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2020

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

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

Open to Public Inspection

For	caler	ndar year 2020, or tax year beginning 01-01-20)20 , aı	nd en	ding 12-31-	2020	
		indation M SHACK CHARITABLE FOUNDATION			A Employer id	entification numbe	r
		K LAW OFFICE			04-3396602		
		l street (or P.O. box number if mail is not delivered to street address) .SANT STREET	Room/suite		B Telephone nu	ımber (see instructior	ns)
					(978) 688-0292	2	
		, state or province, country, and ZIP or foreign postal code OVER, MA 01845			C If exemption	application is pending	g, check here
G Cł	neck al	l that apply:	former public charity		D 1. Foreign or	ganizations, check he	re
		☐ Final return ☐ Amended return				rganizations meeting	
		Address change Name change			·	k here and attach cor	· -
		pe of organization: \checkmark Section 501(c)(3) exempt private				undation status was t n 507(b)(1)(A), chec	
			e private foundation				
of	year (f	xet value of all assets at end rom Part II, col. (c), ▶\$ 410,953 J Accounting method: □ Other (specify) (Part I, column (d) must	☑ Cash ☐ Accru	ıaı		ation is in a 60-month n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	[]			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(в) г	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► ☑ if the foundation is not required to attach					
	3	Sch. B Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	13,344		13,344	13,344	
	5a	Gross rents					
	ь	Net rental income or (loss)					
Re	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
ã	7 8	Capital gain net income (from Part IV, line 2)			0		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less: Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	13,344		13,344	13,344	
	13	Compensation of officers, directors, trustees, etc.	0		0	0	0
	14 15	Other employee salaries and wages					
156	16a	Legal fees (attach schedule)					
<u>Be</u>	ь	Accounting fees (attach schedule)					
Operating and Administrative Expenses	c	Other professional fees (attach schedule)					
tive	17	Interest					
stra	18	Taxes (attach schedule) (see instructions)					
ini	19	Depreciation (attach schedule) and depletion					
\dn	20	Occupancy					
į pi	21	Travel, conferences, and meetings					
g at	22	Printing and publications		_			
ītin,	24	Total operating and administrative expenses.					
era	~ ~	Add lines 13 through 23	0		0	0	0
Ö	25	Contributions, gifts, grants paid	20,950				20,950
	26	Total expenses and disbursements. Add lines 24 and 25	20,950		0	0	20,950
	27	Subtract line 26 from line 12:			-		
	a	Excess of revenue over expenses and	-7,606				
	ь	disbursements Net investment income (if negative, enter -0-)	-7,000		13,344		
	c	Adjusted net income (if negative, enter -0-)			2-,- 1 1	13,344	
For	Paper	work Reduction Act Notice, see instructions.	ı		Cat. No. 11289)	·	m 990-PF (2020)

Page 2

224,727

-7,606

217,121

217,121

1 2

3 4

5

6

224,727

217,121

217,121 Form **990-PF** (2020)

0

-7,606

224,727

224,727

224,727

Form 990-PF (2020)

Accounts receivable ▶

3

Net Assets or Fund Ba

26

27

28

29

30

Part III

2

3

Net assets with donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg., and equipment fund

		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 ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	162,796	162,796	355,639
	С	Investments—corporate bonds (attach schedule)	24,937	24,937	25,926
	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	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	224,727	217,121	410,953
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0	
6 S		Foundations that follow FASB ASC 958, check here			
lance		and complete lines 24, 25, 29 and 30.			
<u>=</u>	24	Net assets without donor restrictions			

