Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491196015770

2019

OMB No 1545-0052

## **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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ıdar year 2019, or tax year beginning 01-01-20	019 , ai	nd ending 12-3	31-2019	
		indation CHARITABLE FOUNDATION INC		<b>A Employe</b> 81-0921475	r identification numbe	er
		l street (or P O box number if mail is not delivered to street address) ON DRIVE NO 103	Room/suite	<b>B</b> Telephone (212) 444-4	e number (see instructio	ns)
		i, state or province, country, and ZIP or foreign postal code NJ 07645		C If exempt	ion application is pendir	g, check here
	neck ty	Final return Amended return  Address change Name change  pe of organization Section 501(c)(3) exempt private  4947(a)(1) nonexempt charitable trust Other taxable	foundation le private foundation	2 Foreig test, c	n organizations, check h n organizations meeting heck here and attach co e foundation status was ction 507(b)(1)(A), chec	the 85%
of '	year (f	xet value of all assets at end from Part II, col (c),  ▶\$ 32,696  J Accounting method  □ Other (specify)  (Part I, column (d) must	Cash Accru		indation is in a 60-mont ction 507(b)(1)(B), chec	
Pa	rt 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 investmen	t (c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only
	1	Contributions, gifts, grants, etc , received (attach schedule)	0			
Revenue	2 3 4 5a b 6a	Check If the foundation is not required to attach Sch B  Interest on savings and temporary cash investments  Dividends and interest from securities  Gross rents  Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10				
	5 7 8 9 10a b c	Gross sales price for all assets on line 6a  Capital gain net income (from Part IV, line 2)  Net short-term capital gain  Income modifications			0	
	12 13	Total. Add lines 1 through 11	0		0 0	
Operating and Administrative Expenses	14 15 16a b	Other employee salaries and wages	2,693		0 0	
	17 18 19 20 21	Other professional fees (attach schedule)  Interest				
ıtıng and	22 23 24	Printing and publications	<b>9</b> 628		0 (	
Opera	25	Add lines 13 through 23	3,321 68,925		0 (	68,92
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	72,246		0 0	68,92
	27 a b	Subtract line 26 from line 12  Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	-72,246		0	
-	С	Adjusted net income (if negative, enter -0-)			000	000 75 1551
or	raper	work Reduction Act Notice, see instructions.		Cat No 112	89X Foi	rm <b>990-PF</b> (2019

108,419

108,419

108,419

32,696

32,696

32,696

108,419

-72,246

36,173

3,477

32,696 Form **990-PF** (2019)

1

2

3 4

5

6

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) .

Analysis of Changes in Net Assets or Fund Balances

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

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

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

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize) ▶ \_

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

ŏ 26

Assets 27

Net 29

28

30

Part III

2

1a

			Page <b>3</b>			
Income						
ate, o)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )			
	(g) other basis pense of sale	(h) Gain or (loss) (e) plus (f) minus (g)				

	(e)	(f)	(g)	(h)
	Gross sales price	Depreciation allowed (or allowable)	Cost or other basis plus expense of sale	Gain or (loss) (e) plus (f) minus (g)
a				
b				
С				
d				
e				
	Complete only for assets show	ng gain in column (h) and owned by	y the foundation on 12/31/69	(1)
	(i) F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	(k) Excess of col(၊) over col(յ), ıf any	Gains (Col (h) gain minus col (k), but not less than -0-) <b>or</b> Losses (from col (h))
а				
b				
С				
d				
е				
		If gai	n, also enter in Part I, line 7	
2	Capital gain net income or (ne	t capital loss)   If (los	ss), enter -0- in Part I, line 7	2
3	Net short-term capital gain or	(loss) as defined in sections 1222(5	5) and (6)	
	If gain, also enter in Part I, lin in Part I, line 8	e 8, column (c) (see instructions) I	[f (loss), enter -0-	3
Part	Qualification Under	Section 4940(e) for Reduce	ed Tax on Net Investment In	come

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

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

. . . . . . . . . . .

