efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

### DLN: 93491029001051

2019

OMB No. 1545-0052

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

Open to Public Inspection

		ndar year 2019, or tax year beginning 05-01-20	)19 , aı	nd ending 04-30-		
		Indation IN PECHTER CHARITABLE FOUNDATION		A Employer id	entification numbe	er
				22-3053745		
		l street (or P.O. box number if mail is not delivered to street address) HTMAN 14 GROVE HILL ROAD	Room/suite	<b>B</b> Telephone nu	ımber (see instructio	ns)
				(203) 397-906:	L	
		i, state or province, country, and ZIP or foreign postal code GE, CT 06525		<b>C</b> If exemption	application is pendin	g, check here
G Ch	neck al	l that apply: $\ \square$ Initial return $\ \square$ Initial return of a	former public charity	<b>D 1.</b> Foreign or	ganizations, check he	ere
		Final return Amended return			rganizations meeting k here and attach co	
		☐ Address change ☐ Name change		·	undation status was t	
_		rpe of organization: Section 501(c)(3) exempt private			on 507(b)(1)(A), chec	
			e private foundation  Cash  Accru	E If the found	ation is in a 60-mont	h termination —
of '	year (f	rrom Part II, col. (c),  ▶\$ 347,226  CPart I, column (d) must			n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(-)	T -		(d) Disbursements
		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	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach	200			
	_	schedule)	300			
	2	Check ► ✓ if the foundation is <b>not</b> required to attach Sch. B				
<u> 1</u> 6	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	11,450	11,450		
	5a	Gross rents				
	b 6a	Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10	38,765			
e M	b	Gross sales price for all assets on line 6a 72,733	,			
Revenue	7	Capital gain net income (from Part IV, line 2)		38,765		
_	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	11	Other income (attach schedule)	-606	-606		
	12	Total. Add lines 1 through 11	49,909			
	13	Compensation of officers, directors, trustees, etc.	8,000			
	14	Other employee salaries and wages	,	,		
9	15	Pension plans, employee benefits				
SU:	16a	Legal fees (attach schedule)				
×	b	Accounting fees (attach schedule)	1,463	1,463		(
e L	С	Other professional fees (attach schedule)	5,248	5,248		
a E	17	Interest	06.1			
<u> </u>	18	Taxes (attach schedule) (see instructions)	2,527	2,527		(
Ē	19 20	Depreciation (attach schedule) and depletion Occupancy				
Ad	21	Occupancy				
an d	22	Printing and publications				
<u>5</u> .	23	Other expenses (attach schedule)	<b>9</b> 668	668		(
Operating and Administrative Expenses	24	Total operating and administrative expenses.				
<u>p</u>		Add lines 13 through 23	17,906			(
ر	25	Contributions, gifts, grants paid	18,486			18,486
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	36,392	17,906		18,486
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	13,517			
	ь	Net investment income (if negative, enter -0-)		31,703		
	С	Adjusted net income (if negative, enter -0-)				
or	Paner	work Reduction Act Notice, see instructions.		Cat No. 11280)	√ E~	m <b>000-DF</b> (2010

Form 990-PF (2019)

2

3

4

5

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶

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

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

	1	Cash—non-interest-bearing	6,505	49,271	49,271
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶	ľ		
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶	ľ		
	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 ▶			
ا ي	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
¥	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	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)	281,390	252,141	283,455
	14	Land, buildings, and equipment: basis ►			
		Less: accumulated depreciation (attach schedule) ▶	14,500	14,500	14,500
	15	Other assets (describe)			
	16	<b>Total assets</b> (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	302,395	315,912	347,226
	17	Accounts payable and accrued expenses			
امر	18	Grants payable			
Liabilities	19	Deferred revenue			
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe —)	_	_	
	23	Total liabilities(add lines 17 through 22)	0	0	
se s		Foundations that follow FASB ASC 958, check here ▶			
lances		and complete lines 24, 25, 29 and 30.			
g	24	Net assets without donor restrictions			
힏	25	Net assets with donor restrictions			
Fund Ba		Foundations that do not follow FASB ASC 958, check here 🕨 🗹			
٥		and complete lines 26 through 30.			
	26	Capital stock, trust principal, or current funds	0	0	
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28	Retained earnings, accumulated income, endowment, or other funds	302,395	315,912	
Net	29	Total net assets or fund balances (see instructions)	302,395	315,912	
	30	Total liabilities and net assets/fund balances (see instructions) .	302,395	315,912	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with endof-year figure reported on prior year's return) 302,395 1

13,517

315,912

315,912 Form **990-PF** (2019)

