, 2020	Open to Public Inspection
	me of foundation	1, 2019	, and ending	A Employer identification	
IVAI	ine of fourtuation			Employer Identification	i iluliluei
ĸ	NAPP-SWEZEY FOUNDATION, IN	JC		11-3038738	
_	mber and street (or P O box number if mail is not delivered to street as	-	Room/suite	B Telephone number	· · · · · · · · · · · · · · · · · · ·
P	P.O. BOX 2549				3406
City	ty or town, state or province, country, and ZIP or foreign po	stal code	<b>_</b>	C If exemption application is p	
	PATCHOGUE, NY 11772				•
G	Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return			
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, imputation
H C	Check type of organization: X Section 501(c)(3) exe		by Du	E If private foundation sta	tus was terminated
<u>L</u>		ther taxable private founda	111011	under section 507(b)(1)	(A), check here
	air market value of all assets at end of year J Accounting	<del>-</del>	X Accrual	F If the foundation is in a	
		er (specify)		under section 507(b)(1)	(B), check here
	\$ 21,669,316. (Part I, column	<del></del>	IS.)		T (4)
LPa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a) )  1 Contributions, gifts, grants, etc., received	14,451.		N/A	(cash basis only)
		14,431.		N/A .	<u> </u>
	Interest on savings and temporary	739.	739.		STATEMENT 2
	4 Dividends and interest from securities	534,124.	534,124.		STATEMENT 3
	5a Gross rents	331/111	331/1211		
	b Net rental income or (toss)				
_	68 Net gain or (loss) from sale of accets not on line 10	320,074.			STATEMENT 1
Revenue	b Gross sales price for all 7,219,508.	,			
Ş.	7 Capital gain net income (from Part IV, line 2)		616,682.		
æ	8 Net short-term capital gain		•		
	9 Income modifications				
	Gross sales less returns 10a and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	3,151.	3,151.		STATEMENT 4
	12 Total. Add lines 1 through 11	872,539.	1,154,696.		
	13 Compensation of officers, directors, trustees, etc	20,500.	0.	RECEIVI	D 0.
	14 Other employee salaries and wages				
ç	15 Pension plans, employee benefits			10 1100 000	
nses	16a Legal fees	9 000	0	MAY 2 0 2	UZ1 6
хре	b Accounting fees STMT 5 c Other professional fees STMT 6	9,000. 66,500.	0.	<u> </u>	<u>≅</u> 0.
Ü	c Other professional fees STMT 6	00,300.	<u> </u>	OGDEN,	UT J ···
ativ	18 Taxes				
str	19 Depreciation and depletion				
Ē	20 Occupancy	23,589.	0.		0.
Adn	21 Travel, conferences, and meetings	2373031			
ď	22 Printing and publications				
ga	23 Other expenses STMT 7	35,929.	30,796.		0.
Operating and Administrative Expe	24 Total operating and administrative	,	227.231		
per	expenses. Add lines 13 through 23	155,518.	30,796.		0.
ō	25 Contributions, gifts, grants paid	3,022,392.			3,022,392.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	3,177,910.	30,796.		3,022,392.
	27 Subtract line 26 from line 12.				1
	a Excess of revenue over expenses and disbursements	<2,305,371.			
	b Net investment income (if negative, enter -0-)		1,123,900.		
	c Adjusted net income (if negative, enter -0-)		·	N/A	

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

1

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29	-	
(must agree with end-of-year figure reported on prior year's return)	1.	23,340,889.
2 Enter amount from Part I, line 27a	2	<2,305,371.>
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	21,035,518.
5 Decreases not included in line 2 (itemize) ▶ FEDERAL TAXES	5	17,912.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	21,017,606.

Page 3

Part IV Capital Gains	and Losses for Tax on II	ivestillen	Lincome						
	the kind(s) of property sold (for exa arehouse, or common stock, 200 sh		te,	(b) H P - D -	low ac - Purch - Dona	quired nase tion		acquired lay, yr.)	( <b>d</b> ) Date sold (mo., day, yr.)
1a SEE ATTACHED					1	D			
b SEE ATTACHED						P			
c FROM K-1 - BLA	CKROCK SPECIAL C	REDIT							
d OPPORTUNITIES						P			· · · · · · · · · · · · · · · · · · ·
е							_		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus (	
a 339,793.		<del> </del>	1,29	2.					338,501.
a 339,793. b 6,879,707.		<del> </del>	6,601,53						278,173
c c,075,7071		<del>                                     </del>	0,001,55	-					270,273
d 8.		-		-+					8.
		+							
Complete only for accets chown	l ng gain in column (h) and owned by	the foundation	on 12/21/60				. 0 (0	\\	
Complete only for assets shown								col. (h) gain not less thai	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			001.	Losses	(from col. (	h))
a									338,501.
b									278,173.
С		Ì	•						
d									8.
e		ĺ							
	( If gain, also ente	r in Part I line	7	٦Ì	- 1				
2 Capital gain net income or (net ca	apıtal loss) $ \begin{cases} \text{If gain, also ente} \\ \text{If (loss), enter -0} \end{cases} $	)- ın Part I, line	7	∤	2				616,682.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) ai	nd (6):		$\langle \cdot  $					
If gain, also enter in Part I, line 8,	column (c).							/-	
If (loss), enter -0- in Part I, line 8		- B	T N-1	4	3			N/A	
	nder Section 4940(e) for					ent inc	ome		
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment in	come.	.)				
If section 4940(d)(2) applies, leave to	his nart hlank								
ii sociioni 4540(u)(2) applics, icave ii	nis part ciaris.								
Was the foundation liable for the sec	tion 4942 tax on the distributable an	nount of any ye	ear in the base peri	ıod?					Yes X No
If "Yes," the foundation doesn't qualit		•							
1 Enter the appropriate amount in	each column for each year; see the i	nstructions be	fore making any er	ntries.					
(a) Base period years	(b)			(c)				Distrib	(d) oution ratio
Calendar year (or tax year beginni	ng in) Adjusted qualifying dis	stributions	Net value of nor	nchari	itable-u	use assets	1	(col. (b) div	ided by col. (c))
2018	2,97	8,486.				3,049			.120572
2017	2,87	9,685.				8,986			.242827
2016		9,986.				1,184			1.408681
2015	4,85	9,767.				0,181			.192236
2014	6,27	0,822.		30,	348	8,363	•		.206628
2 Total of line 1, column (d)							2		2.170944
3 Average distribution ratio for the	5-vear base period - divide the total	on line 2 by 5.0	D. or by the numbe	er of v	ears				······································
the foundation has been in existe			,	•			3		.434189
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
4 Enter the net value of noncharitat	ble-use assets for 2019 from Part X	line 5					4	2	2,805,967.
	250 250 250 25 25 75 110 117 217 7,						<u> </u>		
5 Multiply line 4 by line 3							5		9,902,100.
5 Widniply line 4 by line 5									9,902,100.
0 Fates 40/ of anti-continue to 1	(40) - ( D1 )								11 220
6 Enter 1% of net investment incon	ne (1% of Part I, line 2/b)						6		11,239.
<b>-</b>									0 010 000
7 Add lines 5 and 6							7		9,913,339 <b>.</b>
8 Enter qualifying distributions fron	n Part XII line 4						8		3,022,392.
• • •	,						0		5,066,336.
ii iiile o is equal to of dreater than	i line 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1%	6 tax ra	ate.			

