Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0047

Open to Public Inspection ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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

For calendar year 2021 or tax year beginning 2021, and ending 20 Name of foundation A Employer identification number 47-2453496 THE ASCIENZO FAMILY FOUNDATION Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number (see instructions) 8455947879 60 PENSTOCK LANE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ LAKE KATRINE NY 12449 **G** Check all that apply: ☐ Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here ▶ Final return Amended return 2. Foreign organizations meeting the 85% test. Address change Name change check here and attach computation . H Check type of organization:

⊠ Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here . Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation J Accounting method: X Cash ☐ Accrual Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . Other (specify) end of year (from Part II, col. (c), line 16) ▶ \$ (Part I, column (d), must be on cash basis.) 1,247,654. Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books purposes the amounts in column (a) (see instructions).) (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 59,192. 2 Check ► X if the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 4. 4 Dividends and interest from securities 9,612. 9,612. 9,612 5a Gross rents h Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 203,991. Gross sales price for all assets on line 6a L-6a Stmt 424,721 Capital gain net income (from Part IV, line 2) . . 7 259,323. 8 Net short-term capital gain 5,439 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . b С Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) Total. Add lines 1 through 11 . 15,051 12 272,799 268,935. Compensation of officers, directors, trustees, etc. 13 Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) 2,840 Other professional fees (attach schedule) . 17 18 Taxes (attach schedule) (see instructions) See. Stmt 5,269. 19 Depreciation (attach schedule) and depletion . . . 20 Travel, conferences, and meetings 21 22 Printing and publications 23 Other expenses (attach schedule) See. Stmt. 22,446. 18,473. 24 Total operating and administrative expenses. Add lines 13 through 23 30,555. 18,473. 25 Contributions, gifts, grants paid 401,813 401,813. 26 Total expenses and disbursements. Add lines 24 and 25 420,286. 432,368. Subtract line 26 from line 12: Excess of revenue over expenses and disbursements -159,569 **Net investment income** (if negative, enter -0-) . 268,935 Adjusted net income (if negative, enter -0-) 15,051

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Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	of year		
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu		(c) Fair Market Value		
	1	Cash—non-interest-bearing						
	2	Savings and temporary cash investments	12,919.	14,3	67.	14,367.		
	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 ▶						
ts	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges						
As	10a	Investments—U.S. and state government obligations (attach schedule)						
-	b	Investments—corporate stock (attach schedule) L-10b Stmt	552,654.	391,6	37.	1,233,287.		
	С	Investments—corporate bonds (attach schedule)						
	11	Investments—land, buildings, and equipment: basis ▶						
		Less: accumulated depreciation (attach schedule) ▶						
	12	Investments—mortgage loans						
	13	Investments—other (attach schedule)						
	14	Land, buildings, and equipment: basis ▶						
		Less: accumulated depreciation (attach schedule) ▶						
	15	Other assets (describe ▶)						
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	565,573.	406,0	04.	1,247,654.		
	17	Accounts payable and accrued expenses						
S	18	Grants payable						
Ę	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
<u>.a</u>	21	Mortgages and other notes payable (attach schedule)						
_	22	Other liabilities (describe ►)						
	23	Total liabilities (add lines 17 through 22)						
Net Assets or Fund Balances		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.						
<u>a</u>	24	Net assets without donor restrictions	487,389.	394,7	01.			
Ba	25	Net assets with donor restrictions	78,184.	11,3				
þ		Foundations that do not follow FASB ASC 958, check here ▶ □						
Ē		and complete lines 26 through 30.						
5	26	Capital stock, trust principal, or current funds						
ts (27	Paid-in or capital surplus, or land, bldg., and equipment fund						
Se	28	•	ned earnings, accumulated income, endowment, or other funds net assets or fund balances (see instructions) 565,573. 406					
As	29	Total net assets or fund balances (see instructions)	406,0	04.				
<u>e</u>	30	Total liabilities and net assets/fund balances (see						
		instructions)	565,573.	406,0	04.			
	rt III	Analysis of Changes in Net Assets or Fund Balances	() !! 5= '					
1		I net assets or fund balances at beginning of year—Part II, colur			_	F.C.F. F.77.		
_		of-year figure reported on prior year's return)			1	565,573.		
3	. ⊏nie	er amount from Part I, line 27a			3	-159,569.		
4	. סנוופ י סנוופ	er increases not included in line 2 (itemize) lines 1, 2, and 3			4	406,004.		
5		on an artification of the first O. (Harming)			5	400,004.		
6		reases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)—F	e 29	6	406,004.			