0

0

2

3

4

5

Page **3** 

	pe the kind(s) of property arehouse; or common sto			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a 85 SHS ISHARES S&P 50	00 GR			2 2 2 7 7 7 7 7 7		2019-10-25
<b>b</b> 130 SHS SPDR S&P 500	ETF					2020-03-12
c 85 SHS ISHARES S&P 50	00 GR					2020-05-01
d 797.87 SHS ROYCE TLT	RTN					2020-05-01
e						
(-)	(1	)	(	(g)	(1	1)
<b>(e)</b> Gross sales price	Depreciation			other basis		r (loss)
<u> </u>	(or allo	wable)	plus expe	ense of sale	(e) plus (f	) minus (g)
	15,412			4,924		10,488
	33,143			12,995		20,148
	15,178			4,924		10,25
d	9,000			11,125		-2,12
e						
Complete only for assets	s showing gain in column	(h) and owned by				I)
(i)	(j			( <b>k)</b>		n) gain minus less than -0-) <b>or</b>
F.M.V. as of 12/31/69	Adjuste as of 12			of col. (i) . (j), if any	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	om col.(h))
а	43 01 12	,, 31, 03	0701 001	(J), II UII,		10,488
b						20,14
c						10,25
d						-2,12
<u>е</u>						2,12.
If gain, also enter in Pa in Part I, line 8	gain or (loss) as defined art I, line 8, column (c) (s	ee instructions). I	f (loss), enter -0	}	3	38,765
	Under Section 4940					
For optional use by domestic p	orivate foundations subje	ct to the section 4	940(a) tax on ne	t investment incom	e.)	
f section 4940(d)(2) applies, le	eave this part blank.					
Vas the foundation liable for th f "Yes," the foundation does no				in the base period?	Ye	es 🗌 No
1 Enter the appropriate ar	mount in each column for	each year; see in:	structions before	making any entries	5.	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying dist	ributions Net v	(c) alue of noncharitabl	e-use assets	( <b>d)</b> Distribution rati (col. (b) divided by c	
2018						
2017						
2016 2015						
2015						
	١			2		
<ul><li>2 Total of line 1, column (</li><li>3 Average distribution ratio</li></ul>	•					
number of years the four 4 Enter the net value of no	ndation has been in exist	ence if less than 5	years	3 4		
<b>5</b> Multiply line 4 by line 3				5		
<b>6</b> Enter 1% of net investm	ent income (1% of Part I	, line 27b) <b></b>		6		
<b>7</b> Add lines 5 and 6				7		
<b>8</b> Enter qualifying distribut If line 8 is equal to or grainstructions.	•	•			g a 1% tax rate. Se	e the Part VI
<u> </u>					Fo	rm <b>990-PF</b> (2019

Form	990-PF (20	)19)							F	Page <b>6</b>
Par	t VII-B	Statements Regar	ding	Activities for Which	Form 4720 May Be	Required (continue	ed)			
5a	During the	year did the foundation	pay o	incur any amount to:					Yes	No
	(1) Carry	on propaganda, or other	wise a	ttempt to influence legisla	tion (section 4945(e))?	☐ Yes	<b>~</b>	No		
	(2) Influe	nce the outcome of any	specific	public election (see secti	on 4955); or to carry					
	on, di	rectly or indirectly, any v	oter re	gistration drive?		· · 🔲 Yes	<b>✓</b>	No		
	(3) Provid	le a grant to an individua	l for tr	avel, study, or other simi	lar purposes?	Yes	<b>a</b>	No		
	(4) Provid	le a grant to an organiza	tion ot	her than a charitable, etc.	, organization described		_			
				tions		· · 🗌 Yes	<b>✓</b>	No		
				eligious, charitable, scient	* * * * * * * * * * * * * * * * * * * *					
_			•	ention of cruelty to childre		⊔ Yes	✓	No		
b				ny of the transactions fai						
	_			nt notice regarding disast			•	5b	_	
	_	· -		regarding disaster assista						
С		·		does the foundation claim	•					
		·		sponsibility for the grant?		· · Yes		No		
_		•		V Regulations section 53.4						
6a			•	ive any funds, directly or	,, , , , ,	ms on				
						Yes	✓	No C		
b			г, рау	premiums, directly or indi	rectly, on a personal ben	ent contract?	•	6b	+	No
7-		6b, file Form 8870.	+b-	foundation a party to a pi	rabibited tay aboltor tran	anation?	_			
7a b	•			roceeds or have any net i		⊔ Yes	✓	No 7b		
8	•			960 tax on payment(s) of			•	10		_
0		•		ar?						
						res		No L		<u> </u>
Par	t VIII	and Contractors	Offic	ers, Directors, Trust	ees, Foundation Ma	nagers, Highly Pa	id Em	iployee	5,	
1	List all of	ficers, directors, trusto	ees, fo	undation managers an	•					
	(a) Na	ma and address	(	<b>b)</b> Title, and average hours per week	(c) Compensation (If	(d) Contributions		(e) Exp	ense acc	ount,
	(a) Na	me and address		devoted to position	not paid, enter -0-)	employee benefit plar deferred compensa		other	allowan	ces
BARBA	ARA LICHTMA	۸N		IDENT/SECRETARY	8,000		0			0
	OVE HILL RO		5.00		·					
	BRIDGE, CT	06525	1,705	DD FOYD ENT ( TD FA GUDED	_					
	N PECHTER OVE HILL RC	A.D.	0.00	PRESIDENT/ TREASURER	0		0			0
	BRIDGE, CT									
2	Compens	ation of five highest-p	aid en	ployees (other than th	ose included on line 1	-see instructions).	If non	e, enter	"NONE	."
				(b) Title, and average		(d) Contributions				
(a) [		address of each employed ore than \$50,000	e paid	hours per week	(c) Compensation	employee benefi		(e) Expe	nse acco Illowanc	
	1110	ore than \$50,000		devoted to position		compensation	u	Other a	illowalic	.C3
NONE						·				
							+			