Form 990-PF (2019) KNAPP-SWEZEY FOUNDATION, INC		11-303		Page 4	1
Part VI Excise Tax Based on Investment Income (Section 4		<del>1948 - see</del>	instruct	tions)	_
1a Exempt operating foundations described in section 4940(d)(2), check here  an	id enter "N/A" on line 1.				Ī
Date of ruling or determination letter: (attach copy of letter if	necessary-see instructions)	l		-	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ ☐ and enter 1%	1	22	,478.	•
of Part I, line 27b					İ
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ente	r 4% of Part I, line 12, col. (b)	.   ·		N	l
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only		2		0.	
3 Add lines 1 and 2		3	22	,478.	-
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	v: others, enter -0-)	4		0.	•
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,	5	22	478.	•
6 Credits/Payments:					i
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a   17,000	.			
b Exempt foreign organizations - tax withheld at source	6b 0	<u>.†</u>			l
c Tax paid with application for extension of time to file (Form 8868)	6c 3,000	<u> </u>			
d Backup withholding erroneously withheld	6d O	<u> </u>			
7 Total credits and payments. Add lines 6a through 6d		7	20	,000.	ž.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is	attached	8		151.	-
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	L.	9	2	,629.	-
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaints		10		, 023.	•
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax	Refunded	11			•
Part VII-A   Statements Regarding Activities	Refuided	1 111			-
1a During the tax year, did the foundation attempt to influence any national, state, or local le	agiclation or did it participate or interven			es No	-
	egisiation of the it participate of intervent	5 III	1a	X	-
any political campaign?	range 7 Con the instructions for the defi		1b	X	-
b Did it spend more than \$100 during the year (either directly or indirectly) for political put		110011	10		7
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi	es of any materials published or				
distributed by the foundation in connection with the activities.				$- \frac{1}{X} $	i
c Did the foundation file Form 1120-POL for this year?			1c	-   ^-	:
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during					
(1) On the foundation. ► \$ 0. (2) On foundation manag		<u>-</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expe	enditure tax imposed on foundation				
managers. ► \$0.			-	_	j
2 Has the foundation engaged in any activities that have not previously been reported to the	ne IRS?		2	Х	:
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its governi	ng instrument, articles of incorporation,	or			j
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?	37/3	4a	X	-
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	<del>   </del>	-
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ear?		5	Х	:
If "Yes," attach the statement required by General Instruction T					1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfie	d either:				1
<ul> <li>By language in the governing instrument, or</li> </ul>		•			
<ul> <li>By state legislation that effectively amends the governing instrument so that no manda</li> </ul>	atory directions that conflict with the stat	e law	-		j
remain in the governing instrument?			6 2		-
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	omplete Part II, col. (c), and Part XV		7 2	ζ	_
					1
8a Enter the states to which the foundation reports or with which it is registered. See instru	ctions. >		.		ł
NY			. [ ]	-	1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	e Attorney General (or designate)			_	
of each state as required by General Instruction G? If "No," attach explanation			8b 3	ζ	_
9 Is the foundation claiming status as a private operating foundation within the meaning o	f section 4942(j)(3) or 4942(j)(5) for cal	endar			12
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," of	complete Part XIV		9	X	0
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a scr	nedule listing their names and addresses		10	Х	_
		E	orm 990-F	F (2019)	

	that VII A I Statements Departing Activities (sectional)			30 -
Pa	rt 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	<u></u>	1.03	1.40
•	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?			$\vdash$
	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	Х	
	Website address ► N/A			
14	The books are in care of ► TAXPAYER Telephone no. ► (631)		-34	06
	Located at ▶ PO BOX 2549, PATCHOGUE, NY ZIP+4 ▶11	<u>.772</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	· []
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
<b>D</b>	foreign country			Į Į
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		IV	NI-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year, did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No		·	
	., .,			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disgualified person?  Yes X No	-	1	
			•	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No  (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  X Yes No		ŀ	3
	(5) Transfer any income or assets to a disqualified person (or make any of either available		ŀ	
	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	1		[
	termination of government service, if terminating within 90 days.)	}		
t	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		١.	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
0	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	l	l	]
	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));			
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines		İ	
	6d and 6e) for tax year(s) beginning before 2019?		ŀ	
	If "Yes," list the years			
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		<del></del>
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			i
_	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			}
38				]
	of "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,			
		3b		لـــنــا
A	Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A  Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<del>- 1</del>		<del>                                     </del>
L	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		, ,		

Total number of other employees paid over \$50,000

Total. Add lines 1 through 3

For	m 990-PF (2019) KNAPP-SWEZEY FOUNDATION, INC		11-3038738	Page 8
P	art X Minimum Investment Return (All domestic foundations must comple	te this part. Foreign founda	itions, see instructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpos	ses.		
a	Average monthly fair market value of securities	18		750.
þ	Average of monthly cash balances	11	ь 268,	516.
C	Fair market value of all other assets	10		
d	Total (add lines 1a, b, and c)	10	d 23,153,	,266.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruction	ons) 4	347,	,299.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	1 5		
6	Minimum investment return. Enter 5% of line 5	6	1,140,	,298.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private	te operating foundations and ce	ertain	
	foreign organizations, check here 🕨 🔃 and do not complete this part.)			
1	Minimum investment return from Part X, line 6	1	1,140,	,298.
2a	Tax on investment income for 2019 from Part VI, line 5	22,478.		
b	Income tax for 2019. (This does not include the tax from Part VI.)	,		
C	Add lines 2a and 2b	20	22,	478.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4 4 4 5	,820.
4	Recoveries of amounts treated as qualifying distributions	4		0.
5	Add lines 3 and 4	5	1,117,	820.
6	Deduction from distributable amount (see instructions)	6	3	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,117,	820.
P	art XII Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·		
$\frac{-}{1}$	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a		18	a 3,022,	392.
ь	Program-related investments - total from Part IX-B	11		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpo	oses 2	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	38	a	
ь	Cash distribution test (attach the required schedule)	31	<b>b</b>	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, lin	ne 4 4	3,022,	392.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<u> </u>	
	income. Enter 1% of Part I, line 27b	5	;	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6		392.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	-ـــــ ng whether the foundation quali		
	4940(e) reduction of tax in those years.	·		

Part XIII	Undistributed	Income	(see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				<del></del>
line 7				1,117,820.
2 Undistributed income, if any, as of the end of 2019				į.
a Enter amount for 2018 only			0.	
<b>b</b> Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:		<b>V</b> •		
a From 2014 4,846,860.			•	
b From 2015 3,696,278.				
c From 2016 19,247,961.				
dFrom 2017 2,644,896.				
eFrom 2018 1,761,023.				
f Total of lines 3a through e	32,197,018.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$ 3,022,392.				
a Applied to 2018, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				•
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				1,117,820.
e Remaining amount distributed out of corpus	1,904,572.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below;				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	34,101,590.			I
b Prior years' undistributed income. Subtract				
line 4b from line 2b	:	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line	·			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of			•	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			-
8 Excess distributions carryover from 2014	1 916 960			
not applied on line 5 or line 7	4,846,860.		<del></del>	
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	29,254,730.			
Subtract lines 7 and 6 from line 6a	27,234,130.			
a Excess from 2015   3,696,278.				
b Excess from 2016 19,247,961.	'		'	
c Excess from 2017 2,644,896.	,		,	
d Excess from 2018 1,761,023.				
e Excess from 2019 1,904,572.				

923581 12-17-19

CONTRIBUTION

BROOKHAVEN ARTS COUNCIL PUBLIC CHARITY CHARITABLE N/A CONTRIBUTION PO BOX 457 FARMINGVILLE, NY 11738 15,000. SEE CONTINUATION SHEET(S) 3,022,392. **▶** 3a Total b Approved for future payment NONE 0. Total ➤ 3b

Form **990-PF** (2019)

165,000.