			kind(s) of property sold (e.g se; or common stock, 200 s			How acqu P—Purch D—Donat	ase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	1					2 20114			
	-								
•									
•									
	(a)		(f)		1 ((g)		(1	h)
	(e) Gross sales price		Depreciation allowe	d		other basis			r (loss)
			(or allowable)		plus expe	ense of sale		(e) plus (r) minus (g)
a									
<u>b</u>									
c d									
e e									
	Complete only for assets	showi	ing gain in column (h) and	owned h	v the foundation o	n 12/31/69		,	I)
			(i)			(k)		Gains (Col. (I	h) gain minus
	(i) F.M.V. as of 12/31/69		Adjusted basis			of col. (i)			less than -0-) or
			as of 12/31/69		over col.	. (j), if any		Losses (fro	om col.(h))
a									
b									
d									
е									
				í If gai	in, also enter in Pa	art I. line 7	1		
2	Capital gain net income	or (ne	et capital loss)		ss), enter -0- in P		}	_	
_					->		, ,	2	
3	=		(loss) as defined in section	-					
	in Part I, line 8	rt I, IIr	ne 8, column (c) (see instru	-			. }	3	
							<u> </u>		
Part	t V Qualification U	Jnder	Section 4940(e) for	Reduce	ed Tax on Net	Investme	nt Inc	come	
ECT	ION 4940(e) REPEA	LED (ON DECEMBER 20, 20	19 - DO	NOT COMPLE	ETE			
1	Reserved								
	(a) Reserved		(b) Reserved		(c) Reserved			(d) Reserved	
							<u> </u>	-	
2	Reserved						2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3	Reserved						3		
4	Reserved						4		
5	Reserved						5		
6	Reserved						6		
7	Reserved						7		
8	Reserved ,						8		
-				_	- ,				

Page **6**

В	Statements Regarding Activities for Which Form 4720 May Be Required (continued)
the	e year did the foundation pay or incur any amount to:

5a	During the year did the foundation	pay o	r incur any amount to:	-			Yes	No
	(1) Carry on propaganda, or other	wise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes ✓	1		
	(2) Influence the outcome of any s	specific	public election (see sect	tion 4955); or to carry	∟ Yes <u>▼</u>	NO		
	on, directly or indirectly, any v	oter re	gistration drive?		· · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individua	l for tr	avel, study, or other sim	ilar purposes?	Yes V	3 I		
	(4) Provide a grant to an organization section 4945(d)(4)(A)? See							
	(5) Provide for any purpose other	than r	eligious, charitable, scien	tific, literary, or		No		
	educational purposes, or for th	•	,		I Yes V	No		
b	If any answer is "Yes" to 5a(1)-(5)							
	Regulations section 53.4945 or in a		= =			_ 5	-	
С	Organizations relying on a current If the answer is "Yes" to question 5		-]		
·	tax because it maintained expendit			•		,		
	If "Yes," attach the statement requ	iired b	y Regulations section 53.	4945-5(d).	∟ Yes ∟	No		
6a	Did the foundation, during the year			indirectly, to pay premit	ıms on			
_	a personal benefit contract?				¹ Yes ✓	No		
b	Did the foundation, during the year	r, pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?	6	<u> </u>	No
- -	If "Yes" to 6b, file Form 8870.		£	In the tank of the control of the control of		.		
7a b	At any time during the tax year, was If "Yes", did the foundation receive				⊔ Yes 💌	No 7		
8	Is the foundation subject to the sec		•			<u> </u>	'	_
Ū	excess parachute payment during t					,		
								<u></u>
Pa	and Contractors	Offic	ers, Directors, Trust	tees, Foundation Ma	nnagers, Highly Paid E	mpioyee	s,	
1	List all officers, directors, truste							
	(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		ense acc allowan	
NORN	IAN M SHACK	TRUS	· · · · · · · · · · · · · · · · · · ·	0	'	0		0
	LEASANT ST	5.00						
	NDOVER, MA 01845	TRUS	TEE					
	EAM P SHACK LEASANT ST	3.00	100	0		0		0
	NDOVER, MA 01845							
2	Compensation of five highest-pa	aid en	ployees (other than t	hose included on line 1	l—see instructions). If no	ne, ente	· "NONE	."
(a)	Name and address of each employee more than \$50,000	e paid	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense acco allowanc	
NON	E				·			
Tota	I number of other employees paid o	ver \$5	0,000					0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	4
	-
Total. Add lines 1 through 3	0
	5 000 DE (2020)

2a |

2b

185

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

19.800

185

19,615

19.615

19.615

20,950

20.950

20.950

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

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

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

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

income. Enter 1% of Part I, line 27b. See instructions.

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

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

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

Tax on investment income for 2020 from Part VI, line 5.

Income tax for 2020. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

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1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

19,615

19,615

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Part XIII	

Form 990-PF (2	020)
Part XIII	Und

a From 2015. **b** From 2016. . . . c From 2017. .

d From 2018.

e From 2019.

Distributable amount for 2020 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only. Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e.

