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

Do not enter social security numbers on this form as it may be made public.

Go to www.lrs.gov/Form990PF for instructions and the latest information

SEP 18   2019   India result   Ind		nt of the Treasury evenue Service		social security numbers o Irs.gov/Form990RF for ins			Open to Public Inspection
PRANK AND BARBARA AXEL FOUNDATION   84-693730							
Telephone number   Telephone n	Name o	f foundation					n number
C/O CTTRIN; 709 WESTCHESTER AVE.  City of town, state or proverce, country, and ZiP or fornge postal code  Or resemptive application is seeding check have  HITTE PLATINS, NY 10604  G Check all that apply:  Final return  Address change  H Check byte of organization:  Section 4947(a)(1) necessmpt charitable trust  Address change  H Check byte of organization:  Section 4947(a)(1) necessmpt charitable trust  Crom Partit, Col. C, line 191  S 1987, 450.  (Partit column (d), must be on cash bases)  Partit   Check byte of all assess at and only serior   Column (d), must be on cash bases)  Fartil   Check byte of all assess are displayed to the column (d), must be on cash bases)    Partit   Check byte of all assess are displayed to the column (d), must be on cash bases)    Partit   Check byte of all assess are displayed to the column (d), must be on cash bases)    Partit   Check byte of all assess are displayed to the column (d), must be on cash bases)    Partit   Check byte of all assess are displayed to the column (d), must be on cash bases)    Partit   Check byte of all assess are displayed to the column (d), must be on cash bases)    Partit   Check byte of all assess are displayed to the column (d), must be on cash bases)    Partit   Check byte of all assess are displayed to the column (d), must be on cash bases)    Partit   Check byte   Check here   Language   Check here   Languag						84-6693730	)
City or town, state or province, country, and ZiP or foreign postal code    HTTP PLATINS NY   10.6.04   Check all that apply.   Initial return   Initial return				•	Room/su	in resobutions trattings	
### According to the control of the						914-949-29	190
Final return				ostal code		C if exemption application is p	pending, check here
Final return   Amended return   Amende	G Check	k all that apply:	X Initial return	Initial return of a	former public charity	D 1. Foreign organization	s, check here
Check type of organization:   Section 501(c)(3) exempt private foundation   Section 507(b)(10), technicable frost   Ohner taxable private   Ohner ta			Final return	Amended return			
Section 4947(a)(1) nonexempt charitable trust			Address change	Name change		2. Foreign organizations m check here and attach co	eeting the 85% test, omputation
Section 4947(a)(1) nonemempt charitable triest   Other taxable private foundation   File Tarm maker tudies of all sasets at ond of year   Accounting method: X Sash   Accounting form and the private of the private o	H Check	k type of organız	ation: X Section 501(c)(3) e	xempt private foundation	$\bigcirc(1)$	E If private foundation st	atus was terminated
Transplant   Contributions of the synthesis   Contributions	S	ection 4947(a)(1	) nonexempt charitable trust				. —
\$ 98.7, 4.60.	I Fair m	arket value of all	assets at end of year   J Account	ing method: X Cash	Accrual	F If the foundation is in a	. 60-month termination
Control cont		Part II, col. (c), I	ne 16) 0	ther (specify)		under section 507(b)(1	)(B), check here
1 Contributors, gifts, grafts, etc., received 2 Chest		II Ametrica ed B		mn (d), must be on cash ba	ISIS.)	<u>-</u>	<del></del>
1 Contributions, gifts, grants, etc., received 2 Cheek	Part	(The total of amo	BVERUE BRO EXPERSES  Junts in columns (b), (c), and (d) may not  If the amounts in column (a) )				for charitable purposes
2 Check	11			1.000.365	<del></del>	N/A	(cash basis only)
selection on avvirge and temporary scale interest on avvirge and temporary scale interest from securities 4. Dividends and interest from securities 5. Gross crests b. Not rendel income or Deady 8. Not sendel income or Deady 8. Not sendel income or Deady 9. Sender or Cleas) from sale of sestat not on line 10 9. Sender or Cleas) from sale of sestat not on line 10 9. Sender or Cleas) from sale of sestat not on line 10 9. Sender or Cleas) from sale of sestat not on line 10 9. Sender or Cleas) from sale of sestat not on line 10 9. Sender or Cleas) from sale of sestat not on line 10 9. Sender or Cleas) from sale of sestat not on line 10 9. Sender or Cleas) from sale of sestat not on line 10 9. Sender or	1 .	. —		=,550,555		-1/	1
4 Dividends and interest from securities 5 5, Gross rents 5 Net span or (loop) before sale of seasts not on line 10 Conseasing press for sall seases and span of loop) before sall seases and line file.  7 Capital gain on linearing from Part IV, line 2) 9 Net short-term capital gain 9 Income modifications 10 and allowerson. 10 Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total, Add lines 1 through 11 13 Compensation of efficiers, dividence, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee, baselities 16 Legal files 16 Legal files 1 Accounting files 2 Other professional 18 Taxes 19 Depreciation and depletion OGDEN UT 20 Occupancy 21 Travel, conferences, and meetings 22 Occupancy 23 Other expenses 23 Other expenses. Add lines 13 through 23 23 Other expenses. Add lines 13 through 23 25 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements Net investment income (if negative, enter-0-) 28 Adjusted het income (if negative, enter-0-) 20 Couloncy 21 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements Net investment income (if negative, enter-0-) 20 Adjusted het income (if negative, enter-0-) 20 Adjusted net income (if negative, enter-0-) 20 Couloncy 21 No 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (	-	Interest on saving	s and temporary		<del> </del>		<del> </del>  '