AREA

1685 MONTAUK HWY BELLPORT, NY 11714

EVELOPMENTAL DISABILITIES INSTITUTE 9 HOLL/WOOD DRIVE WITHTOWN, NY 11787  ANILY & CHILDREN'S ASSOCIATION 400 VETEREN'S MEMORIAL HWY COLRROOK, NY 11741  EDERATION OF ORGANIZATIONS N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  EDERATION OF ORGANIZATIONS N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  EDERATION OF ORGANIZATIONS N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  ATEMAY PLAYHOUSE 15 SOUTH COUNTRY ROAD ELLPORT, NY 11713  ANIA PUBLIC CHARITY CHARITABLE CONTRIBUTION  25,0  TALES INC. OF LONG ISLAND N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  26 STORY WRITERS WORKSHOP S19 MIDDLE COUNTRY ROAD ENTERRACH, NY 11720  ANIA PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  OPE HOUSE O BOX 156 ORT JEFFERSON, NY 11777  SLAND HARVEST 99 SECOND STREET N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  I. CARES 0 DAVIDS DRIVE	3 Grants and Contributions Paid During the				
NAME and address (Rome of Dusness)  O'Substantial confribitor  Prespient  APP PAQUTUCK 400 VETS, MEMORIAL HAY STE 205  OLEROOK, NY 11741  EVELOPMENTAL DISABILITIES INSTITUTE 9 HOLLIVOOD DERIVE MITTHTOND, NY 11787  ANALY & CHILDREN'S ASSOCIATION 400 VETS, MEMORIAL HAY  OLERACOK, NY 11741  PUBLIC CHARITY CHARITABLE CONTRIBUTION  15,0  ### CHARITABLE CONTRIBUTION  15,0  ### CHARITABLE CONTRIBUTION  10,0  ### CHARITABLE CONTRIBUTION  10,0  ### CHARITABLE CONTRIBUTION  10,0  ### CHARITABLE CONTRIBUTION  10,0  ### CHARITABLE CONTRIBUTION  25,0  ### CHARITABLE CONTRIBUTION  26,0  ### CHARITABLE CONTRIBUTION  26,0  ### PUBLIC CHARITY CHARITABLE CONTRIBUTION  26,0  ### CHARITABLE CONTRIBUTION  26,0  ### CHARITABLE CONTRIBUTION  27,0  ### CHARITABLE CONTRIBUTION  25,0  ### CHARITABLE CONTRIBUTION  55,0  ### CHARITABLE CONTRIBUTION  57,0  ### CHARITABLE CONTRIBUTION  57,0  ### CHARITABLE CONTRIBUTION  77,0  ### CHARITABLE CONTRIBUTION  10,0  ### CHARITABLE CONTRIBUTION  10,0  ### CHARITABLE C	·	show any relationship to		Purpose of grant or	Amount
COMPRESS, MEMORIAL HAY STE 205  COMPRIBUTION  10.00  EVELOPMENTAL DISABILITIES INSTITUTE 9 HOLLYWOOD DRIVE  MITHTONN, NY 11787  AMILY 4 CHILDREN'S ASSOCIATION 400 VPTERENS MEMORIAL HAY COLERROR, NY 11741  EDERATION OF ORGANIZATIONS MEP FARMINGDALE ROAD RITE 109  EST BABYLON, NY 11704  N/A  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  ARTEWAY PLAYHOUSE 15 SOUTH COUNTRY ROAD  ELLPORT, NY 11713  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  ARTEWAY PLAYHOUSE 15 SOUTH COUNTRY ROAD  ELLPORT, NY 11729  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARIT	Name and address (home or business)	or substantial contributor		Contribution	7111100111
COMPRESS, MEMORIAL HAY STE 205  COMPRIBUTION  10.00  EVELOPMENTAL DISABILITIES INSTITUTE 9 HOLLYWOOD DRIVE  MITHTONN, NY 11787  AMILY 4 CHILDREN'S ASSOCIATION 400 VPTERENS MEMORIAL HAY COLERROR, NY 11741  EDERATION OF ORGANIZATIONS MEP FARMINGDALE ROAD RITE 109  EST BABYLON, NY 11704  N/A  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  ARTEWAY PLAYHOUSE 15 SOUTH COUNTRY ROAD  ELLPORT, NY 11713  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  ARTEWAY PLAYHOUSE 15 SOUTH COUNTRY ROAD  ELLPORT, NY 11729  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10.00  PUBLIC CHARITY CHARIT	TAMP PAGUMUGU				
DEBROOK, NY 11741  DEVELOPMENTAL DISABILITIES INSTITUTE 9 HOLLIVEOOD DRIVE MITHTOWN, NY 11787  AMILY 4 CHILDREN'S ASSOCIATION 400 VETERENS MEMORIAL HWY OLBROOK, NY 11741  DEDERATION OF ORGANIZATIONS N/A PUBLIC CHARITY ENARITABLE CONTRIBUTION  DEPARTMENDALE ROAD RTE 109 RET BARYLON, NY 11704  ATEMAY PLAYHOUSE 15 SOUTH COUNTRY ROAD ELLPORT, NY 11713  DEER PARK, NY 11729  TRLS INC. OF LONG ISLAND 19 GRAND BLVD. EER PARK, NY 11729  DEER PARK, NY 11729  RE STORY WRITERS WORKSHOP 539 MIDDLE COUNTRY ROAD ENTEREACH, NY 11720  DOE HOUSE O BOX 158 ORT JEFFERSON, NY 11777  SLAND HARVEST N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  TRLS INC. OF LONG ISLAND 10,0  TRLS TORY WRITERS WORKSHOP STORY WRITERS WARKSHOP STORY WRITERS WARKSHOP STORY WRITERS WARKSHOP STORY WRITERS WARKSHOP STORY WRITERS WARKSHO		N/A	PUBLIC CHARITY		
9 HOLLYWOOD DRIVE HITHTOWN, NY 11787  AMILY & CHILDREN'S ASSOCIATION 400 VETERENS MEMORIAL HWY GLERGOK, NY 11741  DEBERATION OF ORGANIZATIONS NE PARMINGDALE ROAD RTE 109 EST BABYLON, NY 11704  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  LATEWAY PLAYHOUSE 15 SOUTH COUNTRY ROAD ELLPORT, NY 11713  DELICORT, NY 11713  RE PARMINGDALE ROAD SLAND 19 GRAND BLVD. EER PARK, NY 11729  AND MARKET PARMINGDALE COUNTRY ROAD ENTERBACK, NY 11729  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  DEER PARK, NY 11729  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  DOE HOUSE O DOX 358 ORD JEPFERSON, NY 11777  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  25,0  LICAGE O BOX 358 ORT JEPFERSON, NY 11777  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  LICAGE O DOX 158E ORD STREET  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  LICAGE O DAVIDS DRIVE AUPPAUGE, NY 11788  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  AND AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  AND AND AND AND AND AND AND AND AND AND	HOLBROOK, NY 11741			CONTRIBUTION	10,0
9 HOLLYWOOD DRIVE HITHTOWN, NY 11787  AMILY & CHILDREN'S ASSOCIATION 400 VETERENS MEMORIAL HWY GLERGOK, NY 11741  DEBERATION OF ORGANIZATIONS NE PARMINGDALE ROAD RTE 109 EST BABYLON, NY 11704  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  LATEWAY PLAYHOUSE 15 SOUTH COUNTRY ROAD ELLPORT, NY 11713  DELICORT, NY 11713  RE PARMINGDALE ROAD SLAND 19 GRAND BLVD. EER PARK, NY 11729  AND MARKET PARMINGDALE COUNTRY ROAD ENTERBACK, NY 11729  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  DEER PARK, NY 11729  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  DOE HOUSE O DOX 358 ORD JEPFERSON, NY 11777  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  25,0  LICAGE O BOX 358 ORT JEPFERSON, NY 11777  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  LICAGE O DOX 158E ORD STREET  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  LICAGE O DAVIDS DRIVE AUPPAUGE, NY 11788  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  AND AND PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  AND AND AND AND AND AND AND AND AND AND					
MITHTOWN, NY 11787  ARMILY & CHILDREN'S ASSOCIATION N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 15,0  EDERATION OF ORGANIZATIONS N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 10,0  EEST BABYLON, NY 11704  ARTEWAY PLAYHOUSE 15 SOUTH COUNTRY ROAD 19 GRAND BLVD.  EER PARK, NY 11729  EER STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 25,0  EER STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 10,0  EER STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 10,0  EER STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 10,0  EER STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 10,0  ER STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 10,0  ER STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 10,0  ER STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 10,0  ER STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 55,0  I. CARES N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 55,0  J. CARES N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 55,0  DOUVIDS DRIVE AUPPAUGE, NY 11788	DEVELOPMENTAL DISABILITIES INSTITUTE	N/A	PUBLIC CHARITY	CHARITABLE	
AMILY & CHILDREN'S ASSOCIATION A00 VETERENS MEMORIAL HWY COLBROOK, NY 11741  DEDERATION OF ORGANIZATIONS NE FARMINGDALE ROAD RTE 109 EST BABYLON, NY 11704  ATEMAY PLAYHOUSE N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TRACE TO PLONG ISLAND N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TRACE TO PLONG ISLAND N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TRACE TO PLONG ISLAND N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TRACE TO PLONG ISLAND N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TRACE TO PLONG ISLAND N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TO PLONG THE STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TO PLONG THE STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TO PLONG THE STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TO PLONG THE STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TO PLONG THE STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TO PLONG THE STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TO DO PLONG THE STORY WRITERS WORKSHOP N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  TO DO	99 HOLLYWOOD DRIVE			CONTRIBUTION	<u> </u>