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1 01111 3	90-11 (2021)						rage u
Part	V Capital Gains and	d Losses for Tax on Invest	ment Income				
		ind(s) of property sold (for example, real use; or common stock, 200 shs. MLC C		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)
1a	COCA-COLA-782 SHS			D	12/27/2017	0	2/02/2021
	BOEING-53 SHS			D	12/27/2017		2/02/2021
С.	ADVANCED MICRO DEV	ICES-750 SHS		Р	01/22/2020	0	4/05/2021
d.	ADVANCED MICRO DEV	ICES-400 SHS		P	01/22/2020	0	6/14/2021
е	See Statement						
	(e) Gross sales price		other basis ense of sale			r (loss) ninus (g))	
а	38,530.			20,815.			17,715.
b	10,762.			4,577.			6,185.
c	60,590.			38,745.			21,845.
d	32,414.			20,664.			11,750.
е	282,425.			80,597.			201,828.
	Complete only for assets she	owing gain in column (h) and owne	d by the foundation	on 12/31/69.	(I) Gains (C	ol. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), if any	\ //		ss than -0-) or n col. (h))
a							17,715.
b							6,185.
c							21,845.
d							11,750.
е							201,828.
2	Capital gain net income of	or mer cabilal lossi 🔞 🔍	n, also enter in Pa s), enter -0- in Pa		2		259,323.
3	Net short-term capital ga	in or (loss) as defined in section	ns 1222(5) and (6)):			
	If gain, also enter in Part	I, line 8, column (c). See instr	ructions. If (loss)	, enter -0- in			
	Part I, line 8			<u> J</u>	3		5,439.
Part		d on Investment Income (S				ucti	ions)
1a	Exempt operating foundation	ons described in section 4940(d)(2)), check here ►	and enter "N/A"	on line 1.		
	Date of ruling or determinat		h copy of letter if I			1	3,738.
b		dations enter 1.39% (0.0139) of line 12, col. (b)					
2	Tax under section 511 (do	mestic section 4947(a)(1) trusts	and taxable found	dations only; othe	ers, enter -0-)	2	0.
3	Add lines 1 and 2					3	3,738.
4	Subtitle A (income) tax (do	omestic section 4947(a)(1) trusts	and taxable foun	dations only; othe	ers, enter -0-)	4	0.
5	Tax based on investmen	nt income. Subtract line 4 from	n line 3. If zero or	less, enter -0		5	3,738.
6	Credits/Payments:						
а	2021 estimated tax paym	ents and 2020 overpayment cr	redited to 2021	6a	0.		
b	Exempt foreign organizat	ions-tax withheld at source		6b			
С	Tax paid with application	for extension of time to file (Fo	orm 8868)	6c			
d	Backup withholding error	neously withheld		6d			
7	Total credits and paymer	its. Add lines 6a through 6d				7	0.
8	Enter any penalty for und	derpayment of estimated tax. C	heck here 🗌 if F	orm 2220 is atta	ched	8	
9	Tax due. If the total of lin	es 5 and 8 is more than line 7,	enter amount ov	ved	▶ 🗀	9	3,738.
10		more than the total of lines 5 a			> 📑	10	0.
11		to be: Credited to 2022 estima		_	_	11	

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Part	VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		×
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×
	If "Yes," attach a detailed description of the activities.			
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? If "Yes," attach a conformed copy of the changes .	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×
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?	5		×
_	If "Yes," attach the statement required by <i>General Instruction T.</i>			
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	.,	×
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
b	NY If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	OD	^	
9	4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		×
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		×
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A			
14	The books are in care of ► Nicholas J Ascienzo Telephone no. ► (845)	94-	7879)
	Located at ▶ 60 Penstock Lane Lake Katrine NY ZIP+4 ▶ 12449			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here			▶ 🗌
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
		~~	^ DE	

