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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
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 www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation
KURTZ FAMILY FOUNDATION TRUST

Number and street (or P.O. box number if mail is not delivered to street address)
PO BOX 626

City or town, state or province, country, and ZIP or foreign postal code
GEORGETOWN, CT 068290626

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) $\blacktriangleright$ \$ 8,779,890

J Accounting method:

☒ Cash

☐ Accrual

☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

A Employer identification number
90-0804736

B Telephone number (see instructions)
(203) 797-0056

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here..... ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

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)

424,950

2

Check ☐ if the foundation is not required to attach Sch. B

3

Interest on savings and temporary cash investments

17

4

Dividends and interest from securities

58,230

5a

Gross rents

b

Net rental income or (loss)

6a

Net gain or (loss) from sale of assets not on line 10

264,716

b

Gross sales price for all assets on line 6a

3,678,252

7

Capital gain net income (from Part IV, line 2)

8

Net short-term capital gain

9

Income modifications

10a

Gross sales less returns and allowances

b

Less: Cost of goods sold

c

Gross profit or (loss) (attach schedule)

11

Other income (attach schedule)

1,007

12

Total. Add lines 1 through 11

748,920

Operating and Administrative Expenses

13

Compensation of officers, directors, trustees, etc.

57,000

14

Other employee salaries and wages

15

Pension plans, employee benefits

16a

Legal fees (attach schedule)

b

Accounting fees (attach schedule)

3,870

c

Other professional fees (attach schedule)

330

17

Interest

18

Taxes (attach schedule) (see instructions)

327

19

Depreciation (attach schedule) and depletion

20

Occupancy

21

Travel, conferences, and meetings

22

Printing and publications

23

Other expenses (attach schedule)

1,123

24

Total operating and administrative expenses.
Add lines 13 through 23

62,650

25

Contributions, gifts, grants paid

275,500

26

Total expenses and disbursements. Add lines 24 and 25

338,150

27

Subtract line 26 from line 12:

a

Excess of revenue over expenses and disbursements

410,770

b

Net investment income (if negative, enter -0-)

308,246

c

Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2020)

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	369,022	181,546	181,546
	2 Savings and temporary cash investments			
	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)	4,277,276	4,875,522	8,598,344
	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 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	4,646,298	5,057,068	8,779,890	
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 Total liabilities (add lines 17 through 22)	0	0	
	Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.		
24 Net assets without donor restrictions				
25 Net assets with donor restrictions				
Foundations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 26 through 30.				
26 Capital stock, trust principal, or current funds		0	0	
27 Paid-in or capital surplus, or land, bldg., and equipment fund		0	0	
28 Retained earnings, accumulated income, endowment, or other funds		4,646,298	5,057,068	
29 Total net assets or fund balances (see instructions)		4,646,298	5,057,068	
30 Total liabilities and net assets/fund balances (see instructions) .	4,646,298	5,057,068		

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	4,646,298
2 Enter amount from Part I, line 27a	2	410,770
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	5,057,068
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	5,057,068

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	
a			-257,647
b			522,363
c			
d			
e			

2	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	2	264,716
3	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		3	

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved		2	
3 Reserved.		3	
4 Reserved		4	
5 Reserved		5	
6 Reserved		6	
7 Reserved		7	
8 Reserved ,		8	

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.	1	4,285
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	4,285
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	4,285
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	2,462
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	7,500
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	9,962
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	5,677
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax 5,677 Refunded	11	0

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
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>	1a		No
c	Did the foundation file Form 1120-POL for this year?	1b		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 (2) On foundation managers. ► \$ 0	1c		No
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0			
2	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>	2		No
3	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>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	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>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► CT			
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>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>ROBERT T KURTZ</u> Telephone no. ▶ <u>(203) 797-0056</u>			

Located at ▶ PO BOX 626 GEORGETOWN CT ZIP+4 ▶ 068290626

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ ☐			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2020, 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?	16	Yes	No
	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.