Enter the appropriate amount in each column for each year, see instructions before making any entries

58,821

34,310

41,379

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

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

(a)

Base period years Calendar

year (or tax year beginning in) 2018

2017

2016

2015

2014 2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income ) If section 4940(d)(2) applies, leave this part blank

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

Net value of noncharitable-use assets

98,459

40,067

82,368

8,208

2

4

5

6

7

8

☐ Yes ✓ No

0 597416

0 856316

0 502367

0 000000

1 956099

0 489025

75,946

37,139

37,139

68,925

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0

(d)

Distribution ratio

(col (b) divided by col (c))

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Pai	t VIII-B Statements Regard	ing Activities for Which	Form 4720 May Be	Required (continued)			
5a	During the year did the foundation p	ay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	•		☐ Yes ✓	No		
	(2) Influence the outcome of any sp	·	• • • • • • • • • • • • • • • • • • • •				
	on, directly or indirectly, any vot	-		· · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual i	• • • • • • • • • • • • • • • • • • • •		☐ Yes 🗹	No		
	(4) Provide a grant to an organization		· -				
	in section 4945(d)(4)(A)? See in (5) Provide for any purpose other th			·· ·	No		
	,, ,	• •	* * * * * * * * * * * * * * * * * * * *				
h	educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$ ,	·		⊔ Yes 🖭	No		
b	Regulations section 53 4945 or in a c	•		•	5b		
	Organizations relying on a current no				35		
c	If the answer is "Yes" to question 5a						
Ĭ	tax because it maintained expenditure	• • •	•				
	If "Yes," attach the statement requir			' ' ∐ Yes ∐	No		
6a	Did the foundation, during the year,	· -		ıms on			
	a personal benefit contract?	, , , , , , , , , , , , , , , , , , , ,					
ь	Did the foundation, during the year,			⊔ Yes 🖭	No   6b		No
	If "Yes" to 6b, file Form 8870	. , , , ,	,, ,				
7a	At any time during the tax year, was	the foundation a party to a p	orohibited tax shelter trai	nsaction? Yes	No.		
b	If "Yes", did the foundation receive a	ny proceeds or have any net	income attributable to th	ne transaction?	7b		
8	Is the foundation subject to the section	on 4960 tax on payment(s)	of more than \$1,000,000	in remuneration or			
	excess parachute payment during th	e year <sup>?</sup>		· · 🔲 Yes 🗸	No L		
	Information About O	fficers, Directors, Trus	tees, Foundation Ma	nagers, Highly Paid En		,	
Ра	t VIIII and Contractors						
1	List all officers, directors, trustee	s, foundation managers a	nd their compensation	See instructions			
	(-) None and address	(b) Title, and average	(c) Compensation (If	(d) Contributions to	(e) Expe	nse acc	ount,
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation	other a	llowan	ces
See /	Addıtıonal Data Table	'	,	'			
_2	Compensation of five highest-pai	d employees (other than t	hose included on line :		ne, enter "	NONE	."
(2)	Name and address of each employee :	(b) Title, and average		(d) Contributions to employee benefit	(e) Expen	CO 3000	ount
(a)	more than \$50,000	nours per week	(c) Compensation	plans and deferred	other al		
		devoted to position		compensation			
NON							
-							
Tota	I number of other employees paid ove						
	i number of other employees pald ove	. φου,ουσι ι ι ι ι	<del> </del>		Form 99	O-DE	(2010

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Fotal number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
ust the foundation's four largest direct charitable activities during the tax year. Include rele	evant statistical information such as the number	er of _
organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1		
2		
3		
<u> </u>		<del> </del>
		<del> </del>
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during the		Amount
1	The tax year on miles I and E	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	<del> </del>	Form <b>990-PF</b> (2019

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

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

Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

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

2

3a 3h

4

5

68.925

68.925

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3,797

3,797

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0

,	
XIII	

**b** Total for prior years

**d** From 2017. . . .

a From 2014. . . . . **b** From 2015. . . . c From 2016. .

e From 2018. . . . .

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2019

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

Subtract lines 7 and 8 from line 6a.