OLBROOK, NY 11741  CEDERATION OF ORGANIZATIONS NE FARMINDALE ROAD RTE 109 EEST BABYLON, NY 11704  IATEWAY PLAYHOUSE 15 SOUTH COUNTRY ROAD EELLPORT, NY 11713  TRLS INC. OF LONG ISLAND 19 GRAND BLVD. EER PARK, NY 11729  RESTORY WRITERS WORKSHOP 519 MIDDLE COUNTRY ROAD ENTEREACH, NY 11720  OPE HOUSE O BOX 358 ORT JEPPERSON, NY 11777  SLAND HARVEST ORT JEPPERSON, NY 11777  SLAND HARVEST N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  11,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  I. CARES O DAVIDS DRIVE AUPPRAUGE, NY 11788	SMITHTOWN, NY 11787				25,00
OLBROOK, NY 11741  CEDERATION OF ORGANIZATIONS NE FARMINDALE ROAD RTE 109 EEST BABYLON, NY 11704  IATEWAY PLAYHOUSE 15 SOUTH COUNTRY ROAD EELLPORT, NY 11713  TRLS INC. OF LONG ISLAND 19 GRAND BLVD. EER PARK, NY 11729  RESTORY WRITERS WORKSHOP 519 MIDDLE COUNTRY ROAD ENTEREACH, NY 11720  OPE HOUSE O BOX 358 ORT JEPPERSON, NY 11777  SLAND HARVEST ORT JEPPERSON, NY 11777  SLAND HARVEST N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  11,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  I. CARES O DAVIDS DRIVE AUPPRAUGE, NY 11788	FAMILY & CHILDREN'S ASSOCIATION	NI / 2	DUDITO CUARTINA	CUARTMARIE	
DEBROOK, NY 11741  EDERATION OF ORGANIZATIONS NS FARMINGDALE ROAD RTE 109 EEST BABYLON, NY 11704  ATEMAY PLAYHOUSE 1S SOUTH COUNTRY ROAD ELLPORT, NY 11713  N/A  PUBLIC CHARITY CHARITABLE CONTRIBUTION  25,0  IRLS INC. OF LONG ISLAND 19 GRAND BLVD. EER PARK, NY 11729  AUGUST COUNTRY ROAD ER STORY WRITERS WORKSHOP 539 MIDDLE COUNTRY ROAD ENTERBACH, NY 11720  N/A  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  11,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  II. CARES 0 DAVIDS DRIVE AUPPAUGE, NY 11788	4400 VETERENS MEMORIAL HWY	N/ A	FUBLIC CHARITY		
NE PARMINGDALE ROAD RTE 109 EST BABYLON, NY 11704  ATEWAY PLAYHOUSE 15 SOUTH COUNTRY ROAD ELLPORT, NY 11713  ATEMAY PLAYHOUSE 15 SOUTH COUNTRY ROAD ELLPORT, NY 11713  ATEMAY PLAYHOUSE 15 SOUTH COUNTRY ROAD ELLPORT, NY 11713  ATEMAY PLUBLIC CHARITY CHARITABLE CONTRIBUTION  ATEMA PUBLIC CHARITY CHARITABLE CONTRIBUTION  ATEMAY PLAYHOUSE  N/A  PUBLIC CHARITY CHARITABLE CONTRIBUTION  ATEMAY PUBLIC CHARITY CHARITABLE CONTRIBUTION  ATEMA PUBLIC CHARITY CHARITABLE CONTRIBUTION  ATEMAY PUBLIC CHARIT	HOLBROOK, NY 11741				15,00
NE PARMINGDALE ROAD RTE 109 EST BABYLON, NY 11704  ATEWAY PLAYHOUSE 15 SOUTH COUNTRY ROAD ELLPORT, NY 11713  ATEMAY PLAYHOUSE 15 SOUTH COUNTRY ROAD ELLPORT, NY 11713  ATEMAY PLAYHOUSE 15 SOUTH COUNTRY ROAD ELLPORT, NY 11713  ATEMAY PLUBLIC CHARITY CHARITABLE CONTRIBUTION  ATEMA PUBLIC CHARITY CHARITABLE CONTRIBUTION  ATEMAY PLAYHOUSE  N/A  PUBLIC CHARITY CHARITABLE CONTRIBUTION  ATEMAY PUBLIC CHARITY CHARITABLE CONTRIBUTION  ATEMA PUBLIC CHARITY CHARITABLE CONTRIBUTION  ATEMAY PUBLIC CHARIT					
ATEWAY PLAYHOUSE  15 SOUTH COUNTRY ROAD  INTELS INC. OF LONG ISLAND  19 GRAND BLVD.  EER PARK, NY 11729  N/A  PUBLIC CHARITY  CHARITABLE  CONTRIBUTION  25,0  PUBLIC CHARITY  CHARITABLE  CONTRIBUTION  30,0  ER STORY WRITERS WORKSHOP  539 MIDDLE COUNTRY ROAD  ENTEREACH, NY 11720  N/A  PUBLIC CHARITY  CHARITABLE  CONTRIBUTION  10,0  OPE HOUSE  O BOX 358  ORT JEFFERSON, NY 11777  PUBLIC CHARITY  CHARITABLE  CONTRIBUTION  25,0  SLAND HARVEST  99 SECOND STREET  INCOLA, NY 11501  N/A  PUBLIC CHARITY  CHARITABLE  CONTRIBUTION  55,0  II. CARES  O DAVIDS DRIVE  AUPPAUGE, NY 11788	PEDERATION OF ORGANIZATIONS	N/A	PUBLIC CHARITY		
PUBLIC CHARITY CHARITABLE CONTRIBUTION  ATELLIFORT, NY 11713  ATELLIFORT, NY 11719  ATELLIFORT, NY 11729  ATELLIFORT, NY 11720  ATEL				CONTRIBUTION	
IS SOUTH COUNTRY ROAD  ELLPORT, NY 11713  IRLS INC. OF LONG ISLAND  19 GRAND BLVD,  EER PARK, NY 11729  TO ANY DEER PARK, NY 11729  TO ANY DEER STORY WRITERS WORKSHOP  539 MIDDLE COUNTRY ROAD  ENTEREACH, NY 11720  TO BOX 358  ORD JEFFERSON, NY 11777  SLAND HARVEST  99 SECOND STREET  INCAMPAGE  1.1. CARES  1.1. CARES  1.2. CARES  1.3. CARES  1.4. CARES  1.5. ONTRIBUTION  CHARITABLE  CONTRIBUTION  TO ANY DEBLIC CHARITY  CHARITABLE  CONTRIBUTION  TO ANY 11501  TO ANY 11788  TO ANY 11788	NEST BABILON, NY 11704				10,00
AUPPAUGE, NY 11713  25,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  30,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  30,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  10,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  25,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0	GATEWAY PLAYHOUSE	N/A	PUBLIC CHARITY	CHARITABLE	
IRLS INC. OF LONG ISLAND  19 GRAND BLVD.  EER PARK, NY 11729  EER STORY WRITERS WORKSHOP  539 MIDDLE COUNTRY ROAD  ENTEREACH, NY 11720  OPE HOUSE  O BOX 358  ORT JEPFERSON, NY 11777  SLAND HARVEST  99 SECOND STREET  INCOLA, NY 11501  N/A  PUBLIC CHARITY  CHARITABLE  CONTRIBUTION  25,0  PUBLIC CHARITY  CHARITABLE  CONTRIBUTION  55,0  THE COUNTRY CHARITABLE  CONTRIBUTION  55,0  THE CHARITABLE  CONTRIBUTION  55,0  THE CHARITABLE  CONTRIBUTION  55,0  THE CHARITABLE  CONTRIBUTION  55,0  THE CHARITABLE  CONTRIBUTION  55,0	215 SOUTH COUNTRY ROAD			CONTRIBUTION	
19 GRAND BLVD.  EER PARK, NY 11729  OPER STORY WRITERS WORKSHOP 539 MIDDLE COUNTRY ROAD ENTEREACH, NY 11720  OPE HOUSE O BOX 358 ORT JEPFERSON, NY 11777  SLAND HARVEST 99 SECOND STREET 1N/A 1N/A 1NEOLA, NY 11501  OPER STORY WRITERS WORKSHOP N/A 25,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  25,0  THE CHARITABLE CONTRIBUTION  55,0  THE CHARITABLE CONTRIBUTION  THE CHAR	BELLPORT, NY 11713				25,00
19 GRAND BLVD.  EER PARK, NY 11729  OPER STORY WRITERS WORKSHOP 539 MIDDLE COUNTRY ROAD ENTEREACH, NY 11720  OPE HOUSE O BOX 358 ORT JEPFERSON, NY 11777  SLAND HARVEST 99 SECOND STREET 1N/A 1N/A 1NEOLA, NY 11501  OPER STORY WRITERS WORKSHOP N/A 25,0  PUBLIC CHARITY CHARITABLE CONTRIBUTION  25,0  THE CHARITABLE CONTRIBUTION  55,0  THE CHARITABLE CONTRIBUTION  THE CHAR	CIDIC INC. OF LONG ICLAND	1/2	DUDI TO CUADITAL	CUARTMAN, P	
EER PARK, NY 11729  ER STORY WRITERS WORKSHOP 539 MIDDLE COUNTRY ROAD ENTEREACH, NY 11720  OPE HOUSE O BOX 358 ORT JEFFERSON, NY 11777  SLAND HARVEST 99 SECOND STREET 1N/A 1NEOLA, NY 11501  N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  25,0  DUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  11. CARES O DAVIDS DRIVE ODAVIDS DRIVE AUPPAUGE, NY 11788		N/A	PUBLIC CHARITY		
CONTRIBUTION  ENTEREACH, NY 11720  OPE HOUSE O BOX 358 ORT JEPFERSON, NY 11777  SLAND HARVEST 99 SECOND STREET INEOLA, NY 11501  N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  LI. CARES O DAVIDS DRIVE AUPPAUGE, NY 11788  CONTRIBUTION  TO AUPPAUGE, NY 11788  CONTRIBUTION  TO AUPPAUGE, NY 11788  CONTRIBUTION  TO AUPPAUGE, NY 11788  CONTRIBUTION  TO AUPPAUGE, NY 11788	DEER PARK, NY 11729				30,00
CONTRIBUTION  ENTEREACH, NY 11720  OPE HOUSE O BOX 358 ORT JEPFERSON, NY 11777  SLAND HARVEST 99 SECOND STREET INEOLA, NY 11501  N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  LI. CARES O DAVIDS DRIVE AUPPAUGE, NY 11788  CONTRIBUTION  TO AUPPAUGE, NY 11788  CONTRIBUTION  TO AUPPAUGE, NY 11788  CONTRIBUTION  TO AUPPAUGE, NY 11788  CONTRIBUTION  TO AUPPAUGE, NY 11788					
ENTEREACH, NY 11720  OPE HOUSE O BOX 358 ORT JEPFERSON, NY 11777  SLAND HARVEST 99 SECOND STREET INFOLA, NY 11501  N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  LI. CARES O DAVIDS DRIVE AUPPAUGE, NY 11788	HER STORY WRITERS WORKSHOP	N/A	PUBLIC CHARITY		
OPE HOUSE O BOX 358 ORT JEFFERSON, NY 11777  SLAND HARVEST 99 SECOND STREET INEOLA, NY 11501  N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  LI. CARES O DAVIDS DRIVE AUPPAUGE, NY 11788  PUBLIC CHARITY CHARITABLE CONTRIBUTION  75,00				CONTRIBUTION	10.00
O BOX 358  ORT JEFFERSON, NY 11777  SLAND HARVEST 99 SECOND STREET INEOLA, NY 11501  PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,0  LI. CARES 0 DAVIDS DRIVE AUPPAUGE, NY 11788	DATEMENT, NI 11720				10,00
ORT JEFFERSON, NY 11777  SLAND HARVEST 99 SECOND STREET INEOLA, NY 11501  TO DAVIDS DRIVE AUPPAUGE, NY 11788  PUBLIC CHARITY CHARITABLE CONTRIBUTION  TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVIDS DRIVE TO DAVID DRIVE TO DAVI	HOPE HOUSE	N/A	PUBLIC CHARITY	CHARITABLE	
SLAND HARVEST 99 SECOND STREET CONTRIBUTION S5,00  INEOLA, NY 11501  PUBLIC CHARITY CHARITABLE CONTRIBUTION  55,00  AUPPAUGE, NY 11788	PO BOX 358			CONTRIBUTION	
99 SECOND STREET  LINEOLA, NY 11501  S5,0  LI. CARES  O DAVIDS DRIVE  AUPPAUGE, NY 11788  CONTRIBUTION  55,0  CHARITABLE  CONTRIBUTION  75,0	PORT JEFFERSON, NY 11777				25,00
99 SECOND STREET  LINEOLA, NY 11501  S5,0  LI. CARES  O DAVIDS DRIVE  AUPPAUGE, NY 11788  CONTRIBUTION  55,0  CHARITABLE  CONTRIBUTION  75,0	ISLAND HARVEST	N/A	DIIDI TO OUSDIAN	CUADIMADIR	
INEOLA, NY 11501 55,00  .I. CARES N/A PUBLIC CHARITY CHARITABLE 0 DAVIDS DRIVE CONTRIBUTION 75,00		T'/^	FUBLIC CHARITY		1
0 DAVIDS DRIVE CONTRIBUTION AUPPAUGE, NY 11788 75,00	MINEOLA, NY 11501				55,00
0 DAVIDS DRIVE CONTRIBUTION AUPPAUGE, NY 11788 75,00					
AUPPAUGE, NY 11788 75,0	L.I. CARES	N/A	PUBLIC CHARITY	CHARITABLE	
	10 DAVIDS DRIVE			CONTRIBUTION	
			1		75,00

