

For calendar year 2019, or tax year beginning 12-01-2019, and ending 11-30-2020

Name of foundation THE GOLDSTEIN FAMILY FOUNDATION C/O ARTHUR FOX CPA		A Employer identification number 13-3192220	
Number and street (or P.O. box number if mail is not delivered to street address) 420 LEXINGTON AVE No 1733		Room/suite	B Telephone number (see instructions)  (212) 752-6400
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10170		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 18,744,877		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	129,368	129,368		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	269,991			
	b Gross sales price for all assets on line 6a 728,200				
	7 Capital gain net income (from Part IV, line 2) . . .		269,991		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	399,359	399,359		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	3,000	1,500		1,500
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	775	0		775
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	100,000	100,000		0
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	103,775	101,500		2,275
	25 Contributions, gifts, grants paid . . . . .	770,175			770,175
	26 Total expenses and disbursements. Add lines 24 and 25	873,950	101,500		772,450
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-474,591			
	b Net investment income (if negative, enter -0-)		297,859		
c Adjusted net income (if negative, enter -0-) . . . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .	9,480	19,080	19,080
	2 Savings and temporary cash investments . . . . .	7,878,085	7,345,648	7,345,648
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	1,416,742	1,488,831	11,380,149
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .			
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	9,304,307	8,853,559	18,744,877	
Liabilities	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)			
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	24 Net assets without donor restrictions . . . . .			
	25 Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds . . . . .	3,724,638	3,744,931	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	3,550	
	28 Retained earnings, accumulated income, endowment, or other funds	5,579,669	5,105,078	
	29 <b>Total net assets or fund balances</b> (see instructions) . . . . .	9,304,307	8,853,559	
30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	9,304,307	8,853,559		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	9,304,307
2 Enter amount from Part I, line 27a . . . . .	2	-474,591
3 Other increases not included in line 2 (itemize) ▶ _____	3	23,843
4 Add lines 1, 2, and 3 . . . . .	4	8,853,559
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	8,853,559

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a</b> 7,385 SH. ANIXTER INTERNATIONAL INC	P	2004-02-19	2020-06-23
<b>b</b> 2,615 SH. ANIXTER INTERNATIONAL INC	P	2013-12-03	2020-06-23
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 537,776		226,030	311,746
<b>b</b> 190,424		232,179	-41,755
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			311,746
<b>b</b>			-41,755
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	269,991
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	547,337	13,412,640	0.040808
2017	751,796	13,691,241	0.054911
2016	660,515	13,384,310	0.049350
2015	681,874	12,960,589	0.052611
2014	626,222	14,262,121	0.043908

  

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.241588
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.048318
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	16,533,569
<b>5</b> Multiply line 4 by line 3	<b>5</b>	798,869
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	2,979
<b>7</b> Add lines 5 and 6	<b>7</b>	801,848
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	772,450

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	5,957
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	5,957
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	5,957
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	988
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	988
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	4,969
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <input type="checkbox"/> \$ 0 <b>(2)</b> On foundation managers. <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NY		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	Yes	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ▶ <u>ARTHUR V FOX CPA PC</u> Telephone no. ▶ <u>(212) 752-6400</u>			

Located at ▶ 420 LEXINGTON AVE-1733 NEW YORK NY ZIP+4 ▶ 10170

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b>			
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	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)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
<b>b</b>	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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

		Yes	No
<b>5a</b>	During the year did the foundation pay or incur any amount to:		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . If "Yes" to 6b, file Form 8870.		<b>6b</b> No
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		<b>7b</b>
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JEROME R GOLDSTEIN C/O JP MORGAN 277 PARK AVE NEW YORK, NY 10172	PRESIDENT 0.00	0	0	0
DOROTHY L GOLDSTEIN C/O JP MORGAN 277 PARK AVE NEW YORK, NY 10172	VICE PRESIDENT 0.00	0	0	0
BETTINA L DECKER C/O JP MORGAN 277 PARK AVE NEW YORK, NY 10172	TREAS/SEC 0.00	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b> . . . . .				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	16,743,810
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	41,539
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	16,785,349
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	16,785,349
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	251,780
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	16,533,569
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	826,678