1a	During the year did the foundation (either directly or indirectly):		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ 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)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any 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	1b		No
	Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐			
c	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 2020?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? ☐ Yes ☒ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2020 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 2020.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2020?	4b		No

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

		Yes	No
5a	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))?	☐ Yes ☒ No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	☐ Yes ☒ 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?	☐ Yes ☒ No	
b	If any answer is "Yes" to 5a(1)–(5), did any 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		5b
	Organizations relying on a current notice regarding disaster assistance check here. ► ☐		
c	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?	☐ Yes ☐ No	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes ☒ No	6b
	If "Yes" to 6b, file Form 8870.		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
8	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?	☐ Yes ☒ No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(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
ROBERT KURTZ P O BOX 626 GEORGETOWN, CT 068290626	TRUSTEE 1.00	38,000	0	0
THOMAS KURTZ P O BOX 574 SPOFFORD, NH 03462	TRUSTEE 0.20	19,000	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(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				

Total number of other employees paid over \$50,000. ►	0
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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		
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	
Total. Add lines 1 through 3 ►	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	6,869,311
b	Average of monthly cash balances.	1b	341,801
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	7,211,112
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	7,211,112
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	108,167
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,102,945
6	Minimum investment return. Enter 5% of line 5.	6	355,147

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.)

1	Minimum investment return from Part X, line 6.	1	355,147
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	4,285
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	4,285
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	350,862
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	350,862
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	350,862

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	322,426
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	322,426
5	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.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	322,426

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				350,862
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			191,166	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ <u>322,426</u>				
a Applied to 2019, but not more than line 2a			191,166	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				131,260
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				219,602
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	0			
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.				

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	

b	85% of line 2a				
----------	--------------------------	--	--	--	--

c 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:					

[illegible]

(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)						
---	--	--	--	--	--	--

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
---	--	--	--	--	--

(3) Largest amount of support from an exempt organization					
---	--	--	--	--	--

(4) Gross investment income					
-----------------------------	--	--	--	--	--

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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	275,500
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	17	
4 Dividends and interest from securities.			14	58,230	
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.			14	1,007	
8 Gain or (loss) from sales of assets other than inventory			18	264,716	
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		323,970	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		323,970

[illegible]

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

- | | | | | | |
|---------------------------------------|--|----------------------|------|---|--------------------------|
| Paid
Preparer
Use Only | Print/Type preparer's name | Preparer's Signature | Date | Check if self-employed ☐ | PTIN

P01406436 |
| | MARY LECLERC | | | | |
| | Firm's name ▶ MARTIN DECRUZE | | | | Firm's EIN ▶ 85-4218816 |
| | Firm's address ▶ 30 MAIN STREET SUITE 500
DANBURY, CT 06810 | | | | Phone no. (203) 797-0056 |