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

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

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . **b** Excess from 2017. .

c Excess from 2018. .

d Excess from 2019. .

e Excess from 2020. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

orm 990-PF (20	(a) (b) (c)			
Part XIII	Undistributed Income (see instruc	tions)		
		(a)	(b)	(c)

1.968 851

1.968

1.335

851

F (2020)				Р						
Undistributed Income (see instructions)										
	(a)	(b) Years prior to 2019	(c) 2019	(d) 2020						

2.819

1.335

4,154

2	Part XIV Private Operating Found	lations (see instru	ictions and Part V	'II-A, question 9)		
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20					
b	Check box to indicate whether the organizat	ion is a private opera	ting foundation des	cribed in section \Box	4942(j)(3) or] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(-) T-t-1
	income from Part I or the minimum	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
	investment return from Part X for each year listed	. ,			. ,	
Ь	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Рa	Supplementary Information	(Complete this	part only if the f	foundation had s	\$5,000 or more i	in
1	assets at any time during the Information Regarding Foundation Man		uctions.)			
	List any managers of the foundation who have		han 2% of the total	contributions receiv	ed by the foundation	n
	before the close of any tax year (but only if	they have contribute	d more than \$5,000	0). (See section 507	(d)(2).)	
b	List any managers of the foundation who ow	n 10% or more of the	e stock of a corporat	tion (or an equally la	rge portion of the	
	ownership of a partnership or other entity)	of which the foundati	on has a 10% or gr	eater interest.		
2	Information Regarding Contribution, Gr		•••	_		
	Check here ▶ ☐ if the foundation only make	kes contributions to p	reselected charitabl	e organizations and	does not accept	
	unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, a			als or organizations	under	
					h d.l	
а	The name, address, and telephone number	or e-mail address of	tne person to wnom	applications should	be addressed:	
	WILLIAM P SHACK 160 PLEASANT STREET					
	NO ANDOVER, MA 01845					
	(978) 688-0292 shacklawoffice@comcast.net					
	The form in which applications should be su	hmitted and informat	ion and materials th	nev should include:		
	WRITTEN REQUEST	Similar and informat	ion unu materiais ti	icy should include.		
С	Any submission deadlines: No					
	Any restrictions or limitations on awards, su	ich as hy geographics	l areas charitable f	ielde kinde of inctit	itions or other	
u	factors:	icii as by geographica	ii areas, cilalitable f	ieius, kilius oi ilistitt	ations, or other	
_	No					

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Part XV Supplementary Informa	ition (continued)			
3 Grants and Contributions Paid	During the Year or Appro	oved for Future	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year See Additional Data Table				
Total		<u> </u>	▶ 3a	20,950
b Approved for future payment				
· ·				
· ·				
Total		<u> </u>	> 3b	

Part XVI-A Analysis of Income-Producing	Activities				ruge 12
Enter gross amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a b					
c					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			30	13,344	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.8 Gain or (loss) from sales of assets other than					
inventory					
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory 11 Other revenue: a					
b					
c					
d e					
12 Subtotal. Add columns (b), (d), and (e).		0		13,344	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu			1	3	13,344
Part XVI-B Relationship of Activities to the	e Accomplisi	nment of Exem	pt Purposes		
Line No. Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					