5a Gross rents  b Net rental morems or (peas)  6N Net gards income and or deasted not on line 10  Close seles prize for all  b seasted on the feet of the comment of the Part IV, line 2)  9 Income modifications  10a and allowances  10a and allowan	1.						
b Net rental income or (losa)  A five gam or (losa) some satise price for all or control	1 '		more and more sections				
88 Net gain or (tosa) from sale of assets not on line 10 basests on line 86 7 Ceptal gain not those my company of the sale of assets on line 86 8 Net short-term capital gain 9 Income modifications 108 cross sale less or ethoria 108 cross sale less or ethoria 109 Less Cost of goods sold c Gross profit or (toss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trusteas, etc 14 Other employee salaries and wages 15 Pension plans, emplayee abanetis 16 Recceived 17 Interest 18 Taxes 19 Depreciation and depletion GOEN, UT 19 Total personal on and depletion GOEN, UT 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements Nat investment income (if negative, enter -0-) 20 Codition (if negative, enter -0-) 30 Codition (if negative, enter -0-) 31 Codition (if negative, enter -0-) 32 Codition (if negative, enter -0-) 33 Codition (if negative, enter -0-) 34 Codition (if negative, enter -0-) 35 Codition (if negative, enter -0-) 36 Codition (if negative, enter -0-) 37 Codition (if negative, enter -0-) 38 Codition (if negative, enter -0-) 39 Codition (if negative, enter -0-) 30 Coditi		•	or (loss)		- 1 -		
Gross action price for all designs not income (from Part IV, line 2)  8 Net Short-term capital gain in the come (from Part IV, line 2)  9 Income modifications 10a and allowances  10 Less Cost of goods sold  C Gross profit or (loss)  11 Other income 12 Total. Add lines 1 through 11  1 0,000,365.  O.  13 Compensation of officers, directors, rustees, sic  14 Other employee salaries and wages  15 Pension plans, employee-bianatics  16a Legal fees  b Accounting fees  c Other professional and adjection OGDEN U  17 Interest  19 Depreciation and degistion OGDEN U  19 Depreciation and degistion OGDEN U  10 Cocupancy  21 Travel, conferences, and meetings  22 Printing and publications  3 Other expenses  3 Other expenses  4 Total operating and administrative expenses and disbursements. Add lines 24 and 25  Add lines 24 and 25  O.  Adjusted net income (frinagitive, enter -0-)  C Adjusted net income (frinagitive, enter -0-)				-		····	†i
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Printing and publications  10 and allowerses  10 tess Cost of goods sold  1 Compensation of officers, disectors, trustees, etc  2 Compensation of officers, disectors, etc.  2 Compensation officers, etc.  2 Compensation of officers, etc.  2 Compensation officers, etc.  2 Compensation of officers, etc.  3 Compensation of officers, etc.  4 Compensation of offi	ē 7		come (from Part IV, line 2)			0.	
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14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional Taxes 17 Interest 19 Depreciation and depletion OGDEN UT 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	12	Total. Add line	s 1 through 11				<u> </u>
15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional plans and depletion OGDEN U  17 Interest 19 Depreciation and depletion OGDEN U  20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	I -			0.		0.	0.
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b Accounting fees c Other professional 17 Interest 18 Taxes 19 Depreciation and depletion GDEN, U1 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)			employee benefits				<del> </del>
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19 Depreciation and depletion GDEN U 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A		Interest	JUN 01 2020		†		<del>                                     </del>
19 Depreciation and depletion GDEN U 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	Ž 18		P	<u> </u>	1		
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22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  1 C Adjusted net income (if negative, enter -0-)  28 Printing and publications  O.  O.  O.  O.  O.  N/A	E 20				†		1
22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  1 C Adjusted net income (if negative, enter -0-)  28 Printing and publications  O.  O.  O.  O.  O.  O.  N/A	Ð 21	• •	nces, and meetings				
Other expenses  Total operating and administrative expenses. Add lines 13 through 23  Contributions, gifts, grants paid  Total expenses and disbursements.  Add lines 24 and 25  Subtract line 26 from line 12:  Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A							
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26 Total expenses and disbursements.  Add lines 24 and 25  C Subtract line 26 from line 12;  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	iti 24	•					
26 Total expenses and disbursements.  Add lines 24 and 25  C Subtract line 26 from line 12;  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	per					0.	0.
Add lines 24 and 25  27 Subtract line 26 from line 12:  8 Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	O 25	Contributions,	gifts, grants paid	0.			0.
27 Subtract line 26 from line 12:  8 Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	26	Total expenses	and disbursements.				_
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  N/A				0.	ļ. <u></u>	0.	<u> </u>
b Net investment income (If negative, enter -0-)  c Adjusted net income (If negative, enter -0-)  N/A	27	Subtract line 26	6 from line 12:	4 000 00-			
c Adjusted net income (if negative, enter -0-)				1,000,365.	·		
	L				1		
923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.					1	N/A	Form <b>990-PF</b> (2019)