10 Analysis of line 9 a Excess from 2015. . **b** Excess from 2016. .

c Excess from 2017. . .

d Excess from 2018. .

e Excess from 2019. .

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . .

Part

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PF (2	019)		
* * *	Undistributed Income (see instruc	tions)	
			(a)

2019)	
Undistributed Income (see instruc	tions

- Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only. . . . . .

36 851

32,307 53,898

36,851 32.307

53.898

65.128

Corpus

123.056

65.128

188,184

188,184

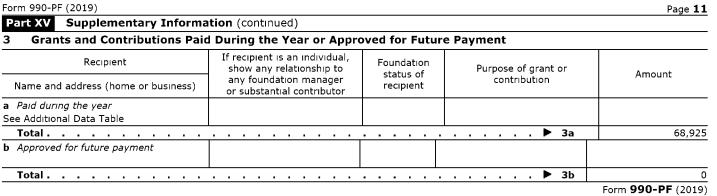
0

(b)

Years prior to 2018

(c)

2018



Enter gross amounts unless otherwise indicated		Unrelated b	usiness income	Excluded by section	(e) Related or exempt		
	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )	
е							
	and contracts from government agencies						
	ership dues and assessments						
	nds and interest from securities						
	ntal income or (loss) from real estate						
	financed property						
	ebt-financed property						
	ntal income or (loss) from personal property						
	nvestment income						
invento	• •						
9 Net inc	ome or (loss) from special events						
10 Gross	profit or (loss) from sales of inventory						
<b>11</b> Other	revenue a						
			0		4	0	
13 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			1	3		
/C		Intions \		_			
	orksheet in line 13 instructions to verify calcu						
	-B Relationship of Activities to th	e Accomplisi		-			
		e Accomplisi	ed in column (e) of	f Part XVI-A contribu		)	
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's explain the second	e Accomplisi	ed in column (e) of	f Part XVI-A contribu		)	
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's explain the second	e Accomplisi	ed in column (e) of	f Part XVI-A contribu		)	
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's explain the second	e Accomplisi	ed in column (e) of	f Part XVI-A contribu			
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's explain the second	e Accomplisi	ed in column (e) of	f Part XVI-A contribu			
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Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplisi	ed in column (e) of	f Part XVI-A contribu			
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Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's explain the second	e Accomplisi	ed in column (e) of	f Part XVI-A contribu			

(20	15)	
•	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	

Part	XVII	Exempt Organ		гапъ	iers io a	anu iransaci	LION	is and r	Relatio	nsnips with Non	спагіса	bie		
		anization directly or in the contract of the c	ndırectly enga								on 501		Yes	No
a Trai	nsfers f	rom the reporting fou	ndation to a r	oncha	ırıtable exe	empt organizati	on c	of						
(1)	Cash.										. 1	a(1)		No
(2)	Other	assets									. 1	a(2)		No
<b>b</b> Oth	er trans	sactions												
		of assets to a noncha									. 1	b(1)		No
(2) Purchases of assets from a noncharitable exempt organization												b(2)		No
(3) Rental of facilities, equipment, or other assets												b(3)		No
(4) Reimbursement arrangements.												b(4)		No No
		nance of services or r										b(5) b(6)		No
		facilities, equipment,	•		_							1c		No
	-	er to any of the abov												
of tl	ne good	ls, other assets, or se	rvices given b	y the	reporting	foundation If the	he fo	oundatior	n receive	d less than fair mark	et value			
ın a	ny tran	saction or sharing arr	angement, sh	ow in	column (d	d) the value of t	the q	goods, ot	her asse	ts, or services receiv	ed			
(a) Line	No	(b) Amount involved	(c) Name of	nonch	arıtable exe	mpt organization		(d) Desc	cription of	transfers, transactions,	and sharin	g arra	ngemen	its
-														
<b>2a</b> Is t	ne foun	dation directly or indi	rectly affiliate	d with	, or relate	d to, one or mo	re t	ax-exem	pt organı	zations				
des	cribed i	n section 501(c) (oth	er than sectioi	n 501(	(c)(3)) or ı	ın section 527?				🗆 Ye	s 🗸	٥V		
<b>b</b> If "\	es," co	mplete the following	schedule											
		(a) Name of organizat	ion		(E	<b>b)</b> Type of organiz	atıor	า		(c) Description	of relations	hıp		
	of m	r penalties of perjury y knowledge and belie n preparer has any kr	f, it is true, c											
Sign Here	*	****				2020-07-07		*****			May the return			
	• •	ignature of officer or	trustee		Date		— <b>)</b> −	itle		with the below	_	_		
		I									(see inst	r) 🛂	∐ Yes └	□No
		Print/Type preparer	's name	Prep	arer's Sıgr	nature		Date		Check if self-	TIN			
		EDWIN BIAZON								employed ▶ □	P	0537	7569	
Paid		EDWIN BIAZON												
Prep	arer	Firm's name ▶ CIT	RIN COOPERN	L 1AN &	COIIP									
Use (		CIT	5501 EIG							F	irm's EIN	<b>▶</b> 22	-24289	965
		Firm's address ▶ 2	25 BROADHO	LLOW	RD SUITE	401								
			ELVILLE, NY	1174	7					P	hone no	(631	) 930-	5000
		<u> </u>												