0

•

Form 990-PF (2019)	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, en	ter "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 nun organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nber of Expenses
1 NONE	0
2	
3	
4	
	<del> </del>
Part TV P. Summary of Brogram Balated Investments (see instructions)	
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 N/A	0
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	. • 0
Iotal. Add lines 1 through 3	Form <b>990-PF</b> (2019)

2a |

2b

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

634

17,788

17.788

17.788

18,486

18,486

18,486

Form 990-PF (2019)

Tax on investment income for 2019 from Part VI, line 5. . . . . .

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

Income tax for 2019. (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.

2a

3

4 5

6

1

2

3

4

5

b

Part XII

**d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . . . . . . . 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. .

					r age 3
P	art XIII Undistributed Income (see instruc	tions)			_
		(a) Corpus	(b) Years prior to 2018	(c) 2018	<b>(d)</b> 2019
1	Distributable amount for 2019 from Part XI, line 7				17,788
2	Undistributed income, if any, as of the end of 2019:				
а	Enter amount for 2018 only			0	
b	Total for prior years: 20, 20		0		
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e	16,505			
4	Qualifying distributions for 2019 from Part				
	XII, line 4: ► \$18,486				
а	Applied to 2018, but not more than line 2a			0	
b	Applied to undistributed income of prior years (Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2019 distributable amount				17,788
е	Remaining amount distributed out of corpus	698			
5	Excess distributions carryover applied to 2019.	0			0
l	(If an amount appears in column (d), the				

Page 9

Form **990-PF** (2019)

а	Applied to 2018, but not more than line 2a			0	
b	Applied to undistributed income of prior years (Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2019 distributable amount				17,788
е	Remaining amount distributed out of corpus	698			
5	Excess distributions carryover applied to 2019.	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	17,203			
			, and the second		

(Election required—see instructions)				
Treated as distributions out of corpus (Election required—see instructions)	0			
Applied to 2019 distributable amount				17,788
Remaining amount distributed out of corpus	698			
Excess distributions carryover applied to 2019.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
Enter the net total of each column as indicated below:				
Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	17,203			
Prior years' undistributed income. Subtract line 4b from line 2b		0		
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		
	Applied to 2019 distributable amount Remaining amount distributed out of corpus Excess distributions carryover applied to 2019.  (If an amount appears in column (d), the same amount must be shown in column (a).)  Enter the net total of each column as indicated below:  Corpus. Add lines 3f, 4c, and 4e. Subtract line 5  Prior years' undistributed income. Subtract line 4b from line 2b	Treated as distributions out of corpus (Election required—see instructions)	Treated as distributions out of corpus (Election required—see instructions)	Treated as distributions out of corpus (Election required—see instructions)

15.063

2,140

1,442

	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)				
	(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) Consideration and the constant	I	I	I	I

(4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in Part XV assets at any time during the year—see instructions.) Information Regarding Foundation Managers: 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).)

BARBARA LICHTMAN

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.

other conditions, complete items 2a, b, c, and d. See instructions

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

Check here ightharpoons 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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

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

Form 990-PF (2019)

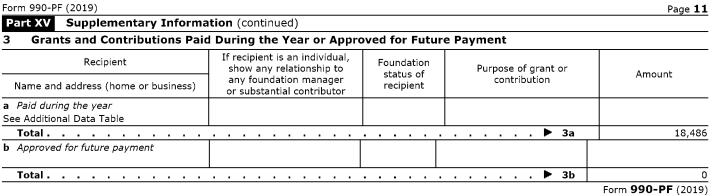
Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

BARBARA LICHTMAN 14 GROVE HILL ROAD WOODBRIDGE, CT 06525 (203) 397-9061

c Any submission deadlines:

NONE.

factors: NONE.



er gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section		(e) Related or exempt
Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a b					
c					
d					
e f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	11,450	
Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
Other investment income.					
Gain or (loss) from sales of assets other than					
inventory			18	38,765	
Net income or (loss) from special events:					
Gross profit or (loss) from sales of inventory Other revenue:					
a MAXMOR GROVES			14	-148	
b PEAKS DEV CORP			14	-458	
c					
d					
e				40.600	
Subtotal. Add columns (b), (d), and (e)		0		49,609 <b>3</b>	
Subtotal. Add columns (b), (d), and (e) <b>Total.</b> Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu	lations.)		1	49,609 <b>3</b>	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the	lations.) ne Accomplisi	nment of Exem	pt Purposes	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second section of the section of the section of the second section of the sect	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculate the second sec	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated and the second secon	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated and the second secon	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculate the No.  Explain below how each activity for which the accomplishment of the foundation's expression.	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated and the second secon	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated and the second secon	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated and the second secon	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated and the second secon	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated and the second secon	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second section of the section of the section of the second section of the sect	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second section of the section of the section of the second section of the sect	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	3	49,609
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second section of the section of the section of the second section of the sect	lations.)  ne Accomplisi income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	ited importantly to purposes). (See	49,60

	(	,		
		Information Regarding Transfers To and Transactions and Relationships With Noncharit	ahle	
Pa	rt XVII	Exempt Organizations	abic	
L D	oid the organ	nization directly or indirectly engage in any of the following with any other organization described in section 501		П

	III VATT	Exempt Organia	zations							
		ganization directly or in than section 501(c)(3)	directly engage					n 501	Yes	No
a ·	Transfers	from the reporting foun	dation to a none	charitable exe	empt organization (	of:				
	<b>(1)</b> Cash							1a(1)		No
	<b>(2)</b> Othe	rassets						. 1a(2)		No
Ь	Other tran	sactions:								
		of assets to a nonchari	•	-				. 1b(1)		No
		nases of assets from a n						. 1b(2)		No
		al of facilities, equipmer	•					1b(3)		No
		bursement arrangemen						1b(4)		No
		s or loan guarantees.						. 1b(5)		No
	` '	mance of services or m		_				1b(6)		No
	_	f facilities, equipment, n wer to any of the above		•				. Ic		No
İ	of the goo	ds, other assets, or sernsaction or sharing arra  (b) Amount involved	vices given by t ngement, show	he reporting t in column <b>(d</b>	foundation. If the f	oundation receive goods, other asse	d less than fair mark	et value ed.	ngemen	ts
2a :	s the four	ndation directly or indire	ectly affiliated w	ith, or related	d to, one or more t	ax-exempt organi	_	_		
	described	in section 501(c) (other	r than section 50	01(c)(3)) or i	in section 527? .		∐Yes	s 🛂 No		
b :	If "Yes," c	omplete the following s								
		(a) Name of organization	on	(t	Type of organization	n	(c) Description of	of relationship		
c:,	of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, corre					sed on all infor	mation	n of
Sig He	re	*****			2021-01-18	*****		May the IRS dis return with the prepar below		
		Signature of officer or to	rustee		Date	<b>7</b> Title		(see instr.) 🗹	Yes □	No
		Print/Type preparer's	name Pr	eparer's Sign	nature	Date	Check if self-	TIN	400	
Pa		CASEY P VILLARD	СРА				employed ▶ ☐	P00216	<b>7</b> 7∪	
	eparer e Only	i ii iii o ii aii i e e	R SIMMS & ST	SAUVEUR CP	AS PC		Fi	rm's EIN ▶02-	04769	56
	•		MORGAN DRIV	E				· · · · · · · · · · · · · · · · · · ·		
		LE	BANON, NH 03	766			Pf	hone no. (603)	653-0	0044

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

NO INDIVIDUAL	PUBLIC	OPERATIONS	15
	NO INDIVIDUAL	NO INDIVIDUAL PUBLIC	NO INDIVIDUAL PUBLIC OPERATIONS

With the territory and the ter				
AMERICAN RED CROSSP O BOX 37839 BOONE, IA 50037	NO INDIVIDUAL	PUBLIC	OPERATIONS	
ANIMAL LEAGUE DEFENSE FUND	NO INDIVIDUAL	PUBLIC	OPERATIONS	

BOONE, IA 50037				
ANIMAL LEAGUE DEFENSE FUND 525 EAST COTATI AVE COTATI, CA 94931	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

ANIMAL LEAGUE DEFENSE FUND 525 EAST COTATI AVE COTATI, CA 94931	NO INDIVIDUAL	PUBLIC	OPERATIONS	25
Total			▶ 3a	18,486

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Amount Purpose of grant or contribution recipient

Purpose of grant or contribution

NIO TNIDTI (TDI IA)

Total .