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Par	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?	1a(1)		×
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		×
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		×
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		×
	(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)?	1a(5)		×
	(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.)	1a(6)		×
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
d	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 2021?	1d		×
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)):			
а	At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
	tax year(s) beginning before 2021?	2a		×
	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		
С	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?	3a		×
b	If "Yes," did it have excess business holdings in 2021 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 Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2021.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>×</u>
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 2021?	4b	0 DE	×
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Part	: VI-B	Statements Regarding Activities	s for Wh	hich Form	4720	May Be R	equire	ed (continued)			
5a	During t	he year, did the foundation pay or incur	any amo	unt to:						Yes	No
		y on propaganda, or otherwise attempt t							5a(1)		×
		ence the outcome of any specific pub	olic elect	tion (see se	ection 4	4955); or t	o carry	on, directly or			
		ectly, any voter registration drive?							5a(2)		×
		ride a grant to an individual for travel, stu							5a(3)		×
		ride a grant to an organization other than	n a charit	table, etc.,	organiz	ation desc	ribed in	section 4945(d)			
	` ' ' '	,							5a(4)		×
		ide for any purpose other than religious,									
		prevention of cruelty to children or anima							5a(5)		×
b		nswer is "Yes" to 5a(1)–(5), did any of thations section 53.4945 or in a current no							5b		
c Organizations relying on a current notice regarding disaster assistance, check here ▶ □											
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it											
		ned expenditure responsibility for the gra							5d		
		attach the statement required by Regula			. ,						
6a		foundation, during the year, receive any	/ funds, d	directly or in	ndirectly	y, to pay p	remium	s on a personal			
		contract?							6a		×
b		foundation, during the year, pay premiun	ns, direct	tly or indired	ctly, on	a personal	benefi	contract? .	6b		×
- -		to 6b, file Form 8870.		ka a awalali 1	٠٠٠ الم	والمراجعة والمراجعة	^		7-		V
7a	-	me during the tax year, was the foundation		-				rangastic 2	7a 7b		
b 8		did the foundation receive any proceed undation subject to the section 4960 tax							70		
0								· · · · ·	8		
excess parachute payment(s) during the year?								299			
I GII		and Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uotees, i	Janaa	cion iviani	agero,	inginy i ala Li	прісу	cco,	
1	List all	officers, directors, trustees, and found	lation ma	anagers an	nd their	compens	ation. S	See instructions.			
(b) Title, and average (c) Compensation (d) Contributions to											
		(a) Name and address							(e) Expe	nse ac	count,
		(a) Name and address	hours	and average per week to position	(lf n	mpensation not paid, nter -0-)	emplo	Contributions to yee benefit plans erred compensation	(e) Exper	nse aco allowan	
Nich	nolas d	(a) Name and address J Ascienzo	hours	per week d to position	(lf n	not paid,	emplo	yee benefit plans			
60 E	enstoc	J Ascienzo k Lane Lake Katrine NY 12449	hours	per week d to position	(lf n	not paid,	emplo	yee benefit plans			
60 F Ali	enstoc Fraenl	J Ascienzo k Lane Lake Katrine NY 12449 kel	hours	d to position dent 25.00	(lf n	not paid, iter -0-)	emplo	yee benefit plans			
60 F Ali 3426	enstoc Fraenl 16TH S	J Ascienzo k Lane Lake Katrine NY 12449 cel ST NW #207 WASHINGTON DC 20010	President Secret	dent 25.00 tary 10.00	(lf n	not paid, iter -0-)	emplo	yee benefit plans			
60 F Ali 3426 Soph	enstoc Fraenl 16TH S nie Lai	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010	President Secret	per week do to position dent 25.00 tary 10.00 President	(lf n	not paid, iter -0-)	emplo	yee benefit plans			
60 F Ali 3426 Soph 788	enstoc Fraenl 16TH S nie Lan Orange	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511	President Secret	dent 25.00 tary 10.00	(lf n	not paid, iter -0-)	emplo	yee benefit plans			
60 F Ali 3426 Soph 788	enstoc Fraenl 16TH S nie Lai	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511	President Secret	per week dito position dent 25.00 tary 10.00 President 10.00	(lf n	0 . 0 .	emplo	yee benefit plans			