Part XV Supplementary Informati 3 Grants and Contributions Paid During the		<del></del> -		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
L.I. YOUTH MENTORING	N/A	PUBLIC CHARITY		
153 MCNAIR STREET BRENTWOOD, NY 11717			CONTRIBUTION	35,000
S.E.N.11005, 11 11/1/				33,000
LITERACY SUFFOLK	N/A	PUBLIC CHARITY	CHARITABLE	
527 N. SUNRISE SERVICE ROAD			CONTRIBUTION	
BELLPORT, NY 11714				15,000
LONG ISLAND COMMUNITY HOSPITAL 101 HOSPITAL ROAD	N/A	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	
EAST PATCHOGUE, NY 11772			CONTRIBUTION	300,000
LONG ISLAND MUSEUM	N/A	PUBLIC CHARITY	CHARITABLE	
1200 ROUTE 25A			CONTRIBUTION	45.000
STONYBROOK, NY 11790				45,000
MERCY CENTER MINISTRIES	N/A	PUBLIC CHARITY	CHARITABLE	
436 W. MAIN STREET			CONTRIBUTION	
PATCHOGUE, NY 11772				15,000
WODOW WANTEN	.,,			
MERCY HAVEN 859 CONNETQUOT AVE	N/A	PUBLIC CHARITY	CONTRIBUTION	
ISLIP TERRACE, NY 11752				20,000
MORICHES COMMUNITY CENTER	N/A	PUBLIC CHARITY		
386-D MAIN STREET CENTER MORICHES, NY 11934			CONTRIBUTION	25,000
NATURE CONSERVENCY	N/A	PUBLIC CHARITY	CHARITABLE	
PO BOX 5125			CONTRIBUTION	
EAST HAMPTON, NY 11937				400,000
NEW BEGINNINGS COMMUNITY CENTER	N/A	PUBLIC CHARITY	CHARITARI.E	
12 PLATINUM COURT	[""		CONTRIBUTION	
MEDFORD, NY 11763				30,000
NEW HOUR	N/A	PUBLIC CHARITY		
1725 BRENTWOOD ROAD, MAIN BLDG 2 BRENTWOOD, NY 11717			CONTRIBUTION	20,000
Total from continuation sheets	1	<u> </u>	<u> </u>	20,000

3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
PAL O MINE EQUESTRIAN, INC. 829 OLD NICHOLS ROAD	N/A	PUBLIC CHARITY		
ISLANDIA, NY 11749			CONTRIBUTION	30,000
PATCHOGUE COMMUNITY SERVICE	N/A	PUBLIC CHARITY	CHARTTARLE	
FOUNDATION	<u></u>		CONTRIBUTION	
PO BOX 821				
PATCHOGUE, NY 11772				2,000
PATCHOGUE THEATRE	N/A	PUBLIC CHARITY		
71 E. MAIN STREET			CONTRIBUTION	5 00
PATCHOGUE, NY 11772				5,000
PATCHOGUE VILLAGE	N/A	PUBLIC CHARITY	CHARITABLE	
14 BAKER STREET PO BOX 719	[		CONTRIBUTION	
PATCHOGUE, NY 11772				174,89
PATCHOGUE-MEDFORD YOUTH AND COMMUNITY	N/A	PUBLIC CHARITY	CHARITABLE	
SERVICES			CONTRIBUTION	
390 BAY AVENUE				
PATCHOGUE, NY 11772				75,000
PILOT CLUB OF PATCHOGUE PO BOX 1313	N/A	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	
PATCHOGUE, NY 11772			CONTRIBUTION	500
·				
PRINCESS RONKONKOMA PRODUCTIONS	N/A	PUBLIC CHARITY	CHARTTARLE	
PO BOX 2508	,		CONTRIBUTION	}
LAKE RONKONKAMA, NY 11779				3,000
RESPONSE OF SUFFOLK COUNTY	N/A	PUBLIC CHARITY		
PO BOX 300 STONY BROOK, NY 11790			CONTRIBUTION	25.000
210000, 11 11/20				25,000
SHARING A MEAL	N/A	PUBLIC CHARITY	CHARITABLE	
PO BOX 852			CONTRIBUTION	
SAYVILLE, NY 11782				10,000
SOUTH COUNTRY EDUCATION FOUNDATION	N/A	PUBLIC CHARITY		
PO BOX 512			CONTRIBUTION	10.00
BELLPORT, NY 11713	l	<u>L</u>	1	10,000