605 THIRD AVENUE NEW YORK, NY 10158	NO INDIVIDUAL	PORTIC	OPERATIONS	1,500
ASCPAP O BOX 96929	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

DUDLEC

1 500

18,486

■ 3a

ASCPAP O BOX 96929 WASHINGTON, DC 20090	NO INDIVIDUAL	PUBLIC	OPERATIONS	25
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	NO INDIVIDUAL	PUBLIC	OPERATIONS	100

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				
CAREP O BOX 1870 MERRIFIELD, VA 22116	NO INDIVIDUAL	PUBLIC	OPERATIONS	20

· ·				
CARROLLWOOD DAY SCHOOL 1515 W BEARSS AVE TAMPA, FL 33613	NO INDIVIDUAL	PUBLIC	OPERATIONS	500

1515 W BEARSS AVE TAMPA, FL 33613	THE INSTITUTE OF RE	T OBEIC	OT LIGHTS NO	300
COLUMBUS HOUSE	NO INDIVIDUAL	PUBLIC	OPERATIONS	50

COLUMBUS HOUSE	NO INDIVIDUAL	PUBLIC	OPERATIONS	50
586 ELLA T GRASSO BLVD				
NEW HAVEN CT 06519				

18,486

■ 3a

COLUMBUS HOUSE	NO INDIVIDUAL	PUBLIC	OPERATIONS	
586 ELLA T GRASSO BLVD				
NEW HAVEN, CT 06519				

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 (home or business)	or substantial contributor			
a Paid during the year				
COMMUNITY SOUP KITCHEN 84 BROADWAY	NO INDIVIDUAL	PUBLIC	OPERATIONS	50

NEW HAVEN, CT 06511				
CONGREGATION MISHKAN ISRAEL 785 RIDGE ROAD HAMDEN, CT 06517	NO INDIVIDUAL	PUBLIC	OPERATIONS	2,476

785 RIDGE ROAD HAMDEN, CT 06517				
CONSUMER REPORTS FOUNDATION 101 TRUMAN AVE YONKERS, NY 10703	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

18,486

HAMDEN, CT 06517				
CONSUMER REPORTS FOUNDATION 101 TRUMAN AVE YONKERS, NY 10703	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

Total .

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			
a Paid during the year				
CT HUMANE SOCIETY	NO INDIVIDUAL	PUBLIC	OPERATIONS	100

701 RUSSELL ROAD NEWINGTON, CT 06111

Name and address (home or business)

DEFENDERS OF ANIMAL RIGHTS P O BOX 25 PHOENIX, MD 21131	NO INDIVIDUAL	PUBLIC	OPERATIONS	15
DOCTORS WITHOUT BORDERS USA	NO INDIVIDUAL	PUBLIC	OPERATIONS	105

PHOENIX, MD 21131				
DOCTORS WITHOUT BORDERS USA P O BOX 5030 HAGERSTOWN, MD 21741	NO INDIVIDUAL	PUBLIC	OPERATIONS	105

PHOENIX, MD 21131				
DOCTORS WITHOUT BORDERS USA P O BOX 5030 HAGERSTOWN, MD 21741	NO INDIVIDUAL	PUBLIC	OPERATIONS	10

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

	or substantial contributor			
a Paid during the year				
FARM SANCTUARYP O BOX 180 WATKINS GLEN, NY 14891	NO INDIVIDUAL	PUBLIC	OPERATIONS	50

WATKINS GLEN, NY 14891	NO INDIVIDUALE	TOBLIC	OT ENVITORIS	30
FASPE404 FIFTH AVE 3RD FLOOR NEW YORK, NY 10018	NO INDIVIDUAL	PUBLIC	OPERATIONS	100
FIDELCO GUIDE DOG FOUNDATION	NO INDIVIDUAL	PUBLIC	OPERATIONS	50

NEW YORK, NY 10018	NO INDIVIDUAL	OBLIC	OF ERVATIONS	100
FIDELCO GUIDE DOG FOUNDATION 103 VISION WAY BLOOMFILED, CT 06002	NO INDIVIDUAL	PUBLIC	OPERATIONS	50

Total .

NEW YORK, NY 10018				
FIDELCO GUIDE DOG FOUNDATION 103 VISION WAY BLOOMFILED, CT 06002	NO INDIVIDUAL	PUBLIC	OPERATIONS	50

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

SHELTER P O BOX 9056 BREWERY ST STATION NEW HAVEN, CT 06532	No Morrisone	T OBERC	of Livings	23
FRIENDS OF THE NEW HAVEN ANIMAL	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

NEW HAVEN, CT 06532				
GUIDING EYES FOR THE BLIND 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NO INDIVIDUAL	PUBLIC	OPERATIONS	150
H INTERNATIONAL SCHOOLVIA SILE 6	NO INDIVIDUAL	DUBLIC	ODEDATIONS	50