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60 F Ali 3426 Soph 788	Fraenl 16TH S nie Lan Orange Stater	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	Presice Secret	ter week dependent 25.00 tary 10.00 president 10.00 30.00	(If r	0. 0.	emplo and def	yee benefit plans erred compensation	other a	allowan	nces
60 E Ali 3426 Soph 788 See	Penstoc Fraenl 16TH S nie Lan Orange Staten	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	Presice Secret	ter week dependent 25.00 tary 10.00 president 10.00 30.00	(If r	0. 0.	emplo and def	yee benefit plans erred compensation	other a	allowan	nces
60 F Ali 3426 Soph 788 See	Penstoc Fraenl 16TH S nie Lan Orange Stater Compe	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	President Secret Vice-P	ter week dependent 25.00 tary 10.00 president 10.00 30.00	se inclu	0. 0.	emplo and defi	yee benefit plans erred compensation see instructions (d) Contributions to	other a	one,	enter
60 F Ali 3426 Soph 788 See	Penstoc Fraenl 16TH Shie Lan Orange Stater Compet "NONE.	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	President Secret Vice-P	ter week dependent 25.00 tary 10.00 tresident 10.00 tary 10.00 tresident 10.00	se inclu	0. 0. 0. uded on li	emplo and defi	see instructions (d) Contributions to employee benefit plans and deferred	other a	one,	enter
60 F Ali 3426 Soph 788 See	Penstoc Fraenl 16TH Shie Lan Orange Stater Compet "NONE.	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	President Secret Vice-P	ter week dependent 25.00 tary 10.00 tresident 10.00 tary 10.00 tresident 10.00	se inclu	0. 0. 0. uded on li	emplo and defi	see instructions (d) Contributions to employee benefit plans and deferred	other a	one,	enter
60 F Ali 3426 Soph 788 See	Penstoc Fraenl 16TH Shie Lan Orange Stater Compet "NONE.	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	President Secret Vice-P	ter week dependent 25.00 tary 10.00 tresident 10.00 tary 10.00 tresident 10.00	se inclu	0. 0. 0. uded on li	emplo and defi	see instructions (d) Contributions to employee benefit plans and deferred	other a	one,	enter
60 F Ali 3426 Soph 788 See	Penstoc Fraenl 16TH Shie Lan Orange Stater Compet "NONE.	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	President Secret Vice-P	ter week dependent 25.00 tary 10.00 tresident 10.00 tary 10.00 tresident 10.00	se inclu	0. 0. 0. uded on li	emplo and defi	see instructions (d) Contributions to employee benefit plans and deferred	other a	one,	enter
60 F Ali 3426 Soph 788 See	Penstoc Fraenl 16TH Shie Lan Orange Stater Compet "NONE.	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	President Secret Vice-P	ter week dependent 25.00 tary 10.00 tresident 10.00 tary 10.00 tresident 10.00	se inclu	0. 0. 0. uded on li	emplo and defi	see instructions (d) Contributions to employee benefit plans and deferred	other a	one,	enter
60 F Ali 3426 Soph 788 See	Penstoc Fraenl 16TH Shie Lan Orange Stater Compet "NONE.	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	President Secret Vice-P	ter week dependent 25.00 tary 10.00 tresident 10.00 tary 10.00 tresident 10.00	se inclu	0. 0. 0. uded on li	emplo and defi	see instructions (d) Contributions to employee benefit plans and deferred	other a	one,	enter
60 F Ali 3426 Soph 788 See	Penstoc Fraenl 16TH Shie Lan Orange Stater Compet "NONE.	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	President Secret Vice-P	ter week dependent 25.00 tary 10.00 tresident 10.00 tary 10.00 tresident 10.00	se inclu	0. 0. 0. uded on li	emplo and defi	see instructions (d) Contributions to employee benefit plans and deferred	other a	one,	enter
60 F Ali 3426 Soph 788 See	Penstoc Fraenl 16TH Shie Lan Orange Stater Compet "NONE.	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	President Secret Vice-P	ter week dependent 25.00 tary 10.00 tresident 10.00 tary 10.00 tresident 10.00	se inclu	0. 0. 0. uded on li	emplo and defi	see instructions (d) Contributions to employee benefit plans and deferred	other a	one,	enter
60 F Ali 3426 Soph 788 See	Penstoc Fraenl 16TH Shie Lan Orange Stater Compet "NONE.	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	President Secret Vice-P	ter week dependent 25.00 tary 10.00 tresident 10.00 tary 10.00 tresident 10.00	se inclu	0. 0. 0. uded on li	emplo and defi	see instructions (d) Contributions to employee benefit plans and deferred	other a	one,	enter
Ali 3426 Sopl 788 See	Penstoc Fraenl 16TH Shie Lan Orange Stater (*NONE.**	J Ascienzo k Lane Lake Katrine NY 12449 kel ST NW #207 WASHINGTON DC 20010 ng e st New Haven CT 06511 ment nsation of five highest-paid employed	President Secret Vice-P	ter week dependent 25.00 tary 10.00 tresident 10.00 tary 10.00 tresident 10.00	se inclu	0. 0. 0. uded on li	emplo and defi	see instructions (d) Contributions to employee benefit plans and deferred compensation	other a	one,	enter