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation RICHARD SILVERMAN PRESIDENT & SECRETARY 1 PARAGON DRIVE STE 200 0.00 MONTVALE, NJ 07645 TDA CTUVEDMAN TOTACHDED 1 PARAGON DRIVE STE 200 MONTVALE, NJ 07645

1 PARAGON DRIVE STE 200 MONTVALE, NJ 07645	0 00	0	0	·
ADAM SILVERMAN	DIRECTOR	0	0	C

O

DIRECTOR

DIRECTOR 0.00

0 00

CHRIS PASSARETTI

KEN PHELAN

1 PARAGON DRIVE STE 200 MONTVALE, NJ 07645

1 PARAGON DRIVE STE 200 MONTVALE, NJ 07645

Recipient If recipient is an individual, show any relationship to status of contribution Status of Recipient If recipient is an individual, show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

ALZHEIMERS RESEARCH

Total .

2 JEFFERSON PLAZE SUITE 103 POUGHKEEPSIE, NY 12601

a Paid during the year			
ACLD FOUNDATION 807 SOUTH OYSTER BAY ROAD BETHPAGE, NY 11714	501C3	GENERAL CONTRIBUTION	1,000
ALZHEIMERS ASSOCIATION 322 8TH AVENUE NEW YORK, NY 10001	501C3	GENERAL CONTRIBUTION	300

501C3

GENERAL CONTRIBUTION

200

68,925

Recipient If recipient is an individual, show any relationship to status of recontribution Paid During the Year or Approved for Future Payment

Recipient If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

any foundation manager

Name and address (home or husiness)

500 HORIZON DRIVE STE 530 ROBBINSVILLE, NJ 08691

Total .

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
AMERICAN CANCER SOCIETY 1851 OLD CUTHBERT ROAD CHERRY HILL, NJ 08035		501C3	GENERAL CONTRIBUTION	3,775
AMERICAN CANCER SOCIETY PO BOX 22478 OKLAHOMA CITY, OK 73123		501C3	GENERAL CONTRIBUTION	200
AUTISM NEW JERSEY		501C3	GENERAL CONTRIBUTION	1,800

recipient

68,925

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

68,925

any foundation manager

Name and address (home or business)

3 PAPP ST

Total .

NORWALK, CT 06854

, , ,	or substantial contributor			
a Paid during the year				
BRIGHT FOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871		501C3	GENERAL CONTRIBUTION	100
BROOKE HEALEY FOUNDATION PO BOX 981 NEW PROVIDENCE, NJ 07974		501C3	GENERAL CONTRIBUTION	3,000

CLARKSBURG, MD 20071			
BROOKE HEALEY FOUNDATION PO BOX 981 NEW PROVIDENCE, NJ 07974	501C3	GENERAL CONTRIBUTION	3,000
CHILDREN'S RESCUE MISSION	501C3	GENERAL CONTRIBUTION	3,500