GUIDING EYES FOR THE BLIND 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NO INDIVIDUAL	PUBLIC	OPERATIONS	150
H INTERNATIONAL SCHOOLVIA SILE 6 RONCADE TRVISO 31056	NO INDIVIDUAL	PUBLIC	OPERATIONS	50

18,486

YORKTOWN HEIGHTS, NY 10598				
H INTERNATIONAL SCHOOLVIA SILE 6 RONCADE TRVISO 31056 IT	NO INDIVIDUAL	PUBLIC	OPERATIONS	50

·				
H INTERNATIONAL SCHOOLVIA SILE 6 RONCADE TRVISO 31056 IT	NO INDIVIDUAL	PUBLIC	OPERATIONS	50

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 (home or business) or substantial contributor a Paid during the year 25

HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR ST AMERICUS, GA 31709	NO INDIVIDUAL	PUBLIC	OPERATIONS	
JEWISH COMMUNITY CENTER OF	NO INDIVIDUAL	PUBLIC	OPERATIONS	

Total .

JEWISH COMMUNITY CENTER OF	NO INDIVIDUAL	PUBLIC	OPERATIONS	10,261
GREATER NEW HAVEN				
360 AMITY ROAD				
WOODBRIDGE, CT 06525				
*		ı		

GREATER NEW HAVEN 360 AMITY ROAD WOODBRIDGE, CT 06525				,
KINDNESS RANCH ANIMAL SANCTUARY	NO INDIVIDUAL	PUBLIC	OPERATIONS	2

WOODBRIDGE, CT 06525				
KINDNESS RANCH ANIMAL SANCTUARY 854 STATE HIGHWAY 270 HARTVILLE, WY 82215	NO INDIVIDUAL	PUBLIC	OPERATIONS	20

За

KINDNESS RANCH ANIMAL SANCTUARY 854 STATE HIGHWAY 270 HARTVILLE, WY 82215	NO INDIVIDUAL	PUBLIC	OPERATIONS	2

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.

	or substantial continuation			
a Paid during the year				
LEAP INC128 WELD RD SUITE 1 WILTON, ME 04294	NO INDIVIDUAL	PUBLIC	OPERATIONS	50
LITTLE LONGEARS MINIATURE DONKEY	NO INDIVIDUAL	PUBLIC	OPERATIONS	15

RESCUE 1558 BOLLINGER ROAD WESTMINSTER, MD 21157	NO INDIVIDUAL	POBLIC	OFERATIONS	
LITTLE LONGEADS MINITATURE DONINGY	NO INDIVIDUAL	LDUBLIC	ODERATIONS	15
	1558 BOLLINGER ROAD	RESCUE 1558 BOLLINGER ROAD	RESCUE 1558 BOLLINGER ROAD	RESCUE 1558 BOLLINGER ROAD

1558 BOLLINGER ROAD WESTMINSTER, MD 21157				
MASS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 ROSTON MA 02114	NO INDIVIDUAL	PUBLIC	OPERATIONS	100

WESTMINSTER, MD 21157				
MASS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NO INDIVIDUAL	PUBLIC	OPERATIONS	100

MASS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NO INDIVIDUAL	PUBLIC	OPERATIONS	100
				í e

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				
MEMORIAL SLOAN KETTERING CANCER CENTER P O BOX 5028 HAGERSTOWN, MD 21741	NO INDIVIDUAL	PUBLIC	OPERATIONS	250
MOTHERS AGAINST DRUNK DRIVING	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

	HAGERSTOWN, MD 21741				
	MOTHERS AGAINST DRUNK DRIVING 511 E JOHN CARPENTER FREEWAY IRVING, TX 75062	NO INDIVIDUAL	PUBLIC	OPERATIONS	25
1					

MOTHERS AGAINST DRUNK DRIVING 511 E JOHN CARPENTER FREEWAY IRVING, TX 75062	NO INDIVIDUAL	PUBLIC	OPERATIONS	2.
MUTTS WITH A MISSION3122 HIGH ST	NO INDIVIDUAL	PUBLIC	OPERATIONS	2

511 E JOHN CARPENTER FREEWAY IRVING, TX 75062				
MUTTS WITH A MISSION3122 HIGH ST	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

IRVING, TX 75062				
MUTTS WITH A MISSION3122 HIGH ST PORTSMOUTH, VA 22116	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

MUTTS WITH A MISSION3122 HIGH ST	NO INDIVIDUAL	PUBLIC	OPERATIONS	1
PORTSMOUTH, VA 22116				

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

a raid during the year				
NATIONAL PARKS CONSERVATION ASSOCIATION 777 6 ST NW SUITE 700 WASHINGTON, DC 20001	NO INDIVIDUAL	PUBLIC	OPERATIONS	25
NATIONAL WILDLIFE FEDERATION	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

