

For calendar year 2019, or tax year beginning 03-01-2019, and ending 02-29-2020

Name of foundation THE PAUL & HARRIET WEISSMAN FAMILY FOUNDATION INC		A Employer identification number 23-7049744	
Number and street (or P O box number if mail is not delivered to street address) 2 OXFORD ROAD		Room/suite	B Telephone number (see instructions) (212) 752-6400
City or town, state or province, country, and ZIP or foreign postal code WHITE PLAINS, NY 10605		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 9,636,665	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ▶ <input checked="" type="checkbox"/> If the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	215,721	215,721		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	268,350			
	b Gross sales price for all assets on line 6a _____ 268,350				
	7 Capital gain net income (from Part IV, line 2) . . .		268,350		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	484,071	484,071		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	4,500	2,250		2,250
	c Other professional fees (attach schedule)	3,997	3,997		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	1,181	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	775	0		775
	24 Total operating and administrative expenses. Add lines 13 through 23	10,453	6,247		3,025
	25 Contributions, gifts, grants paid	532,985			532,985
	26 Total expenses and disbursements. Add lines 24 and 25	543,438	6,247		536,010
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-59,367			
	b Net investment income (if negative, enter -0-)		477,824		
c Adjusted net income (if negative, enter -0-) . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	13,235	28,294	28,294
	2 Savings and temporary cash investments	3,890,725	3,525,528	3,525,528
	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)	950,859	950,859	2,929,059
	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)	2,589,838	2,880,609	3,153,784
	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)	7,444,657	7,385,290	9,636,665	
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 ▶ <input type="checkbox"/> 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 ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	4,847,141	4,847,141	
	27 Paid-in or capital surplus, or land, bldg, and equipment fund	-388,302	-388,302	
	28 Retained earnings, accumulated income, endowment, or other funds	2,985,818	2,926,451	
	29 Total net assets or fund balances (see instructions)	7,444,657	7,385,290	
30 Total liabilities and net assets/fund balances (see instructions) .	7,444,657	7,385,290		

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	7,444,657
2 Enter amount from Part I, line 27a	2	-59,367
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	7,385,290
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	7,385,290

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day , yr)	(d) Date sold (mo , day , yr)
1 a BLACKROCK EQUITY DIVIDEND FUND CLASS C CAPITAL GAINS	P		
b ABERDEEN US EQUITY FUND INSTITUTIONAL SELECT CAPITAL GAINS	P		
c ABERDEEN US EQUITY FUND CLASS A CAPITAL GAINS	P		
d FIDELITY ADVISOR NEW INSIGHTS FUND CLASS C CAPITAL GAINS	P		
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 105,941			105,941
b 69,121			69,121
c 21,412			21,412
d 71,876			71,876
e			

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			105,941
b			69,121
c			21,412
d			71,876
e			

2 Capital gain net income or (net capital loss)	2	268,350
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	

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

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

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

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

☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	549,552	10,200,536	0 053875
2017	514,315	10,185,556	0 050495
2016	480,430	9,653,681	0 049767
2015	469,875	9,526,850	0 049321
2014	414,689	9,721,210	0 042658

2 Total of line 1, column (d)	2	0 246116
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 049223
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	10,209,308
5 Multiply line 4 by line 3	5	502,533
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	4,778
7 Add lines 5 and 6	7	507,311
8 Enter qualifying distributions from Part XII, line 4	8	536,010

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	4,778
c	All other domestic foundations enter 2% 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	4,778
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	4,778
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	4,686
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	4,686
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	2
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	94
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
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?	1a	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>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
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) <input type="checkbox"/> NY		
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	No
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 2019 or the taxable year beginning in 2019? 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	Yes

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 ▶ N/A	13	Yes	
14	The books are in care of ▶ ARTHUR V FOX CPA PC Telephone no ▶ (212) 752-6400			

Located at **▶** 420 LEXINGTON AVENUE SUITE 1733 NEW YORK NYZIP+4 **▶** 10170

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	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.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. ▶ <input type="checkbox"/>	1b	
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 2019?	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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019).	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 2019?	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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	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.	<input type="checkbox"/>	
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870	6b	
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
See Additional Data Table				
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

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	10,330,121
b	Average of monthly cash balances.	1b	34,659
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	10,364,780
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	10,364,780
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	155,472
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,209,308
6	Minimum investment return. Enter 5% of line 5.	6	510,465

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	510,465
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	4,778
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	4,778
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	505,687
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	505,687
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	505,687

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	536,010
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	536,010
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	4,778
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	531,232

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				505,687
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				14,722
f Total of lines 3a through e.	14,722			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 536,010				
a Applied to 2018, but not more than line 2a			0	
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 2019 distributable amount.				505,687
e Remaining amount distributed out of corpus	30,323			
5 Excess distributions carryover applied to 2019 (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	45,045			
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 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				0
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 2014 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	45,045			
10 Analysis of line 9				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				14,722
e Excess from 2019.				30,323