orm 990-PF (2019) FRANK AND BAR Part II Balance Sheets Attached schedules and amou	ints in the description	Beginning of year	End o	<u>6693730 Pa</u> fyear
Part II Balance Sheets Alacheo Schedules and amot column should be for end-of-	year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	-		0.7	
2 Savings and temporary cash investments	-		97.	97
3 Accounts receivable ►			· · · · · · · · · · · · · · · · · · ·	
Less; allowance for doubtful accounts				
4 Pledges receivable >				
Less; allowance for doubtful accounts				
5 Grants receivable	<b>-</b>			
6 Receivables due from officers, directors, trustees, and other disqualified persons				
				· · · <u></u> — — — — — — — — — — — — — — — — —
7 Other notes and loans receivable  Less; allowance for doubtful accounts				
9 Inventorios for cale or usa				
9 Prepaid expenses and deferred charges	-			
1 10a Investments - U.S. and state government obligation	ne			
b Investments - corporate stock	" STMT 1	0.	987,363.	987,363
c Investments - corporate stock	51111		201,303.	201,30.
1	-			
Less accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	-			
14 Land, buildings, and equipment basis	-			
Less accumulated depreciation				
15 Other assets (describe	)			
16 Total assets (to be completed by all filers - see the	· ·			
instructions. Also, see page 1, item I)		0.	987,460.	987,460
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualifie	d persons			
20 Loans from officers, directors, trustees, and other disqualifie 21 Mortgages and other notes payable				
22 Other liabilities (describe 🕨				
23 Total liabilities (add lines 17 through 22)		0.	0.	
Foundations that follow FASB ASC 958, check he	re > 🗀			
and complete lines 24, 25, 29, and 30.				
	-	<del></del>		
25 Net assets with donor restrictions				
Foundations that do not follow FASB ASC 958, ch	ieck nere			
and complete lines 26 through 30.		0.	119,820.	
26 Capital stock, trust principal, or current funds	mant fund	0.	0.	<del></del>
27 Paid-in or capital surplus, or land, bldg., and equip 28 Retained earnings, accumulated income, endowne		0.	867,640.	
29 Total net assets or fund balances	ent, or other runds	0.	987,460.	
25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, ch and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, bldg., and equip 28 Retained earnings, accumulated income, endowme 29 Total net assets or fund balances	-		30771001	
30 Total liabilities and net assets/fund balances		0.	987,460.	
Part III Analysis of Changes in Net As	sets or Fund Bal			
			<del></del>	
Total net assets or fund balances at beginning of year - I	, ,	a		,
(must agree with end-of-year figure reported on prior ye	ar's return)		1	1,000,365
Enter amount from Part I, line 27a			2	
Other increases not included in line 2 (itemize)	· <del>· · · · · · · · · · · · · · · · · · </del>		3	1,000,365
Add lines 1, 2, and 3	אנ דקפה מאדאי	c/toccre	4	12,905
Decreases not included in line 2 (itemize) <b>UNRE</b>			5 6	987,460
Total net assets or fund balances at end of year (line 4 n	mius mie 5) - Part II, COI	urini (D), line 29	101	Form <b>990-PF</b> (20