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

a Paid during the year			
CITY MEALS ON WHEELS 355 LEXINGTON AVENUE SUITE 301 NEW YORK, NY 10017	501C3	GENERAL CONTRIBUTION	125

CROHNS & COLITIS FOUNDATION 3010 WESTCHESTER AVENUE PURCHASE, NY 10577	501C3	GENERAL CONTRIBUTION	10,000
CYCLE FOR SURVIVAL MEMORIAL SLOAN 885 SECOND	501C3	GENERAL CONTRIBUTION	750

3010 WESTCHESTER AVENUE PURCHASE, NY 10577			
CYCLE FOR SURVIVAL MEMORIAL SLOAN 885 SECOND AVENUE NEW YORK NY 10017	501C3	GENERAL CONTRIBUTION	750

PURCHASE, NY 10577			
CYCLE FOR SURVIVAL MEMORIAL SLOAN 885 SECOND AVENUE NEW YORK, NY 10017	501C3	GENERAL CONTRIBUTION	750
Total	 	<b>&gt;</b> 3a	68,925

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

· ·	or substantial contributor			
a Paid during the year				
ICAHN SCHOOL OF MEDICINE 150 E 42ND ST NEW YORK, NY 10017		501C3	GENERAL CONTRIBUTION	2,500

68,925

JEWISH NATIONAL FUND 42 E 69TH STREET NEW YORK, NY 10021	501C3	GENERAL CONTRIBUTION
MARCH OF DIMES	50103	GENERAL CONTRIBUTION

any foundation manager

Name and address (home or business)

Total .

JEWISH NATIONAL FUND 42 E 69TH STREET NEW YORK, NY 10021	501C3	GENERAL CONTRIBUTION	3,000
MARCH OF DIMES 1550 CRYSTAL DRIVE SUITE 100 ARLINGTON, VA 22202	501C3	GENERAL CONTRIBUTION	1,000

			i
MARCH OF DIMES 1550 CRYSTAL DRIVE SUITE 100 ARLINGTON, VA 22202	501C3	GENERAL CONTRIBUTION	1,000

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

a Paid during the year			
NY HALL OF SCIENCE47-01 111 STREET CORONA, NY 11368	501C3	GENERAL CONTRIBUTION	12,500

·		
JR FRIEND STEVE NEED PARAGON DRIVE	501C4	GENERAL CONTRIBUTION

ΟU MO

EAST HAMPTON NV 11797

or substantial contributor

DDI EDG FOR HUMANITYDO DOV SEEL	E016E	CENTERAL CONTRIBUTION	
ONTVALE, NJ 07645			
PARAGON DRIVE			
IN TRILING STEVE NEED	30101	CENTER OF CONTINUED ITON	

MONTVALE, NJ 07645		
PADDLERS FOR HUMANITYPO BOX 2555	501C5	GENERAL CONTRIBUTION

3OX 2555	501C5	GENERAL CONTRIBUTION	

501C5	GENERAL CONTRIBUTION

55	501C5	GENERAL CONTRIBUTION	

500

150

EAST HAM TON, NT 11737		
Total	 ▶ 3a	68,925

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			
PANCREATIC CANCER 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	501C6	GENERAL CONTRIBUTION	500
			i

WOODBURY, NY 11797				
PINE HOLLOW CHARITY FUND 6601 ROUTE 25A EAST NORWICH, NY 11732		501C7	GENERAL CONTRIBUTION	200
	l			i I

6601 ROUTE 25A EAST NORWICH, NY 11732	30107	GENERAL CONTRIBUTION	200
PUREGOOD78 RANDALL AVENUE	501C8	GENERAL CONTRIBUTION	2,500

EAST NORWICH, NY 11732			
PUREGOOD78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570	501C8	GENERAL CONTRIBUTION	2,500

			1
PUREGOOD78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570	501C8	GENERAL CONTRIBUTION	2,500

ROCKVILLE CENTRE, NY 11570			,
Total	 	▶ 3a	68,925

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

R BABY FOUNDATION336 MLB AVENUE SHORT HILLS, NY 07078		501C9	GENERAL CONTRIBUTION	9,450
a Paid during the year				
Name and address (home or business)	or substantial contributor	recipient		