Form 9	990-PF	` '									Pa	ge 13
Par	t XVII	Information Re Exempt Organi		ransi	fers To a	nd Transact	ions and	l Relatio	onships With Non	charitable		
		ganization directly or in than section 501(c)(3)								n 501	Yes	No
a Tra	ansfers	from the reporting foun	dation to a n	oncha	ritable exe	mpt organizati	on of:					
(1) Cash									. 1a(1)		No
(2) Othe	rassets								. 1a(2)		No
b Ot	her trar	nsactions:										
-	-	s of assets to a nonchar		_						. 1b(1)		No
(2) Purcl	hases of assets from a r	oncharitable	exem	pt organiza	ation				. 1b(2)		No
(3) Rent	al of facilities, equipmer	nt, or other a	ssets.						. 1b(3)		No
-	-	bursement arrangemen								1b(4)		No
•	-	s or loan guarantees.								. 1b(5)		No
•	-	rmance of services or m	•		_					. 1b(6)		No
	-	f facilities, equipment, n								. <u>1c</u>		No
of in	the goo any tra	wer to any of the above ods, other assets, or ser nsaction or sharing arra	vices given b ngement, sh	y the ow in	reporting f column (d	oundation. If the part of the value of the value of the value of the part of t	ne foundat	ion receive	ed less than fair mark	et value		
(a) Lin	e No.	(b) Amount involved	(c) Name of	noncha	aritable exen	npt organization	(d) De	escription of	f transfers, transactions, a	and sharing arra	ngemer	nts
	+											
	_											
2a Is	the fou	ndation directly or indire	L ectly affiliated	d with	, or related	to, one or mo	ı re tax-exe	mpt organ	nizations			
		in section 501(c) (other	•		•	•			_	s 🔽 No		
b If	"Yes," c	complete the following s	chedule.									
	,	(a) Name of organization	on		(b) Type of organiza	ation		(c) Description of	of relationship		
	of n	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co									
Sign Here		*****				2021-08-23	, L	*****		May the IRS d return with the prepa		
		Signature of officer or trustee			Date		y	Title		below (see instr.)	_	
	<u> </u>	Print/Type preparer's	name	Prepa	arer's Sign	ature	Date			TIN		
									Check if self- employed ▶ □	P01024	1791	
Paid	ı	Maria E Marchand	СРА						employed F			
Prep	oarer		IVAN BILLE	L PC					<u> </u>	irm's EIN ▶04	-32067	201
Use	Only		0 CLARK RO	Δ.						Z LIN F 04	J 2 3 U 2	
					076				P	hone no. (978) 970-	2900
			WKSBURY, M	iA Ul	.0/0					,	-	

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

	or substantial contributor		
a Paid during the year			
World Jewish Congress501 Madison Ave New York, NY 10022	None	Ensure safety of Jewish community globally	1,650

ew York, NY 10022			community globally	
ounded Warrior ProjectBox 758541	None	501(c)(3)	charitableSupport Warriers in need	

Total .

B : B ::	N.	E04 () (0)	A 1 1 1 5 1 1	
Wounded Warrior ProjectBox 758541 Topeka, KS 66675	None	501(c)(3)	charitableSupport Warriers in need	

Topeka, KS 66675	None	301(0)(3)	need	
Bnai BrithBox 170305	None	501(c)(3)	Advancing Human Rights	•

Wounded Warrior ProjectBox 758541 Topeka, KS 66675	None	501(c)(3)	charitableSupport Warriers in need	300

орека, К5 66675			neea	
nai BrithBox 170305	None	501(c)(3)	Advancing Human Rights	

nai BrithBox 170305	None	501(c)(3)	Advancing Human Rights	
ilwaukee WT 53217				İ

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

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
US Holocaust Memorial Museum Box 1568 Merrifield, VA 22116	None	501(c)(3)	Memorial for Holocaust	145
St Jude Research HospitalBox 50	None	501(c)(3)	For cancer research	463

1					
	St Jude Research HospitalBox 50 Memphis, TN 38101	None	501(c)(3)	For cancer research	
	Merrifield, VA 22116				

Memphis, TN 38101	None	301(0)(3)	Tor cancer research	403
Shriners Hospital for ChildrenBox 1510	None	501(c)(3)	For research and care of burn	315

Memphis, IN 38101				
Shriners Hospital for ChildrenBox 1510 Ransom, WV 25438	None	501(c)(3)	For research and care of burn victims	315

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			
I .			

AIPACBox 96727 Washington, DC 20077	None	501(c)(3)	For advocacy of strong U.SIsrael relationships	30
a Paid during the year				

wasnington, DC 20077			U.SIsrael relationships	
American Center for Law and Justice Box 90555 Washington, DC 20090	None	501(c)(3)	Advocacy for human rights worldwide	

Total .

Box 90555 Washington, DC 20090	None	501(c)(3)	worldwide	85
JBI International110 F 30 St	None	501(c)(3)	For meeting needs of visually	18

Washington, DC 20090				
JBI International 110 E 30 St New York, NY 10016	None	501(c)(3)	For meeting needs of visually impaired, blind, etc	18

JBI International110 E 30 St New York, NY 10016	None	501(c)(3)	For meeting needs of visually impaired, blind, etc	18

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

or substantial contributor

Total .

a Paid during the year				
Special Olympics MassachusettsBox 809 Hudson, MA 01749	None	501(c)(3)	Assistance to athletes with disabilitiesFor meeting needs of disabled athletes	10

Hudson, MA 01749			disabilitiesFor meeting needs of disabled athletes	
HillelBox 92994 Washinaton, DC 20090	None	501(c)(3)	Scholarships for college students	