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					How ac - Purc ) - Don	cquired hase ation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a									
b NON	<u> </u>								
<u>c</u>				<u> </u>					
<u>d</u>				_					
<u> </u>		1							<del> </del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		ost or other basis expense of sale					in or (loss) (f) minus (	
8		<del></del>			ļ				· · · · · · · · · · · · · · · · · · ·
<u>b</u>	<del></del>	+				<del></del>			
<u>c</u>			<del></del>						
<u>d</u>									
Complete only for assets showing	rain in column (h) and owned by	the foundation	n on 12/21/60		<del> </del>		// O /O-	.) (()	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E	excess of col. (i)				(I) Gains (Co ol. (k), but no Losses (		1 -0-) or
		+							
<u>a</u>		+	-						
c		1			<del></del>			-	
d								<del></del>	
e		<u> </u>							
2 Capital gain net income or (net capit	al loss) { If gain, also ento	er in Part I, line	e 7	}	2				
, ,	•		e /	)					
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co If (loss), enter -0- in Part I, line 8		ınd (6);		}	2				
Partive Qualification Und	der Section 4940(e) for	Reduced	Tax on Net	Inve	stm	ent Inc	ome		
(For optional use by domestic private for if section 4940(d)(2) applies, leave this Was the foundation liable for the section if "Yes," the foundation doesn't qualify use the section of the section of the section is the section of	part blank. n 4942 tax on the distributable ar	mount of any y	ear in the base per		i.)				N/A
1 Enter the appropriate amount in each				ntries				-	· · · · · · · · · · · · · · · · · · ·
(a) Base period years Calendar year (or tax year beginning	(b)		Net value of no	(c)	)	use asset	s (	Distrib	(d) ution ratio ided by col. (c))
2018							<del>,</del>	<u> </u>	
2017			<u> </u>						
2016			1				<u> </u>		
2015				_					-
2014									
2 Total of line 1, column (d)							2		
3 Average distribution ratio for the 5-y	•	on line 2 by 5	.0, or by the numb	er of y	years		3		
the foundation has been in existence if less than 5 years									
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5						4			
5 Multiply line 4 by line 3						5			
6 Enter 1% of net investment income (1% of Part I, line 27b)							6		
7 Add lines 5 and 6							7		
8 Enter qualifying distributions from P	art XII, line 4						8		
If line 8 is equal to or greater than lii See the Part VI instructions.	ne 7, check the box in Part VI, lin	e 1b, and com	plete that part usin	ıg a 1'	% tax r	ate.	··· ·· ·		990-PE (0040