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)				
a <i>Paid during the year</i>				
ACUMEN FUND INC40 WORTH ST NEW YORK, NY 10013	NONE	501(C)3	GENERAL SUPPORT	1,000
ALZHEIMER'S ASSOCIATION P O BOX 96011 WASHINGTON, DC 20090	NONE	501(C)3	GENERAL SUPPORT	2,000
AMELIA ISLAND CONCOURS D'ELEGANCE FOUNDATION INC 3016 MERCURY ROAD SOUTH JACKSONVILLE, FL 32207	NONE	501(C)3	GENERAL SUPPORT	2,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 300 5TH AVE STE6 WALTHAM, MA 02451	NONE	501(C)3	GENERAL SUPPORT	3,000
AMERICARES88 HAMILTON AVENUE STAMFORD, CT 06902	NONE	501(C)3	GENERAL SUPPORT	10,000
ARTHRITIS NATIONAL RESEARCH FOUNDATION 19200 VON KARMEN AVE STE 350 IRVINE, CA 92612	NONE	501(C)3	GENERAL SUPPORT	5,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
MACULAR DEGENERATION RESEARCH - BRIGHT FOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 20871	NONE	501(C)3	GENERAL SUPPORT	1,000
BUILD ONPO BOX 16741 STAMFORD, CT 06905	NONE	501(C)3	GENERAL SUPPORT	5,000
CHESHIRE HEALTH FOUNDATION 580 COURT ST KEENE, NH 034311718	NONE	501(C)3	GENERAL SUPPORT	4,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
CHESTERFIELD FIRE & RESCUE ASSOCIATION P O BOX 95 CHESTERFIELD, NH 034430059	NONE	501(C)3	GENERAL SUPPORT	1,000
CHRIST CHURCH PARISHPO BOX 54 REDDING, CT 06876	NONE	501(C)3	GENERAL SUPPORT	4,000
CLIMATE SCIENCE LEGAL DEFENSE FUND 475 RIVERSIDE DR STE 244 NEW YORK, NY 10115	NONE	501(C)3	GENERAL SUPPORT	10,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
CLOSER TO FREEPO BOX 1849 NEW HAVEN, CT 065089979	NONE	501(C)3	GENERAL SUPPORT	5,000
BRIDGE HOUSE INC880 FAIRFIELD AVE BRIDGEPORT, CT 06605	NONE	501(C)3	GENERAL SUPPORT	1,000
CONNECTICUT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 064921929	NONE	501(C)3	GENERAL SUPPORT	5,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111593	NONE	501(C)3	GENERAL SUPPORT	2,000
DARTMOUTH HITCHCOCK HOSPITAL ONE MEDICAL CENTER DRIVE HB 7070 LEBANON, NH 037560001	NONE	501(C)3	GENERAL SUPPORT	5,000
DOCTORS WITHOUT BORDERS USA INC 40 RECTOR ST 16TH FL NEW YORK, NY 100061705	NONE	501(C)3	GENERAL SUPPORT	10,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
DZI FOUNDATION PO BOX 632 RIDGWAY, CO 81432	NONE	501(C)3	GENERAL SUPPORT	2,000
EASTER SEALS PO BOX 320186 FAIRFIELD, CT 068250186	NONE	501(C)3	GENERAL SUPPORT	1,000
FINCA INTERNATIONAL INC PO BOX 98048 WASHINGTON, DC 200908048	NONE	501(C)3	GENERAL SUPPORT	1,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
FREDERICK SIMEONE MD FDN 6825 NORWITCH DRIVE PHILADELPHIA, PA 19153	NONE	501(C)3	GENERAL SUPPORT	1,000
FRIENDS OF LACHAT 31 FANTON HILL RD WESTON, CT 068832407	NONE	501(C)3	GENERAL SUPPORT	500
GIRLS INC OF GREATER LOWELL 220 WORTHEN STREET LOWELL, MA 01852	NONE	501(C)3	GENERAL SUPPORT	2,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
GLOBAL LYME ALLIANCE 1290 EAST MAIN ST STAMFORD, CT 06902	NONE	501(C)3	GENERAL SUPPORT	15,000
HABITAT FOR HUMANITY OF COASTAL FAIRFIELD COUNTY - WOMEN BUILD 1542 BARNUM AVE BRIDGEPORT, CT 06610	NONE	501(C)3	GENERAL SUPPORT	2,000
HAITIAN EDUCATION INITIATIVE 857 POST ROAD FAIRFIELD, CT 06824	NONE	501(C)3	GENERAL SUPPORT	5,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a Paid during the year				
HISTORICAL SOCIETY OF CHESHIRE CTY PO BOX 803 KEENE, NH 03431	NONE	501(C)3	GENERAL SUPPORT	500
HUMAN RIGHTS WATCH 350 5TH AVENUE 34TH FLR NEW YORK, NY 10118	NONE	501(C)3	GENERAL SUPPORT	1,000
HUNDRED NIGHTS INCPO BOX 833 KEENE, NH 034310833	NONE	501(C)3	GENERAL SUPPORT	1,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a Paid during the year				
INTERNATIONAL RESCUE COMMITTEE INC 122 EAST 42ND STREET NEW YORK, NY 10168	NONE	501(C)3	GENERAL SUPPORT	1,000
JERUSALEM PEACE BUILDERS 3300 CHIMMNEY ROCK STE 301 HOUSTON, TX 77056	NONE	501(C)3	GENERAL SUPPORT	3,000
JUVENILE DIABETES RESEARCH FOUNDATION 200 CONNECTICUT AVE STE 4E NORWALK, CT 06854	NONE	501(C)3	GENERAL SUPPORT	5,000
Total ▶ 3a				275,500