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b 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					
a "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) 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)) PAUL M WEISSMAN	
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 <input checked="" type="checkbox"/> 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 Name and address (home or business)	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
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	532,985
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
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					
4 Dividends and interest from securities.					215,721
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					268,350
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		0	484,071

[illegible]

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

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

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

Sign Here	*****	2020-07-17	*****	May the IRS discuss this return with the preparer shown below? (see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ARTHUR V FOX				P00560060
	Firm's name ▶ ARTHUR V FOX CPAPC				Firm's EIN ▶ 13-3695368
Firm's address ▶ 420 LEXINGTON AVENUE NEW YORK, NY 10170					Phone no (212) 752-6400

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PAUL M WEISSMAN 2 OXFORD ROAD WHITE PLAINS, NY 10605	PRES & TREAS 0 00	0	0	0
HARRIET L WEISSMAN 2 OXFORD ROAD WHITE PLAINS, NY 10605				
MICHAEL A WEISSMAN 50 ROARING BROOK ROAD MT KISCO, NY 10549	V PRES 0 00	0	0	0
STEPHANIE T WEISSMAN C/O ARTHUR FOXCPA-420 LEXINGTON AVE NEW YORK, NY 10170				
PETER A WEISSMAN 81 STAGE COACH ROAD NORTH ANDOVER, MA 01845	V PRES 0 00	0	0	0

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>				
ACADEMY FOR TEACHERS 10 WEST 90TH STREET NEW YORK, NY 10024	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,000
ALLIANCE FOR EATING DISORDERS AWARENESS 1649 FORUM PL WEST PALM BEACH, FL 33401	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	250
ALZHEIMER'S ASSOCIATION TALK TO END ALZHEIMERS 2 JEFFERSON PLAZA POUGHKEEPSIE, NY 12601	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
Total ► 3a				532,985

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>				
ALZHEIMER'S ASSOCIATION TALK TO END ALZHEIMERS 2 JEFFERSON PLAZA POUGHKEEPSIE, NY 12601	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	200
AMERICAN DIABETES ASSOCIATION 362 RXR PLAZA UNIONDALE, NY 11556	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	25
AMERICAN HEART ASSOCIATION 3020 WESTCHESTER AVE 100 PURCHASE, NY 10577	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
Total ▶ 3a				532,985

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 PARKINSON DISEASE ASSOCIATION 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	200
ARTHRITIS FOUNDATION 122 EAST 42ND ST NEW YORK, NY 10168	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
BLOCK ISLAND MARITIME INSTITUTE 216 OCEAN AVE NEW SHOREHAM, RI 02807	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,000
Total ▶ 3a				532,985

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>				
BLYTHEDALE CHILDREN'S HOSPITAL 95 BRADHURST AVE VALHALLA, NY 10595	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,000
BURKE REHAB HOSPITAL 785 MAMARONECK AVENUE WHITE PLAINS, NY 10605	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
BURKE REHAB HOSPITAL 785 MAMARONECK AVENUE WHITE PLAINS, NY 10605	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
Total ▶ 3a				532,985

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>				
CONGREGATION EMANUEL-EL OF WESTCHESTER 2125 WESTCHESTER AVE EAST RYE, NY 10580	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	4,010
CONGREGATION EMANUEL-EL OF WESTCHESTER 2125 WESTCHESTER AVE EAST RYE, NY 10580	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
CONNECTICUT COLLEGE 270 MOHEGAN AVE PKWY NEW LONDON, CT 06320	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	250
Total ▶ 3a				532,985

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>				
CWP MAYOR'S SCHOLARSHIP FUND 255 MAIN STREET WHITE PLAINS, NY 10601	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
EL EDUCATION247 W 35TH ST 800 NEW YORK, NY 10001	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	50,000
EL EDUCATION247 W 35TH ST 800 NEW YORK, NY 10001	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100,000
Total ▶ 3a				532,985

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

<div>Recipient</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<div>Name and address (home or business)</div>				
a <i>Paid during the year</i>				
EL EDUCATION247 W 35TH ST 800 NEW YORK, NY 10001	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	50,000
ELIZABETHS MASCIA CHILD CARE CENTER 17 SHELDON AVE TARRYTOWN, NY 10591	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
FEEDING WESTCHESTER 200 CLEARBROOK ROAD ELMSFORD, NY 10523	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
Total ▶ 3a				532,985