	990-PF (2019) FRANK AND BARBARA AXEL FOUNDA		240/5\ 4040/		84-669			Page 4
	rt VI Excise Tax Based on Investment Income (Section 49			e), or 49	48 - see	nstruc	tion	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and			)				1
	Date of ruling or determination letter: (attach copy of letter if r	ecessary-	see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		and enter 1%	<b> </b>	1			0.
	of Part I, line 27b							ĺ
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, ent	er -0-)		2			0.
3	Add lines 1 and 2				3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	others, en	ter -0-)		4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,	,		5			0.
6	Credits/Payments;							<u> </u>
_	2019 estimated tax payments and 2018 overpayment credited to 2019	6a		0.				
	Exempt foreign organizations - tax withheld at source	6b		0.				
	Tax paid with application for extension of time to file (Form 8868)	6c		0.				l l
				0.	1			
	Backup withholding erroneously withheld  Total cradits and payments. Add lines 5a through 6d	6d			<del></del>			
_	Total credits and payments. Add lines 6a through 6d				7			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a	птаспед			8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<b>.</b>	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1	<b>•</b>	10			
	Enter the amount of line 10 to be: Credited to 2020 estimated tax		Refu	inded 🚩	11			
	rt VII-A Statements Regarding Activities		<del></del>			.,		
1a	During the tax year, did the foundation attempt to influence any national, state, or local le	gislation or	did it participate oi	ıntervene	ın	ļ	Yes	
	any political campaign?					1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political pur	poses? See	the instructions fo	r the defini	tion	16		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copie	s of any m	aterials published o	r				1 1
	distributed by the foundation in connection with the activities.							
C	Did the foundation file Form 1120-POL for this year?					10		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:								
	(1) On the foundation. > \$ (2) On foundation manage	ers. > \$		0.				i I
e	Enter the reimbursement (if any) paid by the foundation during the year for political exper							1 1
•	managers. ▶ \$ 0.							1 1
2	Has the foundation engaged in any activities that have not previously been reported to the	IRS2				2		X
_	If "Yes," attach a detailed description of the activities.	, 1110				-		<del></del> -
•	·	a instrums	at artiales of incorr	aration of				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	y mstrume	it, articles of incorp	oration, or				x
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					3		
	Did the foundation have unrelated business gross income of \$1,000 or more during the y	ear?			NT / N	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	_			N/A	4b		<del></del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year	ır7				_ 5		X
	If "Yes," attach the statement required by General Instruction T							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either:						
	By language in the governing instrument, or							
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandat</li> </ul>	ory direction	ons that conflict wit	h the state	law			
	remain in the governing instrument?					6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	nplete Part	II, col. (c), and Par	t XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instruc	tions. 🕨			_			i I
	CT							
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney (	ieneral (or designa	te)				
-	of each state as required by General Instruction G? If "No," attach explanation		,	•		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of	section 49	12(1)(3) or 4942(1)(	5) for caler	dar			
•	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," co			_, .s. saidi		9		$\mathbf{x}$
40	Did any persons become substantial contributors during the tax year? If "Yes," attach a sche					10		X
711		IGUIA HETIDO 1	ieir names and admee	SAS		1 10		