5110111 111220,1111 07070			
RIDDLE HEALTHCARE FOUNDATION 40 NORTH RADNOR CHESTER ROAD RADNOR, PA 19087	501C11	GENERAL CONTRIBUTION	1,250
ROCKLAND COMMUNITY FOUNDATION INC.	501C12	GENERAL CONTRIBUTION	500

68,925

40 NORTH RADNOR CHESTER ROAD RADNOR, PA 19087			-/
ROCKLAND COMMUNITY FOUNDATION INC PO BOX 323 NEW CITY NY 10956	501C12	GENERAL CONTRIBUTION	500

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			
ST BALDRICK'S FOUNDATION 1333 S MAYFLOWER AVENUE SUITE 400 MONROVIA, CA 91016	501C14	GENERAL CONTRIBUTION	500

MONROVIA, CA 91016			
ST JUDES262 DANNY THOMAS PLACE MEMPHIS, TN 38105	501C15	GENERAL CONTRIBUTION	200
TEAM TYPE 1 FOUNDATION	501C16	GENERAL CONTRIBUTION	500

MEMPHIS, TN 38105	501C15	GENERAL CONTRIBUTION	200
TEAM TYPE 1 FOUNDATION 2144 HILLS AVENUE ATLANTA, GA 30318	501C16	GENERAL CONTRIBUTION	500

68,925

MEMITIS, IN 30103			
TEAM TYPE 1 FOUNDATION 2144 HILLS AVENUE ATLANTA, GA 30318	501C16	GENERAL CONTRIBUTION	500

Total .

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

a Paid during the year			
TEMPLE SHAARAY89 BALDWIN ROAD	501C18	GENERAL CONTRIBUTION	6,000

BEDFORD CORNERS, NY 10549			
THE ARC FOUNDATION OF ROCKLAND	501C19	GENERAL CONTRIBUTION	

25 HEMLOCK DRIVE	TRIBUTION 1	,000
CONGERS, NY 10920		

25 HEMLOCK DRIVE CONGERS, NY 10920			l
LINITED WAY35 MAIN ST 2ND FI	501C20	GENERAL CONTRIBUTION	1 825

CONGERS, NY 10920			
UNITED WAY35 MAIN ST 2ND FL	501C20	GENERAL CONTRIBUTION	1,825

<u> </u>			1
UNITED WAY35 MAIN ST 2ND FL NYACK, NY 10960	501C20	GENERAL CONTRIBUTION	1,825

68,925

MITED WATES MAIN ST ZND IE	301020	GENERAL CONTRIBUTION
IYACK, NY 10960		

Total .

or substantial contributor

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

68,925

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

any foundation manager

Name and address (home or husiness)

Total . . . .

Hame and address (nome or business)	or substantial contributor			
a Paid during the year				
UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT ST STE 800		501C21	GENERAL CONTRIBUTION	100

efile GRAPHIC print - DO NOT F	ROCESS As File	d Data -	DI	N: 93491196015770		
TY 2019 Accounting Fees Schedule						
_						
	Name: GOTH EIN: 81-09	AM CHARITABLE FOU 21475	NDATION INC			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEE	2,6	93 0	0	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491196015770				
TY 2019 Other Decreases Schedule							
Name:	GOTHAM CHA	RITABLE FOUNDATION INC					
EIN:	81-0921475						
Description		Amount					
I e							

## NON DEDUCTIBLE PORTION OF DONATIONS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491196015770			
TY 2019 Other Expenses Schedule							
Name:	GOTHAM CHAR	ITABLE FOUNDAT	TON INC				
EIN:	81-0921475						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

500

128

ADVERTISING

DUES AND SUBSCRIPTIONS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491196015	770		
TY 2019 Substantial Contribut Schedule	cors					
Name: GOTHAM CHARITABLE FOUNDATION INC EIN: 81-0921475						
Name			Address			
GOTHAM TECHNOLOGY GROUP			1 PARAGON DRIVE STE 200 MONTVALE, NJ 07645			