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

Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
KIVA MICROFUNDS 986 MISSION ST 4TH FL SAN FRANCISCO, CA 94103	NONE	501(C)3	GENERAL SUPPORT	1,000
KUTZTOWN UNIVERSITY FOUNDATION PO BOX 151 KUTZTOWN, PA 19530	NONE	501(C)3	GENERAL SUPPORT	1,000
LAKE FOREST COLLEGE 555 N SHERIDAN ROAD LAKE FOREST, IL 600459919	NONE	501(C)3	GENERAL SUPPORT	4,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
LEHIGH UNIVERSITY 27 MEMORIAL DRIVE WEST BETHLEHEM, PA 180153086	NONE	501(C)3	GENERAL SUPPORT	1,000
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVE NEW YORK, NY 10065	NONE	501(C)3	GENERAL SUPPORT	10,000
MEN'S ARTS COUNCIL OF PHOENIX ART MUSEUM 1625 N CENTRAL AVE PHOENIX, AZ 85004	NONE	501(C)3	GENERAL SUPPORT	2,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
MISSION(CONNECTICUT CHALLENGE) 250 PEQUOT AVE SOUTHPORT, CT 06890	NONE	501(C)3	GENERAL SUPPORT	4,000
MONADNOCK CENTER FOR VIOLENCE PREVENTION INC 12 COURT ST 103 KEENE, NH 03431	NONE	501(C)3	GENERAL SUPPORT	5,000
MONADNOCK UNITED WAY 23 CENTER ST KEENE, NH 03431	NONE	501(C)3	GENERAL SUPPORT	5,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MAIN AVE 5TH FOOR NORWALK, CT 06851	NONE	501(C)3	GENERAL SUPPORT	25,000
NANTUCKET ATHENEUM1 INDIA ST NANTUCKET, MA 02554	NONE	501(C)3	GENERAL SUPPORT	500
NATIONAL OUTDOOR LEADERSHIP SCHOOL 284 LINCOLN ST LANDER, WY 82520	NONE	501(C)3	GENERAL SUPPORT	1,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
NATIONAL TRUST FOR HISTORIC PRESERVATION 2600 VIRGINIA AVE NW 1100 WASHINGTON, DC 20037	NONE	501(C)3	GENERAL SUPPORT	500
NEAR AND FAR ASSOCIATION INC PO BOX 717 SOUTHPORT, CT 06890	NONE	501(C)3	GENERAL SUPPORT	1,000
PEBBLE BEACH COMPANY FOUNDATION PO BOX 222860 CARMEL, CA 93922	NONE	501(C)3	GENERAL SUPPORT	2,000
Total ▶ 3a				275,500

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

Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
PLANNED PARENTHOOD FEDERATION OF NEW ENGLAND 345 WHITNEY AVE NEW HAVEN, CT 06511	NONE	501(C)3	GENERAL SUPPORT	1,000
SANDY HOOK PROMISEPO BOX 3489 NEWTOWN, CT 06470	NONE	501(C)3	GENERAL SUPPORT	2,000
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST FAIRFIELD, CT 06825	NONE	501(C)3	GENERAL SUPPORT	4,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a Paid during the year				
SMILE TRAINPO BOX 96231 WASHINGTON, DC 200906231	NONE	501(C)3	GENERAL SUPPORT	500
ST MARKS EPISCOPAL CHURCH 400 11TH ST HOOD RIVER, OR 97031	NONE	501(C)3	GENERAL SUPPORT	5,000
ST BALDRICK'S FOUNDATION 1333 SOUTH MAYFLOWER AVE SUITE 400 MONROVIA, CA 91016	NONE	501(C)3	GENERAL SUPPORT	1,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 127 NEWTON, MA 02468	NONE	501(C)3	GENERAL SUPPORT	1,000
THE CENTER FOR FAMILY JUSTICE 753 FAIRFIELD AVE BRIDGEPORT, CT 06604	NONE	501(C)3	GENERAL SUPPORT	15,000
THE COMMUNITY KITCHEN INC PO BOX 1315 KEENE, NH 034311315	NONE	501(C)3	GENERAL SUPPORT	5,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
THE FUND FOR YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 065089979	NONE	501(C)3	GENERAL SUPPORT	1,000
THE MEGAN HOUSE FOUNDATION 100 MERRIMACK ST STE 301D LOWELL, MA 01852	NONE	501(C)3	GENERAL SUPPORT	1,000
THE METROPOLITAN OPERA NATL COUNCIL 30 LINCOLN CENTER NEW YORK, NY 10023	NONE	501(C)3	GENERAL SUPPORT	1,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
THE NCH FUND57 PROSPECT ST NANTUCKET, MA 02554	NONE	501(C)3	GENERAL SUPPORT	2,000
THE SUZANNE WRIGHT FOUNDATION 610 FIFTH AVE SUITE 605 NEW YORK, NY 10020	NONE	501(C)3	GENERAL SUPPORT	4,000
TRINITY SCHOOL FOR MINISTRY 311 ELEVENTH ST AMBRIDGE, PA 15003	NONE	501(C)3	GENERAL SUPPORT	3,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
TRINITY EPISCOPAL CHURCH PO BOX 400 SOUTHPORT, CT 06890	NONE	501(C)3	GENERAL SUPPORT	20,000
UNIVERSITY OF MASSASSUCHETTS - LOWELL PLASTICS ENDOWED SCHOLARSHIP OFFICE OF UNIVERSITY ADVANCEMENT 45 LAWRENCE DR LOWELL, MA 01854	NONE	501(C)3	GENERAL SUPPORT	2,000
WESTON HISTORICAL SOCIETY INC PO BOX 1092 WESTON, CT 06883	NONE	501(C)3	GENERAL SUPPORT	500
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
WESTON VOLUNTEER EMS 52 NORFIELD RD WESTON, CT 06883	NONE	501(C)3	GENERAL SUPPORT	1,000
WESTON VOLUNTEER FIRE DEPT PO BOX 1163 WESTON, CT 068839812	NONE	501(C)3	GENERAL SUPPORT	1,000
WESTON WARM-UP FUNDPO BOX 1254 WESTON, CT 06883	NONE	501(C)3	GENERAL SUPPORT	2,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
WORLD RESOURCE INSTITUTE 10 G ST NE STE800 WASHINGTON, DC 20002	NONE	501(C)3	GENERAL SUPPORT	1,000
WSHU PUBLIC RADIO SACRED HEART UNIV 5151 PARK AVE FAIRFIELD, CT 06825	NONE	501(C)3	GENERAL SUPPORT	1,000
YEAR UP INC45 MILK ST 9TH FLOOR BOSTON, MA 02109	NONE	501(C)3	GENERAL SUPPORT	2,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
WEST KLINKITAT COUNTY HISTORICAL SOCIETY PO BOX 394 BINGEN, WA 98605	NONE	501(C)3	GENERAL SUPPORT	2,000
WORLD WILDLIFE FUND INC PO BOX 96555 WASHINGTON, DC 200777760	NONE	501(C)3	GENERAL SUPPORT	1,000
ENVIRONMENT DEFENSE FUND PO BOX 98051 WASHINGTON, DC 200777760	NONE	501(C)3	GENERAL SUPPORT	500
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
WORLD CENTRAL KITCHEN INC 655 NEW YORK NW 6TH FLOOR WASHINGTON, DC 20001	NONE	501(C)3	GENERAL SUPPORT	10,000
RIGHT TO PLAY26 BROADWAY 365 NEW YORK, NY 10004	NONE	501(C)3	GENERAL SUPPORT	1,000
BRIDEGPORT RESCUE MISSION PO BOX 9057 BRIDGEPORT, CT 066019057	NONE	501(C)3	GENERAL SUPPORT	1,000
Total ▶ 3a				275,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a <i>Paid during the year</i>				
THE LEUKEMIA & LYMPHOMA SOCIETY PO BOX 98016 WASHINGTON, DC 200908016	NONE	501(C)3	GENERAL SUPPORT	1,000
ST JUDE CHILDREN RESEARCH HOSPITAL PO BOX 50 MEMPHIS, TN 381019929	NONE	501(C)3	GENERAL SUPPORT	1,000
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	NONE	501(C)3	GENERAL SUPPORT	1,000
Total ▶ 3a				275,500