Pa	Part VII-A   Statements Regarding Activities (continued)			
			Ye	s No
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	1	٠ I	x
10	2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privile		<del>'  </del>	+~
12		ı	_	
	If "Yes," attach statement, See instructions	1:		<u> </u>
13	3 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		3   X	
	Website address ► N/A	11 010	000	
14	The books are in care of ► THE FOUNDATION Telephone no. ► 9			<u> </u>
		+4 <b>►</b> 1060	4	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	<u>;                                    </u>	N/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,	_	Ye	s No
	securities, or other financial account in a foreign country?	_1	6	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			1
	foreign country			
Pŧ	art 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.		Ye	s No
18	a During the year, did the foundation (either directly or indirectly):			T
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	_		1 1
	a disqualified person?	X No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			1
		X No		] 1
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
		X No		1 1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			1 1
	if the foundation agreed to make a grant to or to employ the official for a period after	1		1 1
		X No		
b	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			l l
		N/A 1	_ _	-  <b>-</b>
	Organizations relying on a current notice regarding disaster assistance, check here		_	┪
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2019?	10	_ _	$\frac{1}{x}$
,	2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<del>  "</del>	<del>'</del>	<del>                                     </del>
•	defined in section 4942(i)(3) or 4942(j)(5)):	i		1 1
	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			1 (
٠		X No		
	If "Yes," list the years $\triangleright$	'''		1 1
h	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			
		N/A 21		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		<del>'  </del>	+-
		}		1
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		1 1
98		X No		1 1
	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	""		1 1
u	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 Form 4720,	<i>'</i>		
		N/A 31	$\neg$	
4-	• • • • • • • • • • • • • • • • • • • •	N/A   31		+x
	<ul> <li>Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?</li> <li>Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that</li> </ul>	<del> </del>	<del>'                                     </del>	+
0	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	41	_ _	$\frac{1}{x}$
	nad not been removed from jeopardy before the mot day of the tax year beginning in 2019:			F (2019)
		FUITH 9	I	(2013)

Form 990-PF (2019) FRANK AND BARBARA AXEL F			<u>84-66937</u>	30	Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired <sub>(contin</sub>	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,		ŀ	
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?	Y6	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
4945(d)(4)(A)? See instructions		Ye	s X No	1	
(5) Provide for any purpose other than religious, charitable, scientific, literary.	, or educational purposes, or f			İ	
the prevention of cruelty to children or animals?	, , ,		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	ider the exceptions described i				
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	5b	_
Organizations relying on a current notice regarding disaster assistance, check			<b>▶</b>		$\vdash$
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned		i	
expenditure responsibility for the grant?		Υ. (A\)	s No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	•	17.23	" I NO		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav promiume on				
	pay premiums on	v	s X No	İ	
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a g	narranal hansist against	L 16			$\frac{\mathbf{x}}{\mathbf{x}}$
	personal benefit contract?		-	6b	<del>  ^  </del>
If "Yes" to 6b, file Form 8870.	-L-II 4		s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax		T €	_		├──
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A _	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(s) during the year?			s X No		
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Mar	nagers, Highly			
	hai- aaatia-		<del></del>		
1 List all officers, directors, trustees, and foundation managers and t	<del></del>	(c) Compensation	(d) Contabutions to	1-1 Fvm	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account,	, other
	to position	enter -0-)	compensation	allowa	nces
FRANKLIN B AXEL	TRUSTEE				
24 RIVER OAKS DRIVE	4				
STAMFORD, CT 06902	0.00	0.	0.		0.
BARBARA AXEL	TRUSTEE				
24 RIVER OAKS DRIVE		_	_		_
STAMFORD, CT 06902	0.00	0.	0.		<u>0.</u>
JACOB AXEL	TRUSTEE				
4A CHERRY LANE		1			
WESTPORT, CT 06880	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	· · · · · · · · · · · · · · · · · · ·	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account,	ense other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	aliowa	nces
NONE					
	<u> </u>				
	<u> </u>				
	1				
	7				
Total number of other employees paid over \$50,000			▶		0
Part of the second seco	<del> </del>		Form	990-PF	(2019)

Form 990-PF (2019) FRANK AND BARBARA AXEL FOUNDATION		5693730 Page 7
PartiVIII	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NC	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	, , , , , , , , , , , , , , , , , , ,	
Table number of others recovering over \$50,000 for professional converse		<b>&gt;</b> 0
Total number of others receiving over \$50,000 for professional services  [Rart IX-A] Summary of Direct Charitable Activities		<u>▶</u> 1 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical i	nformation such as the	<del></del>
number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 N/A		
2		
3		
4		
[Part[IX:B] Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 N/A		······································
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>•</b>	0.