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	826,678
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	5,957
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	5,957
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	820,721
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	820,721
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	820,721

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	772,450
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	772,450
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	772,450

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				820,721
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			642,458	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>772,450</u>				
<b>a</b> Applied to 2018, but not more than line 2a			642,458	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				129,992
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6 Enter the net total of each column as indicated below:</b>	0			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				690,729
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9 Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

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

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

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

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

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

**c** Any submission deadlines:

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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	770,175
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

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Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
				129,368
				269,991
	0		0	399,359

399,359

[illegible]

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
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--	--	--

1a(1)		No
1a(2)		No

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<b>1b(1)</b>	<b>No</b>
--------------	-----------

<b>1b(2)</b>		<b>No</b>
--------------	--	-----------

<b>1b(3)</b>		<b>No</b>
--------------	--	-----------

<b>1b(4)</b>		<b>No</b>
--------------	--	-----------

<b>1b(5)</b>		<b>No</b>
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<b>1b(6)</b>		<b>No</b>
--------------	--	-----------

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

value  
ue

[illegible]

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

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

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

**Sign  
Here**

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

\*\*\*\*\*

2021-03-30

\*\*\*\*\*

Signature of officer or trustee

Date \_\_\_\_\_

Title

May the IRS discuss this return with the preparer shown below

(see instr.) ☐ Yes ☐ No

**Paid  
Preparer  
Use Only**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P01517849
	JUSTIN B FOX				
	Firm's name ▶ FOX AND ASSOCIATES CPAS PC				Firm's EIN ▶ 85-3808913
	Firm's address ▶ 167 HIGH POND DRIVE JERICHO, NY 11753				Phone no. (212) 752-6400

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALZAR SCHOOL INC 1600 AIRPORT WAY BOX 1609 CASCADE, ID 83611	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	20,000
THE NEUE GALLERY1048 5TH AVENUE NEW YORK, NY 10028	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	75
MEMORIAL SLOAN KETTERING CANCER CENTER PO BOX 27432 NEW YORK, NY 10087	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
<b>Total . . . . . ► 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
13 HANDS EQUINE RESCUE 2 DEPOT PLAZA BEDFORD HILLS, NY 10507	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	1,000
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE Hanover, NH 03755	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	5,000
THE STECHER & HOROWITZ FOUNDATION 119 W 57TH ST STE 1401 NEW YORK, NY 10019	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
<b>Total . . . . . ► 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
MT SINAI HEALTH SYSTEM PO BOX 1049-GUSTAVE LEVY PLACE NEW YORK, NY 10029	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	100,000
ALZHEIMER'S FOUNDATION OF AMERICA 322 8TH AVE NEW YORK, NY 10001	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	200
CONGREGATION EMANUEL 1 EAST 65TH ST NEW YORK, NY 10065	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	3,050
Total . . . . . ► 3a				770,175