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>				
FRIENDS OF HARVARD GOLF-HARVARD UNIVERSITY MASSACHUSETTS HALL CAMBRIDGE, MA 02138	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	10,000
FRIENDS OF KAREN116 EAST 16TH ST NEW YORK, NY 10003	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
FRIENDS OF WHITE PLAINS HOSPITAL 41 EAST POST ROAD WHITE PLAINS, NY 10601	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	200
Total ► 3a				532,985

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>				
FRIENDS OF WHITE PLAINS HOSPITAL 41 EAST POST ROAD WHITE PLAINS, NY 10601	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	25,000
GILDA'S CLUB WESTCHESTER 80 MAPLE AVE WHITE PLAINS, NY 10601	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
GRAND STREET SETTLEMENT 80 PITT STREET NEW YORK, NY 10002	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,000
Total ▶ 3a				532,985

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>				
HARVARD UNIVERSITY MAGAZINE 65 N HARVARD ST BOSTON, MA 02163	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
HARVARD VARSITY CLUB 65 N HARVARD ST BOSTON, MA 02163	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	5,000
HOPKINS SCHOOL986 FOREST ROAD NEW HAVEN, CT 06515	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	25,000
Total ▶ 3a				532,985

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>				
HOPKINS SCHOOL986 FOREST ROAD NEW HAVEN, CT 06515	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100,000
HOSPICE AND PALLIATIVE CARE OF WESTCHESTER 1025 WESTCHESTER AVE SUITE 200 WHITE PLAINS, NY 10604	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,300
J STREET EDUCATION FUND PO BOX 66073 WASHINGTON, DC 20035	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	2,000
Total ► 3a				532,985

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>				
MEALS ON WHEELS OF WHITE PLAINS 311 NORTH ST SUITE G-5 WHITE PLAINS, NY 10605	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	250
MERCY COLLEGE555 BROADWAY DOBBS FERRY, NY 10522	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,000
METROPOLITAN MUSEUM OF ART 1000 5TH AVE NEW YORK, NY 10028	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	200
Total ► 3a				532,985

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>				
MOMA11 WEST 53RD ST NEW YORK, NY 10019	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	175
MOUNT HOLYOKE COLLEGE ART MUSEUM LOWER LAKE RD SOUTH HADLEY, MA 01075	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	10,000
MOUNT HOLYOKE COLLEGE ART MUSEUM LOWER LAKE RD SOUTH HADLEY, MA 01075	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
Total ▶ 3a				532,985

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>				
MOUNT HOLYOKE COLLEGE ART MUSEUM LOWER LAKE RD SOUTH HADLEY, MA 01075	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	25,000
MOUNT HOLYOKE COLLEGE ART MUSEUM LOWER LAKE RD SOUTH HADLEY, MA 01075	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,500
MUSCULAR DYSTROPHY ASSOCIATION 222 S RIVERSIDE PLAZA SUITE 1500 CHICAGO, IL 60606	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
Total ▶ 3a				532,985

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

<div>Recipient</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<div>Name and address (home or business)</div>				
a <i>Paid during the year</i>				
NATIONAL RESOURCES COUNCIL OF MAINE 3 WADE STREET AUGUSTA, ME 04330	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	250
NEW ALTERNATIVES FOR CHILDREN 37 WEST 26TH ST 6TH FL NEW YORK, NY 10010	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,000
NY PHILHARMONIC10 LINCOLN CENTER NEW YORK, NY 10023	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	2,500
Total ► 3a				532,985

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>				
NY PUBLIC RADIO160 VARICK ST NEW YORK, NY 10013	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,000
PARTNERS IN HEALTH 800 BOYLSTON STREET STE 300 BOSTON, MA 02199	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	500
PLANNED PARENTHOOD HUDSON PECONIC INC 4 SKYLINE DR HAWTHORNE, NY 10532	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	2,500
Total ▶ 3a				532,985

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				
PRESIDENT & FELLOWS-HARVARD COLLEGE 1563 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	25,000
REDS-SCOTT A NELSON SCHOLARSHIP FUND 3 CEDAR STREET RYE, NY 10580	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,000
SAFE HORIZON2 LAFAYETTE STREET NEW YORK, NY 10007	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	250
Total ▶ 3a				532,985

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>				
SEEDS OF PEACE370 LEXINGTON AVE NEW YORK, NY 10017	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
SPCA OF WESTCHESTER 590 N STATE RD BRIARCLIFF MANOR, NY 10510	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
STRATTON FOUNDATIONPO BOX 523 STRATTON MOUNTAINS, VT 05155	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
Total ▶ 3a				532,985

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>				
STRAWBERRY BANKE MUSEUM 14 HANCOCK ST PORTSMOUTH, NH 03801	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	250
STRAWBERRY BANKE MUSEUM 14 HANCOCK ST PORTSMOUTH, NH 03801	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,000
THE PIKE SCHOOL34 SUNSET ROCK RD ANDOVER, MA 01810	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	5,000
Total ▶ 3a				532,985