WASHINGTON, DC 20001				
NATIONAL WILDLIFE FEDERATION P O BOX 1583 MERRIFIELD, VA 22116	NO INDIVIDUAL	PUBLIC	OPERATIONS	25
OXFAM AMERICA 226 CAUSEWAY ST 5TH FLOOR	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

P O BOX 1583 MERRIFIELD, VA 22116	NO INDIVIDUAL	POBLIC	OPERATIONS	25
OXFAM AMERICA 226 CAUSEWAY ST 5TH FLOOR BOSTON, MA 02114	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

18,486

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 (home or business) or substantial contributor a Paid during the year

PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NO INDIVIDUAL	PUBLIC	OPERATIONS	50
PEACEFUL VALLEY DONKEY RESCUE	NO INDIVIDUAL	PUBLIC	OPERATIONS	29

PENNGROVE, CA 94951				
PEACEFUL VALLEY DONKEY RESCUE P O BOX 216 MILES, TX 76861	NO INDIVIDUAL	PUBLIC	OPERATIONS	29
PETA501 FRONT ST	NO INDIVIDUAL	PUBLIC	OPERATIONS	40

18,486

■ 3a

P O BOX 216 MILES, TX 76861				
PETA501 FRONT ST NORFOLK, VA 23510	NO INDIVIDUAL	PUBLIC	OPERATIONS	40

MILES, IX 76661				
PETA501 FRONT ST NORFOLK, VA 23510	NO INDIVIDUAL	PUBLIC	OPERATIONS	

Total .

ETA501 FRONT ST IORFOLK, VA 23510	NO INDIVIDUAL	PUBLIC	OPERATIONS	
--------------------------------------	---------------	--------	------------	--

### 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 contribution show any relationship to status of any foundation manager recipient

ويرجع والمطورون المنطور وطمار

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE 5100 WISCONSIN AVE NW SUITE 400 WASHINGTON, DC 20016	NO INDIVIDUAL	PUBLIC	OPERATIONS	20
PUBLIC BROADCASTING NETWORK	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

WASHINGTON, DC 20016				
PUBLIC BROADCASTING NETWORK 104 ASYLUM AVE HARTFORD. CT 06105	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

PUBLIC BROADCASTING NETWORK 104 ASYLUM AVE HARTFORD, CT 06105	NO INDIVIDUAL	PUBLIC	OPERATIONS	25
REDROVERP O BOX 188890	NO INDIVIDUAL	PUBLIC	OPERATIONS	15

HARTFORD, CT 06105				
REDROVERP O BOX 188890 SACRAMENTO, CA 95818	NO INDIVIDUAL	PUBLIC	OPERATIONS	15

				i
REDROVERP O BOX 188890	NO INDIVIDUAL	PUBLIC	OPERATIONS	
SACRAMENTO, CA 95818				

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

NO INDIVIDUAL

DECERVATION ANIMAL DECCLE

Total .

PO BOX 1841 MERRIFIELD, VA 22116	NO INDIVIDUAL	POBLIC	OPERATIONS	15
SAVE THE SOUND 900 CHAPEL ST STE 2202	NO INDIVIDUAL	PUBLIC	OPERATIONS	20

DUDLIC

ODEDATIONS

■ 3a

1 =

SAVE THE SOUND 900 CHAPEL ST STE 2202 NEW HAVEN, CT 06510	NO INDIVIDUAL	PUBLIC	OPERATIONS	20
SMILING DOG FARMSPO BOX 743	NO INDIVIDUAL	PUBLIC	OPERATIONS	26

NEW HAVEN, CT 06510				
SMILING DOG FARMSPO BOX 743 WHARTON, TX 77488	NO INDIVIDUAL	PUBLIC	OPERATIONS	

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)

Hame and address (nome or business)	or substantial contributor			
a Paid during the year				
SOUTHERN CT HEBREW ACADEMY 261 DERBY AVE ORANGE, CT 06477	NO INDIVIDUAL	PUBLIC	OPERATIONS	18
SPCA INTERNATIONALPO BOX 92240	NO INDIVIDUAL	PUBLIC	OPERATIONS	38

SPCA INTERNATIONALPO BOX 92240 WASHINGTON, DC 20090	NO INDIVIDUAL	PUBLIC	OPERATIONS	38
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

WASHINGTON, DC 20090				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 38105	NO INDIVIDUAL	PUBLIC	OPERATIONS	25
Total			▶ 3a	18,486

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

THE FUND FOR ANIMALS 1255 23RD ST NW SUITE 460 WASHINGTON, DC 20037	NO INDIVIDUAL	PUBLIC	OPERATIONS	25
THE HUMAN LEAGUEP O BOX 10476 ROCKVILLE, MD 20849	NO INDIVIDUAL	PUBLIC	OPERATIONS	15

THE HUMAN LEAGUEP O BOX 10476 ROCKVILLE, MD 20849	NO INDIVIDUAL	PUBLIC	OPERATIONS	1.
THE NATURE CONSERVANCY 4245 N FAIRFAX DR SUITE 100	NO INDIVIDUAL	PUBLIC	OPERATIONS	2.