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CONGREGATION EMANUEL 1 EAST 65TH ST NEW YORK, NY 10065	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE Hanover, NH 03755	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	1,200
WHITE PLAINS HOSPITAL 41 east POST ROAD WHITE PLAINS, NY 10601	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
<b>Total . . . . . ► 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ANIMAL MEDICAL CENTER 510 E 62ND ST NEW YORK, NY 10065	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	12,000
THE NY PUBLIC LIBRARY445 5TH AVE NEW YORK, NY 10016	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	250
THE ALLIANCE FOR EATING DISORDERS 1649 FORUM PLACE WEST PLAM BEACH, FL 33409	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
<b>Total . . . . . ▶ 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CANAVAN FOUNDATION 600 W 111 ST SUITE 8A NEW YORK, NY 10024	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
Riverside Park Conservatory 475 Riverside Dr Ste 455 New York, NY 10115	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	1,000
CARAMOOR CENTER FOR MUSIC & THE ARTS 149 GIRDLE RIDGE ROAD BOX 816 KATONAH, NY 10536	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	750
<b>Total . . . . . ► 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
Congregation Emanuel1 E 65th St New York, NY 10065	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	25,000
FRIENDS OF DARTMOUTH FOOTBALL 6083 Alumni Gym Hanover, NH 03755	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
THE PHILANTHROPY ROUNDTABLE 1120 20TH STREET NW WASHINGTON, DC 20036	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	1,000
Total . . . . . ► 3a				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DARTMOUTH COLLEGE 6083 Alumni Gym Hanover, NH 03755	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	50,000
Prep for Prep328 W 71st St NEW YORK, NY 10023	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
FACING HISTORY & OURSELVES 150 BROADWAY 2100 NEW YORK, NY 10038	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
<b>Total . . . . . ▶ 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CENTER FOR JEWISH HISTORY 15 W 16TH ST NEW YORK, NY 10011	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
CARL SCHURZ PARK & CONSERVANCY 1483 YORK AVE BOX 20523 NEW YORK, NY 10028	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
BARNARD COLLEGE3009 BROADWAY NEW YORK, NY 10027	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
<b>Total . . . . . ► 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SUFFIELD ACADEMY185 N MAIN ST SUFFIELD, CT 06078	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	1,000
THE NEUE GALLERY1048 5TH AVENUE NEW YORK, NY 10028	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	250
WNET-13825 8TH AVENUE NEW YORK, NY 10019	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
<b>Total . . . . . ▶ 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE STECHER & HOROWITZ FOUNDATION 119 W 57TH ST STE 1401 NEW YORK, NY 10019	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
CENTRAL PARK CONSERVANCY 14 E 60TH ST PO BOX 4804-CHURCH ST STATION NEW YORK, NY 10022	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
WILKES UNIVERSITY111 E MARKET ST WILKES BARRE, PA 18701	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	1,000
<b>Total . . . . . ▶ 3a</b>				770,175



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE FRANCIS PERKINS CENTER PO BOX 281 NEWCASTLE, ME 04553	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	1,500
COLUMBIA BUSINESS SCHOOL 33 W 60TH ST NEW YORK, NY 101330513	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
NY BOTANICAL GARDEN 2900 SOUTHERN BLVD BOX 30703 BRONX, NY 100870703	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	1,000
<b>Total . . . . . ► 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Congregation Emanuel2 LAKE ST SAN FRANCISCO, CA 94118	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	2,500
UNITED WAY OF NORTHERN WESTCHESTER 336 CENTRAL AVE WHITE PLAINS, NY 10636	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	2,500
NORTHERN WESTCHESTER HOSPITAL FOUNDATION 400 EAST MAIN ST MT KISCO, NY 10549	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	1,500
<b>Total . . . . . ► 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF LASDON PARK & ARBORETUM 2610 AMAWALK ROAD KATONAH, NY 10536	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	1,000
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVE PO BOX 27463 NEW YORK, NY 10065	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
THE JEWISH MUSEUM1109 5TH AVE NEW YORK, NY 10128	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	2,500
<b>Total . . . . . ▶ 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE METROPOLITAN MUSEUM OF ART 1000 5TH AVE NEW YORK, NY 10130	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	1,500
THE METROPOLITAN MUSEUM OF ART 1000 5TH AVE NEW YORK, NY 10130	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	1,500
DISCOVERY EYE FOUNDATION 8635 WEST 3RD ST LOS ANGELES, CA 90048	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
<b>Total . . . . . ▶ 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Friends of John Jay Homestead PO Box 148 KATONAH, NY 10536	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	250
THE NY PUBLIC LIBRARY445 5TH AVE NEW YORK, NY 10016	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	250
KATONAH MUSEUM OF ART134 JAY ST KATONAH, NY 10536	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	200
<b>Total . . . . . ► 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BEDFORD HILLS FREE LIBRARY 26 MAIN ST BEDFORD HILLS, NY 10507	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	200
BEDFORD 2030box 812 BEDFORD HILLS, NY 10507	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	200
THE CHAPIN SCHOOL 100 EAST END AVE NEW YORK, NY 10028	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	25,000
<b>Total . . . . . ▶ 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
Congregation Emanuel1 E 65th St New York, NY 10065	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	2,900
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE Hanover, NH 03755	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	5,400
LAGUARDIA COMMUNITY COLLEGE 31-10 THOMPSON AVE LONG ISLAND CITY, NY 11101	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	6,000
Total . . . . . ► 3a				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE AMERICAN JEWISH COMMITTEE 165 E 56TH ST NEW YORK, NY 10022	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	25,000
THE AMERICAN JEWISH COMMITTEE (HARRIS FUND) 165 E 56TH ST NEW YORK, NY 10022	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	10,000
The Multiple Myeloma Research Foundation 383 Main Ave Fl 5 Norwalk, CT 06851	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	100,000
<b>Total . . . . . ▶ 3a</b>				770,175