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
wante and address (nome or business)	or substantial contributor	recipient		
ST. JOSEPH'S COLLEGE	N/A	PUBLIC CHARITY		
L55 WEST ROE BLVD.			CONTRIBUTION	
PATCHOGUE, NY 11772				10,000
STONY BROOK FOUNDATION	N/A	PUBLIC CHARITY		
230 ADMINISTRATION			CONTRIBUTION	
STONY BROOK, NY 11794				1,200,000
WINGUINE DEFUENMENT ON GENMEN				
SUNSHINE PREVENTION CENTER	N/A	PUBLIC CHARITY		
PORT JEFFERSON, NY 11776			CONTRIBUTION	25,00
CHURSDAY'S CHILD	N/A	PUBLIC CHARITY	CHARITABLE	
30 TERRY STREET			CONTRIBUTION	
PATCHOGUE, NY 11772				20,00
MCA OF LONG ISLAND	N/A	PUBLIC CHARITY	CHARITABLE	
121 DASORIS LANE			CONTRIBUTION	
GLEN COVE, NY 11542		1		30,000
				ļ
<b>-</b>				
				<del>                                     </del>
Total from continuation sheets		<u>L</u>		

rait Avi-A   Analysis of income-Producing Activities	Part XVI-A	Analysis of Income-Producing Activities
--	------------	---

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
å	-				<u> </u>
b		<del></del>	ļ		
C	_				<u> </u>
d	-	·			
e	_			7	
f	-			·····	· · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies		····			<u>.</u>
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash investments			14	739.	
4 Dividends and interest from securities			14	534,124.	·
5 Net rental income or (loss) from real estate:				,	. 1
a Debt-financed property					·· <del>·</del>
b Not debt-financed property					<del></del>
6 Net rental income or (loss) from personal property					
7 Other investment income			01	3,151.	
8 Gain or (loss) from sales of assets other					
than inventory	-		18	320,074.	
9 Net income or (loss) from special events			<del></del> -	020,0720	<del></del>
10 Gross profit or (loss) from sales of inventory	1				
11 Other revenue					
a	1 1				
b	- <del>                                    </del>				
C	-				
d	-				
e	-				
12 Subtotal. Add columns (b), (d), and (e)		0.		858,088.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	858,088.
(See worksheet in line 13 instructions to verify calculations.)					222,2001
D-4 V// D D-1-4:					<del></del>

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

<b>7</b>	the foundation's exempt purposes (other than by providing funds for such purposes).
N	/A
İ	
$\neg$	