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ĮP,	art∤X■ Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ındatıons, 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	141,052.
b	Average of monthly cash balances	1b	14.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	141,066.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)1e	.   _	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	141,066.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,116.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	138,950.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	1,999.
IP.	art:XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	ind certain	
1	Minimum investment return from Part X, line 6	1	1,999.
2a	Tax on investment income for 2019 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2019. (This does not include the tax from Part VI.)	7	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,999.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,999.
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	1,999.
ιŖ	art: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	18	0.
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	0.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for the	section

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# 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				1,999.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
<b>b</b> From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$0 .				
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				0.
e Remaining amount distributed out of corpus	0.			
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:				3.
	0.			1
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract				
-		0.		
line 4b from line 2b			· · · · · · · · · · · · · · · · · · ·	
c Enter the amount of prior years' undistributed income for which a notice of	:			
deficiency has been issued, or on which		-		1
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		U•		
		0.		
amount - see instructions e Undistributed income for 2018. Subtract line		·		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract			<u></u>	<del></del>
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				1,999.
7 Amounts treated as distributions out of				1,555.
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	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			,
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	l			

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Part XIV Private Operating	<del></del>		-A, question 9)	N/A	
1 a 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 t	he ruling	▶		
<b>b</b> Check box to indicate whether the fou	nd <u>ation is a private operatir</u>	ng foundation described i	n section	4942(j)(3) or 49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
<b>b</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			$\setminus$		
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				J	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					-
<b>b</b> "Endowment" alternative test - enter			<del> </del>		
2/3 of minimum investment return	İ				
shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:				<del>                                     </del>	
(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 Inf	ormation (Complet	te this part only i	f the foundation	had \$5,000 or mor	e in assets
at any time during	the year-see instru	uctions.)			
1 Information Regarding Foundati	ion Managers:				
a List any managers of the foundation w	ho have contributed more t	than 2% of the total contr	ributions received by the	foundation before the close	e of any tax
year (but only if they have contributed	more than \$5,000). (See se	ection 507(d)(2).)			•
SEE STATEMENT 2					
b List any managers of the foundation w			or an equally large porti	on of the ownership of a pa	rtnership or
other entity) of which the foundation h	ias a 10% or greater interes	t.			
NONE	,				
2 Information Regarding Contribu					
Check here 🕨 🗓 If the foundation	only makes contributions t	o preselected charitable	organizations and does	not accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc	., to individuals or organiza	tions under other conditi	ons, complete items 2a,	b, c, and d.	
a The name, address, and telephone nur	mber or email address of th	e person to whom applic	ations should be addres	sed:	
<u> </u>					
<b>b</b> The form in which applications should	be submitted and informat	ion and materials they sh	sould include:		
c Any submission deadlines;			· · · · · · · · · · · · · · · · · · ·		
d Any restrictions or limitations on awar	ds, such as by geographica	l areas, charitable fields	kinds of institutions or	other factors:	
,	, 20 2) googiupilloo				

Tart AV Supplementary information				
3 Grants and Contributions Paid During the	Year or Approved for Future F	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
Paid during the year	or substantial contributor	rosipioni		
NONE				
•				
				<del> </del>
•				
*				
Total		L	<b>▶</b> 3a	0.
b Approved for future payment				
NONE				
		<u> </u>		
Total			<b>▶</b> 3b	0.

#### **Analysis of Income-Producing Activities** Part XVI-A

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		rded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	( <b>d)</b> Amount	Related or exempt function income
a					
b					
C					
a a					
0			<del>                                     </del>		
f					<del> </del>
g Fees and contracts from government agencies	-				<del></del>
2 Membership dues and assessments				<del> </del>	<u> </u>
3 Interest on savings and temporary cash			_		L
investments					
4 Dividends and interest from securities			$\vdash$		
5 Net rental income or (loss) from real estate:			<del> </del>		
a Debt-financed property	-		<b></b>		····
b Not debt-financed property	<u> </u>		<u> </u>		
6 Net rental income or (loss) from personal					
property			4 4		
7 Other investment income			14		
8 Gain or (loss) from sales of assets other			]		
than inventory		<u> </u>			
9 Net income or (loss) from special events					,
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:				ļ	
8					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes	
				<u> </u>	
Line No. Explain below how each activity for which incom			contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than b	y providing tu	nus for such purposes).			
		<del></del> .		····	
				<del></del> .	
				- in _i_	
				·:	
		<del> </del>			<del></del>
		· ·		<del></del>	
					<del> </del>
					<del></del>
	·	<u> </u>			<del> </del>
923621 12-17-19					Form <b>990-PF</b> (2019)