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 PIKE SCHOOL34 SUNSET ROCK RD ANDOVER, MA 01810	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	10,000
TRUSTEES OF PHILLIPS ACADEMY 180 MAIN ST ANDOVER, MA 01810	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	25,000
TRUSTEES OF UNIVERSITY OF PENNSYLVANIA WHARTON FUND VANCE HALL PHILADELPHIA, PA 19104	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	250
Total ▶ 3a				532,985

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				
UNITED WAY OF PUTNAM & WESTCHESTER 336 CENTRAL PARK AVENUE WHITE PLAINS, NY 10606	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,500
VISITING NURSE SERVICE OF NY 2345 BROADWAY NEW YORK, NY 10024	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	125
WESTCHESTER GOLF ASSOCIATION CADDIE SCHOLARSHIP FUND 49 KNOLLWOOD ROAD ELMSFORD, NY 10523	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	150
Total ▶ 3a				532,985

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>				
WESTCHESTER GOLF ASSOCIATION CADDIE SCHOLARSHIP FUND 49 KNOLLWOOD ROAD ELMSFORD, NY 10523	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	-150
WESTCHESTER RESIDENTIAL OPPORTUNITY 470 MAMARONECK AVE 410 WHITE PLAINS, NY 10605	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
WHITE PLAINS BEAUTIFICATION FOUNDATION 1 BELWAY PL WHITE PLAINS, NY 10601	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	500
Total ▶ 3a				532,985

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>				
WHITE PLAINS HOSPITAL 41 EAST POST ROAD WHITE PLAINS, NY 10601	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	25,000
WHITE PLAINS LIBRARY FOUNDATION 100 MARTINE AVE WHITE PLAINS, NY 10601	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
WHITE PLAINS LIBRARY FOUNDATION 100 MARTINE AVE WHITE PLAINS, NY 10601	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,500
Total ▶ 3a				532,985

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>				
WHITE PLAINS LIBRARY FOUNDATION 100 MARTINE AVE WHITE PLAINS, NY 10601	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	5,000
WOMEN'S REFUGEE COMMISSION 15 W 37TH ST NEW YORK, NY 10018	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	250
YORK BEACH FIRE DEPTPO BOX 70 YORK BEACH, ME 03910	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	50
Total ► 3a				532,985

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>				
YORK COMMUNITY SERVICE ASSOCIATION 855 US RT ONE PO BOX 180 YORK, ME 03909	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	100
YORK HISTORICAL SOCIETY 3 LINDSAY RD YORK, ME 03909	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	1,000
YORK LAND TRUST 1 LONG NECK MARSH ROAD YORK, ME 03909	NONE		THE PURPOSE OF THESE CONTRIBUTIONS IS TO PROVIDE THE DONEE ORGANIZATIONS TO CARRY OUT THEIR EXEMPT FUNCTIONS	5,000
Total ► 3a				532,985

TY 2019 Accounting Fees Schedule

Name: THE PAUL & HARRIET WEISSMAN FAMILY
FOUNDATION INC

EIN: 23-7049744

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEE	4,500	2,250		2,250

TY 2019 Explanation of Non-Filing with Attorney General Statement

Name: THE PAUL & HARRIET WEISSMAN FAMILY

FOUNDATION INC

EIN: 23-7049744

Statement: AVAILABLE UPON REQUEST

TY 2019 Investments Corporate Stock Schedule

Name: THE PAUL & HARRIET WEISSMAN FAMILY
FOUNDATION INC

EIN: 23-7049744

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
FIDUCIARY TRUST INTERNATIONAL	950,859	2,929,059

TY 2019 Investments - Other Schedule

Name: THE PAUL & HARRIET WEISSMAN FAMILY
FOUNDATION INC

EIN: 23-7049744

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
WELLS FARGO MUTUAL FUNDS	AT COST	2,880,609	3,153,784

TY 2019 Other Expenses Schedule

Name: THE PAUL & HARRIET WEISSMAN FAMILY
FOUNDATION INC

EIN: 23-7049744

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEE	775	0		775

TY 2019 Other Professional Fees Schedule

Name: THE PAUL & HARRIET WEISSMAN FAMILY
FOUNDATION INC

EIN: 23-7049744

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CUSTODY FEE	3,997	3,997		0

**TY 2019 Substantial Contributors
Schedule**

Name: THE PAUL & HARRIET WEISSMAN FAMILY
FOUNDATION INC

EIN: 23-7049744

Name	Address
PAUL M WEISSMAN	2 OXFORD ROAD WHITE PLAINS, NY 10605

TY 2019 Taxes Schedule

Name: THE PAUL & HARRIET WEISSMAN FAMILY
FOUNDATION INC

EIN: 23-7049744

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	1,181	0		0