TY 2020 Accounting Fees Schedule**Name:** KURTZ FAMILY FOUNDATION TRUST**EIN:** 90-0804736

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,870	3,870		0

TY 2020 Investments Corporate Stock Schedule**Name:** KURTZ FAMILY FOUNDATION TRUST**EIN:** 90-0804736**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES	4,875,522	8,598,344

TY 2020 Other Expenses Schedule**Name:** KURTZ FAMILY FOUNDATION TRUST**EIN:** 90-0804736**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE	130	130		0
SOFTWARE	882	882		0
SUPPLIES	111	111		0

TY 2020 Other Income Schedule

Name: KURTZ FAMILY FOUNDATION TRUST

EIN: 90-0804736

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS REFUND	7	7	7
CONTRIBUTION CHECK RETURNED	1,000	1,000	1,000

TY 2020 Other Professional Fees Schedule**Name:** KURTZ FAMILY FOUNDATION TRUST**EIN:** 90-0804736

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	330	330		0

TY 2020 Taxes Schedule

Name: KURTZ FAMILY FOUNDATION TRUST
EIN: 90-0804736

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX WITHHELD	327	327		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2020
Name of the organization KURTZ FAMILY FOUNDATION TRUST		Employer identification number 90-0804736

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
KURTZ FAMILY FOUNDATION TRUST

Employer identification number
90-0804736

Part I

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OJ KURTZ CHARITABLE LEAD ANNUITY TRUST UA 71208 PO BOX 626 GEORGETOWN, CT 068290626	\$ 424,950	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization KURTZ FAMILY FOUNDATION TRUST	Employer identification number 90-0804736
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given (see instructions). Use duplicate copies of Part II if additional space is needed.	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

90-0804736

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)