# 9) FRANK AND BARBARA AXEL FOUNDATION 84-6693730 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)				
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?				
a Transfers from the reporting foundation to a noncharitable exempt organization of:				
(1) Cash (2) Other assets	1a(1) X 1a(2) X			
b Other transactions:	1a(2) X			
(1) Sales of assets to a noncharitable exempt organization	1b(1) X			
(2) Purchases of assets from a noncharitable exempt organization	1b(2) X			
(3) Rental of facilities, equipment, or other assets	1b(3) X			
(4) Reimbursement arrangements	1b(4) X			
(5) Loans or loan guarantees	1b(5) X			
(6) Performance of services or membership or fundraising solicitations	1b(6) X			
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c X			
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				
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arra	ingement, show in			
column (d) the value of the goods, other assets, or services received.				
	sactions, and sharing arrangements			
N/A	· <del></del> ··· · · · · · · · · · · · · · · · ·			
	<del></del>			
	<del></del>			
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 X No			
b If "Yes," complete the following schedule.	163 NO			
(a) Name of organization (b) Type of organization (c) Description	of relationship			
N/A	····			
Under penalties of pertury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	May the IRS discuss this return with the preparer			
Sign Here   S/17-/20   TRITICADED	shown below? See instr			
TRUSTEB	X Yes  No			
Signature of Officer or trustee   Date   Title     Print/Type preparer's name   Preparer's signature   Date   Check	ıf PTIN			
MATTHEW B Self- employed				
Paid KUCHINSKY, CPA 5-11-20	P00699931			
	22-2428965			
Use Only				
Firm's address ▶ 709 WESTCHESTER AVENUE				
	(914) 949-2990			
	Form <b>990-PF</b> (2019)			

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

OMB No 1545-0047

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

FR	ANK AND BARBARA AXEL FOUNDATION	84-6693730		
Organization type (check one).				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions		
deneral nule				
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules				
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

#### FRANK AND BARBARA AXEL FOUNDATION

84-6693730

	1412 21412141 14122 1 001121111011		0073730
Pattl)	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRANK AND BARBARA AXEL  24 RIVER OAKS DRIVE  STAMFORD, CT 06902	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FRANK AND BARBARA AXEL  24 RIVER OAKS DRIVE  STAMFORD, CT 06902	\$ 595,760.	Person Payroli Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FRANK AND BARBARA AXEL  24 RIVER OAKS DRIVE  STAMFORD, CT 06902	\$ 404,508.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions )

Name of organization

Employer identification number

## FRANK AND BARBARA AXEL FOUNDATION

84-6693730

	AND BARBARA AREL FOUNDATION	1 94-	-0093730
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	12,265 SHS OF NUTRIEN LTD		
		<del></del>	
		\$ 595,760.	12/18/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	2,357 SHS OF SNAP ON INC.		
3		\$\$	12/18/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	

Name of orga	anization		Employer identification number
			04.550000
Part III	from any one contributor. Complete columns (a)	ons to organizations described in sec through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y For organizations ss for the year (Enter this info once) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—   :			
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
		(e) Transfer of gift	<del>- 1</del>
-	Transferee's name, address, and ZIP + 4 Relationship of transferor to transf		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			

FORM 990-PF CORPORATE STOCK		STATEMENT 1
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
NUTRIEN LTD SNAP ON INC	588,087. 399,276.	588,087. 399,276.
TOTAL TO FORM 990-PF, PART II, LINE 10B	987,363.	987,363.

T XV - LINE 1A STATEMENT FOUNDATION MANAGERS	2

NAME OF MANAGER

FRANKLIN B AXEL BARBARA AXEL