ROCKVILLE, MD 20849				
THE NATURE CONSERVANCY 4245 N FAIRFAX DR SUITE 100 ARLINGTON VA 22203	NO INDIVIDUAL	PUBLIC	OPERATIONS	2

Total .

18,486

■ 3a

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				
THIRTEEN PUBLIC MEDIAPO BOX 1313 NEW YORK, NY 10101	NO INDIVIDUAL	PUBLIC	OPERATIONS	100
TOWERS FOUNDATION INC	NO INDIVIDUAL	PUBLIC	OPERATIONS	1,000

TOWERS FOUNDATION INC 18 TOWER LANE NEW HAVEN, CT 06519	NO INDIVIDUAL	PUBLIC	OPERATIONS	1,000
TRUSTBRIDGE HOSPICE FOUNDATION 5300 EAST AVE	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

NEW HAVEN, CT 06519				
TRUSTBRIDGE HOSPICE FOUNDATION 5300 EAST AVE WEST PALM BEACH, FL 33407	NO INDIVIDUAL	PUBLIC	OPERATIONS	25

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

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
UPPER SACO VALLEY LAND TRUST	NO INDIVIDUAL	PUBLIC	OPERATIONS	250

2686 WHITE MOUNTAIN HWY NORTH CONWAY, NH 03860				
WORLD WILDLIFE FUND 1250 24THS ST NW	NO INDIVIDUAL	PUBLIC	OPERATIONS	30

WORLD WILDLIFE FUND 1250 24THS ST NW WASHINGTON, DC 20037	NO INDIVIDUAL	PUBLIC	OPERATIONS	30
YALE NEW HAVEN HOSPITAL	NO INDIVIDUAL	PUBLIC	OPERATIONS	400

WASHINGTON, DC 20037				
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06519	NO INDIVIDUAL	PUBLIC	OPERATIONS	400

'				1
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06519	NO INDIVIDUAL	PUBLIC	OPERATIONS	400

TALE NEW HAVEN HUSPITAL	I NO INDIVIDUAL	POBLIC	OPERATIONS	400
PO BOX 1849				
NEW HAVEN, CT 06519				

Total	 	▶ 3a	18,486
NEW HAVEN, CT 06519			

efile GRAPHIC print - DO NOT P	ROCESS As Filed	Data -	D	LN: 93491029001051
TY 2019 Accounting Fe	es Schedule			
J				
	Name: THE SUS EIN: 22-3053	SAN PECHTER CHAR 3745	ITABLE FOUNDATI	ON
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,463	1,463		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491029001051
TY 2019 Investments - Other S	Schedule	

Name: THE SUSAN PECHTER CHARITABLE FOUNDATION

4,883

4,883

EIN:	22-3053745

MAXMOR GROVES

Book Value	End of Year Fair Market Value
	Book Value

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
DOMESTIC EQUITY MUTUAL FUNDS	AT COST	99,330	107,693
TAXABLE FIXED INCOME FUNDS	AT COST	77,608	79,140
EXCHANGE TRADED ETF FUNDS	AT COST	70,320	91,739

AT COST

As Filed Data -		DLN	: 93491029001051
edule			
THE SUSAN PEO	CHTER CHARITAB	LE FOUNDATION	I
22-3053745			
Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
100	100		0
400	400		0
	THE SUSAN PEO 22-3053745  Revenue and Expenses per Books	THE SUSAN PECHTER CHARITAB 22-3053745  Revenue and Expenses per Books  100 100	THE SUSAN PECHTER CHARITABLE FOUNDATION 22-3053745  Revenue and Expenses per Books  100  100

POSTAL BOX

-148

-458

Name: THE SUSAN PECHTER CHARITABLE FOUNDATION

**EIN:** 22-3053745

A	_		_		

MAXMOR GROVES

PEAKS DEV CORP

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adj

-148

-458

djusted Net Income

-148

-458

efile GRAPHIC print - DO NOT PRO	OCESS As Filed Data	-	DLN: 93491029001051				
TY 2019 Other Professional Fees Schedule							
Name: THE SUSAN PECHTER CHARITABLE FOUNDATION							
<b>EIN:</b> 22-3053745							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
UBS FIDUCIARY FEES	4,903	4,903		0			
BLUMBERG FEES	139	139		0			
EWING, BLACKWELDER & DUCE	206	206		0			

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	-	DLI	N: 93491029001051			
TY 2019 Taxes Schedule							
Name: THE SUSAN PECHTER CHARITABLE FOUNDATION							
<b>EIN:</b> 22-3053745							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
TOWN OF ENFIELD, NH	1,653	1,653		0			
POLK COUNTY, FLORIDA	874	874		0			