HillelBox 92994 Washington, DC 20090	None	501(c)(3)	Scholarships for college students	80
Chosen People Ministries241 F 51st Sv	None	501(c)(3)	To serve lewish people through	15

Washington, DC 20090				
Chosen People Ministries241 E 51st Sy New York NY 10022	None	501(c)(3)	To serve Jewish people through	15

Washington, Ba 20030				l
Chosen People Ministries241 E 51st Sy New York, NY 10022	None	() ()	To serve Jewish people through prayer, disciple, etc	15

Chosen People Ministries241 E 51st Sy	None	501(c)(3)	To serve Jewish people through	
New York, NY 10022			prayer, disciple, etc	

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

or substantial contributor

a Paid during the year				
RI Jewish Historical Association 130 Sessions St Providence, RI 02906	None	501(c)(3)	To provide assistance for historical preservation	536
Christians in Defense of Israel	None	501(c)(3)	Fellowship	35

Providence, RI 02906				
Christians in Defense of Israel Box 540209 Orlando, FL 32854	None	501(c)(3)	Fellowship	35

Box 540209 Orlando, FL 32854	None	501(6)(3)	reliowship	35
American Diabetes AssociationBox 7017	None	501(c)(3)	Further diabetes education and	215

Orlando, FL 32854				
American Diabetes AssociationBox 7017	None	501(c)(3)	Further diabetes education and	2

American Diabetes AssociationBox 7017	None	501(c)(3)	Further diabetes education and	2
Merrifield, VA 22116		, , , ,	research	

American Diabetes AssociationBox 7017	None	501(c)(3)	Further diabetes education and	
Merrifield, VA 22116			research	

Merrifield, VA 22116	research	
Total	 ▶ 3a	20,950

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

Hame and dualess (nome of business)	or substantial contributor			
a Paid during the year				
Judicial WatchBox 96234 Washington, DC 20077	None	501(c)(3)	To promote transparncy in government	100

recipient

20,950

			9-1	ı
Freedom AllianceBox 97242 Washington, DC 20090	None	501(c)(3)	To help advance the American heritage of freedom	
		===()(=)		

Freedom AllianceBox 97242 Washington, DC 20090	None	501(c)(3)	To help advance the American heritage of freedom	2!
David Horowitz Freedom Center Box 98105	None	501(c)(3)	To support American values	50

ı	Washington, DC 20090			heritage of freedom	
ı	David Horowitz Freedom Center Box 98105 Washington, DC, 20090	None	501(c)(3)	To support American values	50

David Horowitz Freedom Center Box 98105 Washington, DC 20090	None	501(c)(3)	To support American values	50
Trashington, Be 20030				

Box 98105	()()	
Washington, DC 20090		

Name and address (home or business)

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

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
American Cancer SocietyBox 1909 Framingham, MA 01701	None	501(c)(3)	Further cancer research	10
Red Sox Foundation4 Jersey St	None	501(c)(3)	To serve health, education,	25

Red Sox Foundation4 Jersey St Boston, MA 02215	None	To serve health, education, recreation of children & families across New England	

Boston, MA 02215			recreation of children & families across New England	
FAIR FoundationBox 1859	None	501(c)(3)	To advance civil rights and	15

			across New England	
FAIR FoundationBox 1859 Merrifield, VA 22116	None	501(c)(3)	To advance civil rights and liberties of all Americans	15

FAIR FoundationBox 1859	None	501(c)(3)	To advance civil rights and	
Merrifield, VA 22116			liberties of all Americans	

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

مرمط والمراجع والمراطم مطمعا والمأسية

Total .

	or substantial contributor			
a Paid during the year				
American Jewish CommitteeBox 170800 Milwaukee, WI 53217	None	501(c)(3)	To advance human rights and democratic values	135

, , , , , , , , , , , , , , , , , , ,				
American Society for Yad Vashem	None	501(c)(3)	To advance Holocaust education	
Box 170305			and research	
Memphis, WI 53217				

Memphis, WI 53217			and research	
American Society for Yad Vashem Box 170305	None	501(c)(3)	To advance Holocaust education	45

Box 170305 Memphis, WI 53217			and research	
American Kidney FundBox 11038	None	501(c)(3)	To further research for kidney	25

Memphis, WI 53217				
American Kidney FundBox 11038	None	501(c)(3)	To further research for kidney	25