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MT SINAI HOSPITAL SYSTEM PO BOX 1049-GUSTAVE LEVY PLACE NEW YORK, NY 10029	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	100,000
ANIMAL MEDICAL CENTER 510 E 62ND ST NEW YORK, NY 10065	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	33,000
Westchester Land Trust403 Harris Rd BEDFORD HILLS, NY 10507	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	15,000
<b>Total . . . . . ► 3a</b>				770,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE JEWISH COMMUNAL FUND 575 MADISON AVE STE 703 NEW YORK, NY 10022	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	200,000
THE LOTUS FOUNDATION 5 EAST 66TH ST NEW YORK, NY 10065	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	500
VOIDED CHECKS 420 LEXINGTON AVENUE NEW YORK, NY 10170	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS.	-1,000
<b>Total . . . . . ► 3a</b>				770,175

**TY 2019 Accounting Fees Schedule****Name:** THE GOLDSTEIN FAMILY FOUNDATION

C/O ARTHUR FOX CPA

**EIN:** 13-3192220

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEE	3,000	1,500		1,500

**TY 2019 Investments Corporate Stock Schedule****Name:** THE GOLDSTEIN FAMILY FOUNDATION

C/O ARTHUR FOX CPA

**EIN:** 13-3192220**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
21,000 SHS APPLE COMPUTER	416,110	10,000,200
5,550 SH. FREEPORT MCMORAN COPPER & GOLD	258,408	129,815
1,000 SH ENDO INTERNATIONAL PLC	68,550	5,080
5,000 SH. ALTICE USA INC	87,744	169,600
500 SH. SPDR S&P ETF TRUST	635,919	724,120
2,397 SH. WESCO INTERNATIONAL INC	22,100	156,332
6,356 SH. WESCO INTERNATIONAL INC	0	195,002

**TY 2019 Other Expenses Schedule**

**Name:** THE GOLDSTEIN FAMILY FOUNDATION  
C/O ARTHUR FOX CPA

**EIN:** 13-3192220

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEES	100,000	100,000		0

**TY 2019 Other Increases Schedule****Name:** THE GOLDSTEIN FAMILY FOUNDATION

C/O ARTHUR FOX CPA

**EIN:** 13-3192220

Description	Amount
UNREALIZED APPRECIATION DUE TO WESCO ANIXTER MERGER	20,293
REFUND DEPOSITED	3,550

**TY 2019 Taxes Schedule**

**Name:** THE GOLDSTEIN FAMILY FOUNDATION  
C/O ARTHUR FOX CPA

**EIN:** 13-3192220

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NY STATE FILING FEE	775	0		775