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)  (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  a Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash (2) Other assets  b Other transactions:  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan guarantees  (6) Performance of services or membership or fundraising solicitations  c Sharing of facilities, equipment, mailing lists, other assets, or paid employees  d If the answer to 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 in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	Part XVII	Information Re Exempt Organ		ers to a	nd Transactions a	nd Relationsh	nips With Noncha	ritable	•	
(a) the rate section 501(r(s)) or regardation (or in section 527, relating to goldical organizations?  1 Trainles from the reporting foundation to a noncharitable exempt organization of; (1) Sike of assets to a noncharitable exempt organization (2) Purchase of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rental organization organizat	1 Did the or			he followin	o with any other organization	n described in secti	on 501(c)	Т	Yes	Ño
a Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash (2) Other assets  b Other transactions:  (1) Sales of assets to an oncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Renation of feitiles, equipment, or other assets (4) Renation of feitiles, equipment, or other assets (5) Loans or found guarantees (6) Performance of services or membership or fundaming solicitations (6) Performance of services or membership or fundaming solicitations (6) Performance of services or membership or fundaming solicitations (6) Performance of services or membership or fundaming solicitations (6) Performance of services or membership or fundaming solicitations (6) Performance of services or membership or fundaming solicitations (6) Performance of services or membership or fundaming solicitations (6) Performance of services or membership or fundaming solicitations (6) Performance of services or services or services received.  (8) Amount involved (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Name of organization (3) Description of relationship  N/A    Verification						,,, acacı (bod iii aca	on oo no)			<del></del>
(1) Sash of sasets    14(1)   X   X   X   X   X   X   X   X   X	•		•		• •					
(2) Other assets by Other farsactions:  (1) Sales of assets from a nonchartable exempt organization  (2) Purchases of assets from a nonchartable exempt organization  (3) Rental officience, equipment, or other assets  (4) Remodurement arrangements  (5) Loans or foat guarantees  (5) Loans or foat guarantees  (6) Performance of services or membership or fundrasing solicitations  (7) Sharing of foathes, equipment, making lists, other assets, or paid employes  (8) Performance of services or membership or fundrasing solicitations  (9) In the answer 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 greened.  (4) Live no (b) Amoent involved  (c) Name of noncharifable exempt organization  (d) Description of relationship or translation in section 501(c) (other than section 501(c))(other than section 501(c))			ation to a monorial table	Oxompt on	gumzu			1a(1)	1	x
10 State of assets to a noncharidable exempt organization (2) Purchases of assets from a noncharidable exempt organization (3) Rental of actimes, equipment, or other assets (4) Removalmented arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) If the asset from a guarantees (8) Performance of services or membership or fundrasing solicitations (8) Removalment of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) If the asset or any of the above is "Res', complete the following schedules. Column (9) should always show the fair market value of the goods, other assets, or services reserved. (9) If the asset or any of the above is "Res', complete the following schedules. Column (9) the value of the goods, other assets, or services reserved. (9) Amount involved (9) Rental of noncharidable exempt organization (10) Description of fundition, vanisactions, and sharing arrangement, show in section 501(c) (giner than s	• •								<del></del>	
(1) Sales of assets from a noncharable exempt organization (2) Purchases of assets from a noncharable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or Oata guarantees (6) Performance of services or membership or fundrasing solicitations (6) Ferformance of services or membership or fundrasing solicitations (6) Ferformance of services or membership or fundrasing solicitations (6) Ferformance of services or membership or fundrasing solicitations (6) Ferformance of services or membership or fundrasing solicitations (6) Ferformance of services or membership or fundrasing solicitations (6) Ferformance of services or membership or fundrasing solicitations (6) Ferformance of services or membership or fundrasing solicitations (6) Ferformance of services or services or pad employes (6) Ferformance of services or								10(2)		<del> </del> -
(2) Purchases of assets from a noncharitable exempt organization (3) Rental of Eachbes, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Each or Loan guarantees (8) Performance of services or membership or fundrasing solicitations (8) Each organization of the sales of t		•	ihle exempt organization	1				16/1)		x -
(a) Renal of facilities, equipment, or other assets  (b) Cours or than guarantees  (c) Performance of services or membership or fundraising solicitations  (d) Performance of services or membership or fundraising solicitations  (e) Performance of services or membership or fundraising solicitations  (f) Performance of services or membership or fundraising solicitations  (e) Performance of services or membership or fundraising solicitations  (f) It was an advantage 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 greewed.  (a) Line ro  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, warnaccions, and sharing arrangement, show in section 501(c) (other than section 501(c)(3)) or in section 522?  If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  (c) Description of relationship  N/A  (d) Description of relationship  N/A  (e) Description of relationship  N/A  PRESIDENT  PRESIDENT  PRESIDENT  PRESIDENT  Prim' segion or fundship in preparer's name  Preparer Signature  Prim' yee preparer's name  Preparer Signature  Prim' saddress ► 100 JERICHO QUADRANGLE - STE 220  Phone no. (516) 333-6881	• •		, -						<del> </del>	
(a) Loss or loan guarantees (b) Performance of services or membership or fundraising solicitations (c) Performance of services or membership or fundraising solicitations (d) Performance of services or membership or fundraising solicitations (d) If the answer to any of the above is "ve", 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 fundation 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 given by the reporting foundation. If the fundation 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 given by the reporting fundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (d) Persongence of transfer in the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of given and the value of given and the value of given and the value of given and the value of given and the value of given and the value of given and the value of given and the value of given and the value of given and given	• •			inzation				<u> </u>	<del> </del>	
(6) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer 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 received.  (a) Line no (b) Amount involved (c) Name of nonchartable exempt organization (d) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of nonchartable exempt organization (d) Description of transfers, variascions, and sharing arrangements.  N/A  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)(31) or in section 52??  b) If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Sign Indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(31) or in section 52??  b) If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (e) Description of relationship  N/A  Sign Indirectly or indirectly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(31) or in section 52??  b) If "Yes," complete the following schedule.  (a) Name of organization (e) Description of relationship  N/A  Priority perpendence purply, I declare that have examined the return, including scompanying schedules and information of which prepare in the best of my knowledge than the best of my knowledge than the best of my knowledge than the best of my knowledge than the best of my knowledge than the best of my knowledge than the best of my knowledge than the best of my knowledge than the best of my knowledge than the best of my knowledge than the best of my knowl	• •							<u> </u>	├	
(6) Performance of services or membership or fundrasing solicitations  © Sharing of facilities, equipment, maining lists, other assets, or paid employees  d If the answer to any of the above is "ke;" complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services gener by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) 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.  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (o) their than section 501(c)(3) or in section 52??  b) If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Sign  Under penalties appearury, I declare that I have examined the return, including accompanying schedules and statements, and to this best of my knowledge and best of my knowledge and best or my k		=	'						<del>                                     </del>	
E Starring of facilities, equipment, mailing lists, other assets, or paid employees  d If the answer to 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 in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Lius no (b) Amount involved (c) Name of noncharibable exempt organization (d) Description of transfers, usassactions, and sharing arrangements  N/A  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??  b If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A    Under penalties, pening, I declars that I have examined the entire, excluding accompanying schedules and stationests, and to the best of my Nonewholds and the state of the penalties of the provincing pening the state of the penalties of the provincing pening the state of the penalties of the provincing pening the state of the penalties of the provincing pening the state of the penalties of the p	• •	J	embershin or fundraising	n solicitatio	ine			<del></del>		
d If the answer to 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 in any transaction or sharing arrangement, show in column (c) 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 N/A  2a. Is the foundation directly or indirectly affiliated with, or rebiled to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52??  3b. If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Sign and penalties places correct, clientic mart have examined this entire, including accompanying schedules and statements, and to the best of my knowledge for the penalties of the penalties of the propagate has any knowledge from the penalties of the penaltie	• •		•	•					<del> </del>	
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.  (8) Immino (b) Amount minohed (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N/A    N/A	_			•	• •	wave show the fair m	narket value of the goods		L	<u> </u>
(a)Line ro (b) Amount involved (c) Name of noncharlable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N / A  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) (other than section 501(c)(3)) or in section 52??  b if 'Yes,' complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N / A    One of the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (d) the relationship of the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship organization (c) Description of relationship organization (c) Description of relationship organization organization of which prepare has any knowledge and statements, and to the best of my knowledge approximation of which prepare has any knowledge approximation of which prepare has any knowledge approximation of which prepare has any knowledge approximation of the prepare (a) the firm's self-employed proper in the supplying in the discription of the prepare (a) the prepare									JUI3,	
N/A  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 527°  b if Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties perquiry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge elicium with the preparer  N/A  Under penalties perquiry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge elicium with the preparer  Signal and belief, it glydes, correct, and complete Declaration pl preparer (other than taxpayer) is based on all information of which preparer as any knowledge  PRESIDENT  Title  Primity per preparer's name  Prepared Signature  LAWRENCE SPIRIO  Authority and the preparer  Firm's name ➤ KWM CPAS LLP  Firm's address ➤ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881						•				
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 527?  b If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A    Ves	(a)Line no	(b) Amount involved	(c) Name of no	ncharitable	e exempt organization	(d) Description	of transfers, transactions, and	sharing ar	rangeme	ents
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penalties **Perjury**, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sydes, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction of tritile  Paid Print/Type preparer's name  Preparer Use Only  If m's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881		/ -\ A	1	N/A						
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penalties **Perjury**, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sydes, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction of tritile  Paid Print/Type preparer's name  Preparer Use Only  If m's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881										
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penalties **Perjury**, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sydes, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction of tritile  Paid Print/Type preparer's name  Preparer Use Only  If m's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881										
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penalties **Perjury**, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sydes, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction of tritile  Paid Print/Type preparer's name  Preparer Use Only  If m's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881										
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penalties **Perjury**, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sydes, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction of tritile  Paid Print/Type preparer's name  Preparer Use Only  If m's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881					<u> </u>					
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penalties **Perjury**, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sydes, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction of tritile  Paid Print/Type preparer's name  Preparer Use Only  If m's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881										
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penalties **Perjury**, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sydes, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction of tritile  Paid Print/Type preparer's name  Preparer Use Only  If m's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881										
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penalties **Perjury**, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sydes, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction of tritile  Paid Print/Type preparer's name  Preparer Use Only  If m's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881										
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penalties **Perjury**, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sydes, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction of tritile  Paid Print/Type preparer's name  Preparer Use Only  If m's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881										
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penalties **Perjury**, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sydes, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction of tritile  Paid Print/Type preparer's name  Preparer Use Only  If m's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881										
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penalties **Perjury**, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sydes, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction of tritile  Paid Print/Type preparer's name  Preparer Use Only  If m's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881										
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penalties **Perjury**, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sydes, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction of tritile  Paid Print/Type preparer's name  Preparer Use Only  If m's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881										
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A    Value   Val										
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A    Value   Val										
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A    Value   Val							-			
In section 501(c) (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A    Value   Val										
N/A  Sign Here    Under penalties   Operator   Date   Dat	ın section	501(c) (other than section omplete the following sch	on 501(c)(3)) or in sectionedule.				(a) Description of relations		X	] No
Sign Here    Under penalties   perjury,   declare that   have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it syne, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it syne, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge preparer   PRESIDENT   Title      Print/Type preparer's name   Preparet's signature   Date   Check   if print   Print		· · · · · · · · · · · · · · · · · · ·	Janization .		(b) Type of Organization		(c) Description of relations	шр		
Sign Here    Signature of officer or trustee		N/A								
Sign Here    Signature of officer or trustee	<del></del>			<del></del>						
Sign Here    Signature of officer or trustee			<del></del>			-				
Sign Here    Signature of officer or trustee										
Paid Print/Type preparer's name Prepare Signature Date Title  LAWRENCE SPIRIO Print/Type preparer Use Only  Firm's name ► KWM CPAS LLP  Firm's address ► 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Date Title  Check if PTIN self- employed Pounding Print Self- employe	Sign and be					nation of which preparer	has any knowledge Ma ret sho	urn with th own below	e prepa 7 See in	rer istr
Paid Preparer Use Only  Print/Type preparer's name  Preparer Signature  Preparer    Date   Check   if self- employed	Sign	nature of officer or trustee	10	7	Date			162		,0
Paid Preparer Use Only Firm's address ▶ 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Self- employed P00011262  Firm's EIN ▶ 11-2674705  Phone no. (516) 333-6881		Print/Type preparer's na	ame Pr	repare s s			Check   if   PTIN			
Paid Preparer Use Only    LAWRENCE SPIRIO   Daurent ferror   5/3/21   P00011262					· ()	l				
Preparer Use Only  Firm's name ►KWM CPAS LLP  Firm's address ► 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753  Phone no. (516) 333-6881	Paid	LAWRENCE	SPIRIO /	Hans.	41/10	5/3/21	' '	0011	262	
Use Only  Firm's address ► 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753 Phone no. (516) 333-6881	Preparer		T		- Theres					
Firm's address ► 100 JERICHO QUADRANGLE - STE 220  JERICHO, NY 11753 Phone no. (516) 333-6881								-, -,	5 5	
JERICHO, NY 11753 Phone no. (516) 333-6881	•	Firm's address ▶ 1 ∩	O JERICHO	OUADR	ANGLE - STE	220				
							Phone no (516)	333	-68	81
					·	<del></del>				



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

KNAPP-SWEZEY FOUNDATION, 11-3038738 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 foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization

Employer identification number

KNAPP-SWEZEY B	FOUNDATION,	INC
----------------	-------------	-----

<u>KNAPP</u>	-SWEZEY FOUNDATION, INC		L-3038738
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PRISCILLA KNAPP  PO BOX 34  BELLPORT, NY 11714	\$14,451.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) . Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

**Employer identification number** 

### KNAPP-SWEZEY FOUNDATION, INC

11-3038738

Part II	Noncash Property (see instructions) Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
200450 14 05		     \$	

Schedule 'B (Form 990, 990-EZ, or 990-PF) (2019) Page 4 Name of organization **Employer identification number** KNAPP-SWEZEY FOUNDATION, 11-3038738 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (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, and 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, and 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, and 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, and ZIP + 4 Relationship of transferor to transferee

	•							TEMENT	1
DESCRIPTI	(A) ION OF PROPERTY	_			MANNER ACQUIREI		TE VIRED	DATE S	SOLE
SEE ATTAC	CHED			<del></del>	DONATED				
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	( F DEPF		GAIN	(F) I OR LOS	SS
	339,793.	297,900.		0	0.	0.		41,8	393.
DESCRIPTI	(A) ION OF PROPERTY	_		_	MANNER ACQUIREI		TE IRED	DATE S	SOLD
SEE ATTAC	CHED			P	PURCHASEI	)			
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	( E F DEPF		GAIN	(F) I OR LOS	SS
	6,879,707.	6,601,534.		0	0.	0.		278,1	L73.
DESCRIPTI	(A) ON OF PROPERTY				MANNER ACQUIREI		TE URED	DATE S	SOLE
	- BLACKROCK SP			F	PURCHASEI	)			
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	( E F DEPF		GAIN	(F)	ss
	8.	0.		0	<u>.</u>	0.	-		8.
CAPITAL 0	SAINS DIVIDENDS	FROM PART IV							0.
	FORM 990-PF, P.							320,0	

FORM 990-PF INTERES	T ON SAVING	S AND TEMPOR	ARY CASH IN	VESTMENTS S	TATEMENT	2
SOURCE		(A) REVENUE PER BOOK	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOME	<u> </u>
WELLS FARGO		7	39.	739.		
TOTAL TO PART I, LIN	E 3	7	39.	739.		<u> </u>
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S	TATEMENT	3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
FIDELITY INVESTMENTS FIDELITY	122,687.	0.	122,687.	122,687.		
INVESTMENTS - BOND PREMIUM FIDELITY	<448.>	0.	<448.	<448.	>	
INVESTMENTS - OID INTEREST FROM K-1 - BLACKROCK SPECIAL	78,735.	0.	78,735.	78,735.		
CREDIT WELLS FARGO WELLS FARGO - BOND PREMIUM	5. 252,118.	0. 0.	5. 252,118.	5. 252,118.		
AMORTIZATION WELLS FARGO - OID INTEREST	<896.> 81,923.	0.	<896.3			
TO PART I, LINE 4	534,124.	0.	534,124.	534,124.		

FORM 990-PF	OTHER I	NCOME		STATEMENT	4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
FROM K-1 - BLACKROCK SPECIAL OPPORTUNITIES II ASP FUND	CREDIT	3,151.	3,151.		
TOTAL TO FORM 990-PF, PART I,		3,151.	3,151.	· · · · · · · · · · · · · · · · · · ·	<u>-</u>
·	_	<del></del>	<u> </u>	-	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
ACCOUNTING	9,000.	0	•		0.
TO FORM 990-PF, PG 1, LN 16B	9,000.	0	•		0.
	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
FORM 990-PF (	THER PROFES	SIONAL FEES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
CONSULTING	66,500.	0	•		0.
TO FORM 990-PF, PG 1, LN 16C	66,500.	0	•		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	<del></del> 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA	BLE
INSURANCE STATE FEES INVESTMENT ADVISORY FEES MISCELLANEOUS PORTFOLIO EXPENSES FROM	4,183. 750. 27,661. 200.	27,661 0	•		0. 0. 0.
K-1'S	2,536.	2,536	•		0.

KNAPP-SWEZEY FOUNDATION, INC				11-3038738
FOREIGN TAXES	599.		599.	0.
TO FORM 990-PF, PG 1, LN 23	35,929.	30,	796.	0.
FORM 990-PF U.S. AND STA	TE/CITY GOV	VERNMENT	OBLIGATIONS	STATEMENT 8
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED SEE ATTACHED	x	x	4,458,627. 992,030.	4,661,891. 1,026,523.
TOTAL U.S. GOVERNMENT OBLIGATIO	NS	-	4,458,627.	4,661,891.
TOTAL STATE AND MUNICIPAL GOVER	NMENT OBLI	GATIONS	992,030.	1,026,523.
TOTAL TO FORM 990-PF, PART II,	LINE 10A	=	5,450,657.	5,688,414.
FORM 990-PF	CORPORATE	STOCK	·	STATEMENT 9
	CORPORATE	STOCK	BOOK VALUE	STATEMENT 9  FAIR MARKET  VALUE
DESCRIPTION	CORPORATE	STOCK	BOOK VALUE 15,101,812.	FAIR MARKET
DESCRIPTION SEE ATTACHED		STOCK		FAIR MARKET VALUE
DESCRIPTION SEE ATTACHED TOTAL TO FORM 990-PF, PART II,		- - -	15,101,812.	FAIR MARKET VALUE 15,529,685.
DESCRIPTION SEE ATTACHED TOTAL TO FORM 990-PF, PART II, FORM 990-PF	LINE 10B OTHER INVES	- - -	15,101,812.	FAIR MARKET VALUE 15,529,685. 15,529,685.
DESCRIPTION SEE ATTACHED TOTAL TO FORM 990-PF, PART II, FORM 990-PF	LINE 10B  OTHER INVES  VALU  MET	STMENTS	15,101,812.	FAIR MARKET VALUE  15,529,685.  15,529,685.  STATEMENT 10  FAIR MARKET

11

STATEMENT

	S AND FOUNDATION MANAGERS		STATEMENT II	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
PRISCILLA KNAPP 12 MOORING DRIVE BELLPORT, NY 11713	PRESIDENT 3.00	0.	0.	0.
WILLIAM KNAPP 100 CENTRAL AVENUE #1101 SARASOTA, FL 34236	TREASURER 1.00	2,000.	0.	0.
JANE KNAPP 100 CENTRAL AVENUE #1101 SARASOTA, FL 34236	TRUSTEE 1.00	2,000.	0.	0.
DAVID KNAPP 150 SENIX AVENUE CENTER MORICHES, NY 11934	TRUSTEE 1.00	2,000.	0.	0.
JOHN SWEZEY 29 MAPLE AVENUE EAST MORICHES, NY 11940	TRUSTEE 1.00	1,500.	0.	0.
DOROTHY SWEZEY 29 MAPLE AVENUE EAST MORICHES, NY 11940	TRUSTEE 1.00	1,500.	0.	0.
JOHN J. ROE 12 PEARL STREET BELLPORT, NY 11713	TRUSTEE 1.00	3,000.	0.	0.
CAROLYN MAUST 17 HALLOCK ROAD PATCHOGUE, NY 11772	TRUSTEE 1.00	1,500.	0.	0.
DANIELLE SANGIOVANNI 9 DONALD COURT EAST BLUE POINT, NY 11715	TRUSTEE 1.00	2,000.	0.	0.
MICHELE KNAPP 150 SENIX AVENUE CENTER MORICHES, NY 11934	TRUSTEE 1.00	1,500.	0.	0.
JERRY KNAPP 60 PARK STREET BLUE POINT, NY 11715	TRUSTEE 1.00	1,500.	0.	0.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

KNAPP-SWEZEY FOUNDATION, INC		11-	-3038738
JESSE SANGIOVANNI TRUSTEE 9 DONALD COURT EAST 1.00 BLUE POINT, NY 11715	2,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	20,500.	0.	0.

FORM 990-PF

#### GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KNAPP-SWEZEY FOUNDATION, INC. P.O. BOX 2549 PATCHOGUE, NY 11772

TELEPHONE NUMBER

631-687-3406

#### FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE IN LETTER FORM AND STATE THE NATURE OF THE PROJECT, THE BUDGET FOR THE PROJECT, WHO BENEFITS FROM THE PROJECT AND ANY ALTERNATE SOURCES OF FUNDS

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

ALL PROJECTS SHOULD BE IN THE TOWN OF BROOKHAVEN IN SUFFOLK COUNTY OF THE STATE OF NEW YORK