American Kidney FundBox 11038 ewiston, ME 04243	None	501(c)(3)	To further research for kidney diseases	25
,	None	301(0)(3)	,	

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

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
Anti Defamation LeagueBox 96226 Washington, DC 20090	None	501(c)(3)	To stop the defamation of Jewish people	10
Leadership Institute 1101 N Highland St	None	501(c)(3)	To provide training for youth	25

Leadership Institute1101 N Highland St Arlington, VA 22201	None	501(c)(3)	To provide training for youth	25
Devin Nunes Campaign Committee	None	NC	Political campaign	20

Arlington, VA 22201				
Devin Nunes Campaign Committee	None	NC	Political campaign	20
Box 7480 Visalia, CA 93290				

Devin Nunes Campaign Committee	None	NC	Political campaign	20
Box 7480 Visalia, CA 93290				

Devin Nunes Campaign Committee	None	NC	Political campaign	
Box 7480 Visalia, CA 93290				
		•	•	

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

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
Secure America AllianceBox 820 Stuarts Draft, VA 24477	None	NC	To combat the threat to social security	10

Stuarts Draft, VA 24477			security	
VBURBox 9235 Chelsea, MA 02150	None	501(c)(3)	To further educational programming	

WBURBox 9235 Chelsea, MA 02150	None	501(c)(3)	To further educational programming	20
Boston Healthcare for the Homeless	None	501(c)(3)	To provide health care for the	100

Chelsea, MA 02150			programming	
Boston Healthcare for the Homeless 780 Albany St Boston, MA 02118	None	501(c)(3)	To provide health care for the homeless	100

Boston Healthcare for the Homeless 780 Albany St Boston, MA 02118	None	501(c)(3)	To provide health care for the homeless	100

boston realtricare for the nomeless	None	201(0)(3)	To provide health care for the	1 -
780 Albany St			homeless	
Boston, MA 02118				

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

or substantial contributor

Total.

	or substantial contributor			1
a Paid during the year				
Music at Menlo50 Valparaiso Ave Atherton, CA 94027	None	501(c)(3)	To provide young musicians with	25

Atherton, CA 94027			experiance	
Salvation Army of LawrenceBox 55876 Boston, MA 02205	None	501(c)(3)	To provide assistance to indigent families	2,000

Salvation Army of LawrenceBox 55876 Boston, MA 02205	None	501(c)(3)	To provide assistance to indigent families	2,000
Habitat for Humanity322 W Lamar St	None	501(c)(3)	Assistance to indigent families	2,000

Bestern, 1 11 C 02200			141111100	
Habitat for Humanity322 W Lamar St Americus, GA 31709	None	501(c)(3)	Assistance to indigent families	2,00

Habitat for Humanity322 W Lamar St	None	501(c)(3)	Assistance to indigent families	2,0
Americus, GA 31709				

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

	or substantial contributor			
a Paid during the year				
Lawrence Rotary Foundation15 Abbot St Andover, MA 01810	None	501(c)(3)	Assistance to indigent families	250
Baye 9 Cirls Club of Laymanas	Nama	E01/a)/2)	Assistance to indicant families	2.000

Boys & Girls Club of Lawrence 136 Water St Lawrence, MA 01841	None	501(c)(3)	Assistance to indigent families	2,000
Restoring Inner City Hope	None	501(c)(3)	Assistance to indigent families	2,000

136 Water St Lawrence, MA 01841				
Restoring Inner City Hope 844 Rondview Rd Baltimore, MD 21225	None	501(c)(3)	Assistance to indigent families	2,000

,				
Restoring Inner City Hope 844 Rondview Rd Baltimore, MD 21225	None	501(c)(3)	Assistance to indigent families	2,0
Total			▶ 3a	20,950

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

a Paid during the year				
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	

Factor Care Advessor	Nama	E01/a)/2)	Advance of factor shildren	1 000
Brooks Charter Schools 190 Cummins Highway Roslindale, MA 02131	None	501(c)(3)	Educational support	1,000
	1			

Roslindale, MA 02131				
Foster Care Advocacy 2429 Bissonnet St 767 Houston, TX 77005	None	501(c)(3)	Advocacy for foster children	1,0
				i

2429 Bissonnet St 767 Houston, TX 77005	None	301(c)(3)	Advocacy for foster children	1,000
American Foundatin for Suicide Prevention 199 Water St 11th Floor	None	501(c)(3)	Advocacy for mental health awareness	2,000

Houston, TX 77005				
American Foundatin for Suicide Prevention 199 Water St 11th Floor New York, NY 10038	None	501(c)(3)	Advocacy for mental health awareness	2,000

American Foundatin for Suicide Prevention 199 Water St 11th Floor New York, NY 10038	None	501(c)(3)	Advocacy for mental health awareness	2,000
				

20,950

Total .

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

Traine and dadress (nome or business)	or substantial contributor			
a Paid during the year				
Tufts Medical Center NICU 800 Washington St 231	None	501(c)(3)	Health care for children	2,000

Boston, MA 02111				
Boston Partners in Education 192 South St	NONE	501(c)(3)	educational assistance	2,000
Roston MA 02111				

Boston Partners in Education 192 South St Boston, MA 02111	NONE	501(c)(3)	educational assistance	2,000
Military Order of Purple HeartBox 96188	None	501(c)(3)	To honor veterans	10

Boston, MA 02111				
Military Order of Purple HeartBox 96188	None	501(c)(3)	To honor veterans	10

Boston, MA 02111				
Military Order of Purple HeartBox 96188 Washington, DC 20090	None	501(c)(3)	To honor veterans	10

20,950

■ 3a

Military Order of Purple HeartBox 96188	None	501(c)(3)	To honor veterans	
Washington, DC 20090				

Total .

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

a Paid during the year				
Convention of States ActionBox 1374 Merrifield, VA 22116	None	501(c)(3)	Grass roots activists	15
National Committee to Defend America	N	E01(-)(2)	C	15

1				
National Committee to Defend America Box 96099 Washington, DC 20090	None	501(c)(3)	Grass roots activists	15
Institute for Humane Studies	None	501(c)(3)	Education	15

Washington, DC 20090				
Institute for Humane Studies 3434 Washington Blvd Arlington, VA 22201	None	501(c)(3)	Education	15

▶ 3a

20,950

Institute for Humane Studies	None	501(c)(3)	Education	
3434 Washington Blvd				
Arlington, VA 22201				

Total .

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

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
Project HopeBox 5029	None	501(c)(3)	Assistance to indigent families	20

	Hagerstown, MD 21741				
П	American Red CrossBox 55919 Boston, MA 02205	None	501(c)(3)	Assistance to indigent families	18

Boston, MA 02205	None	501(c)(3)	Assistance to indigent families	18
Americans for IsraelBox 96954	None	501(c)(3)	For advocacy of strong	15

Boston, MA 02205				
Americans for IsraelBox 96954	None	501(c)(3)	For advocacy of strong	1
Washington DC 20098			III S -Israel relationshins	

20,950

Total.

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

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Jewish National Fund78 Randall Ave	None	501(c)(3)	To advance Holocaust education	10

recipient

Jewish National Fund78 Randall Ave Rockville Ctr, NY 11570	None	501(c)(3)	To advance Holocaust education and research	
Total			▶ 3a	20,950

effie GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491250004021
TY 2020 Investments Corpora	ate Bonds Schedule	
Name:	NORMAN M SHACK CHARITABI	LE FOUNDATION
	C/O SHACK LAW OFFICE	

Investments Corporate Bonds Schedule

Name of Bond

End of Year Book Value

Market Value

24,937

25,926

VANGUARD HIGH-YIELD CORP FUND

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491250004021			
•					
TV 2020 Investments Comparate Stock Schodule					

TY 2020 Investments Corporate Stock Schedule

Name: NORMAN M SHACK CHARITABLE FOUNDATION

C/O SHACK LAW OFFICE

EIN: 04-3396602

__...

Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
100 SHS MCDONALDS	5,905	21,458		
160 3M CO	10,400	27,966		
3500 PEOPLES UNITED FINANCIAL	48,550	45,255		
258 SHS EXXON MOBILE CORP	18,723	10,635		
346 SHS MONDELEZ INT'L	3,275	20,231		
400 SHS AON PLC CL A	21,504	84,508		
461 SHS MERCK & CO INC	11,001	37,710		
500 SHS PHILIP MORRIS INTL COM	11,199	41,935		
700 SHS AVANGRID INC	21,536	31,815		
712 SHS TRUIST FINANCIAL CORP	10,703	34,126		