Par	t VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	iployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONI	=. "
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Non	e	
Total	number of others receiving over \$50,000 for professional services	0
	VIII-A Summary of Direct Charitable Activities	[0
	•	
	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
		0.
2		
_		
3		
4		
Dout	VIII-B Summary of Program-Related Investments (see instructions)	
	Summary of Program-Related Investments (see instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	N/A	7 tillodit
'	N/A	
		0.
2		0.
_		
All	other program-related investments. See instructions.	
3	_P - U	
J		
Total	. Add lines 1 through 3	0.

Form 990-PF (2021) Page **8**

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	1,219,547.
b	Average of monthly cash balances	1b	11,429.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,230,976.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,230,976.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	18,465.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	1,212,511.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	60,626.
Part	X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	ounda	ations
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	60,626.
2a	Tax on investment income for 2021 from Part V, line 5		
b	Income tax for 2021. (This does not include the tax from Part V.) 2b		
С	Add lines 2a and 2b	2c	3,738.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	56,888.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	56,888.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		
	line 1	7	56,888.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	420,286.
b	Program-related investments—total from Part VIII-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:		
а	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 XII, line 4	4	420,286.

	00-PF (2021)				Page 9
Part	XII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1	Distributable amount for 2021 from Part X, line 7				56,888.
2	Undistributed income, if any, as of the end of 2021:				20,000.
– a	Enter amount for 2020 only				
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2021:				
а	From 2016 60,802.				
b	From 2017				
С	From 2018				
d	From 2019 139,405.				
е	From 2020 488,534.				
f	Total of lines 3a through e	886,350.			
4	Qualifying distributions for 2021 from Part XI, line 4: ▶ \$420,286.				
а	Applied to 2020, but not more than line 2a .				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2021 distributable amount				
е	Remaining amount distributed out of corpus	420,286.			
5	Excess distributions carryover applied to 2021				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6					
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,306,636.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0.		
е	Undistributed income for 2020. Subtract line				
	4a from line 2a. Taxable amount-see				
	instructions			0.	
f	Undistributed income for 2021. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2022				56,888.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2016 not				
	applied on line 5 or line 7 (see instructions) .	60,802.			
9	Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	1,245,834.			
10	Analysis of line 9:				
а	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021 420,286.				Form 990-PF (2021)

factors:

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During t				
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
RED HOOK COMMUNITY CENTER				
59 FISK ST		D.C.	adult and many December 1	16 220
RED HOOK NY 12571		PC	Adult and Teen Programming	16,320.
CULTURE CONNECT PO BOX 590				
RHINEBECK NY 12572		PC	Language Inclusion Program	15,000.
		PC	Language inclusion Program	15,000.
RED HOOK PUBLIC LIBRARY 7444 S BROADWAY				
RED HOOK NY 12571		PC	Spanish Inclusion Program	3,767.
WE CARE SOLAR		PC	Spanish inclusion Program	3,707.
2150 ALLSTON WAY SUITE 340				
BERKELEY CA 94704		PC		7,500.
SUSIE REIZOD FOUNDATION		I C	Solal Sullcases	7,300.
PO BOX 816				
NEW PALTZ NY 12561		PC	Backpacks/Sneakers	3,000.
THE HOME FOR LITTLE WANDERERS			Baoirpaoirs/ Bireariers	3,000.
10 GUEST ST				
BOSTON MA 02135		PC	MENTAL HEALTH PROGRAMS	10,000.
SUNFLOWER BAKERY				
8507 ZIGGY LANE			Educational Program	
GAITHERSBURG MD 20877		PC	special need adults	10,000.
RED HOOK CENTRAL SCHOOLS				
MILL ROAD				
RED HOOK NY 12571		PC	SUMMER ACADEMY PROGRAM	10,000.
BOYS AND GIRLS CLUB ULSTER COUNTY				
139 GREENKILL AVE				
KINGSTON NY 12401		PC	AFTER SCHOOL PROGRAMMING	20,200.
See Statement				
				306,026.
	<u> </u>	 I	▶ 3 a	401,813.
b Approved for future payment				
NONE				
Tatal				
Total			▶ 3b	0.

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	rt X\	/-A Analysis of Income-Producing Ac	ctivities				
Ente	r gro	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	(e)	
1	Prog	gram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
	а						
	b I	N/A					
	С						
	d _						
	е						
	f						
	g F	Fees and contracts from government agencies					
2		nbership dues and assessments					
3		est on savings and temporary cash investments					
4		dends and interest from securities					
5		rental income or (loss) from real estate:					
		Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory					203,991.
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11	Othe	er revenue: a					
	b _						
	C _						
	d _						
	е _						
12	Sub	total. Add columns (b), (d), and (e)					203,991.
		al. Add line 12, columns (b), (d), and (e)				13	203,991.
(See	work	sheet in line 13 instructions to verify calculation	ns.)			13	203,991.
(See	work rt X\ e No.	sheet in line 13 instructions to verify calculationRelationship of Activities to the Activities	ns.) Accomplishm	ent of Exemp	t Purposes		
Pa Lin	work	Relationship of Activities to the Activity for which income of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
(See	work rt X\ e No.	sheet in line 13 instructions to verify calculationRelationship of Activities to the Activities	ns.) Accomplishm	ent of Exemp	t Purposes		
(See	work rt X\ e No.	Relationship of Activities to the Activity for which income of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
Pa Lin	work rt X\ e No.	Relationship of Activities to the Activity for which income of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
(See	work rt X\ e No.	Relationship of Activities to the Activity for which income of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
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Pa Lin	work rt X\ e No.	Relationship of Activities to the Activity for which income of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
Pa Lin	work rt X\ e No.	Relationship of Activities to the Activity for which income of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
(See	work rt X\ e No.	Relationship of Activities to the Activity for which income of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
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(See	work rt X\ e No.	Relationship of Activities to the Activity for which income of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
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(See	work rt X\ e No.	Relationship of Activities to the A Explain below how each activity for which incon of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
(See	work rt X\ e No.	Relationship of Activities to the A Explain below how each activity for which incon of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
(See	work rt X\ e No.	Relationship of Activities to the A Explain below how each activity for which incon of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
Pa Lin	work rt X\ e No.	Relationship of Activities to the A Explain below how each activity for which incon of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
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(See	work rt X\ e No.	Relationship of Activities to the A Explain below how each activity for which incon of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
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Pa Lin	work rt X\ e No.	Relationship of Activities to the A Explain below how each activity for which incon of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		
Pa Lin	work rt X\ e No.	Relationship of Activities to the A Explain below how each activity for which incon of the foundation's exempt purposes (other than	ns.) Accomplishm	ent of Exemp	t Purposes		

01111 330		Г	age 10
Part	XVI Information Regarding Transfers to and Transactions and Relationships With Noncharita	ble Ex	empt
	Organizations		
1	Did the organization directly or indirectly engage in any of the following with any other organization described	Yes	No

1	in se		lirectly or indirectly ther than section										Yes	No
а	_		oorting foundation to	o a nonch	naritable exe	mpt ora	anization	of:						
-		-										1a(1)		×
												1a(2)	_	×
b		r transactions:												
~	-		a noncharitable exe	emnt oras	anization							1b(1)		×
			ets from a noncharit									1b(2)		×
			equipment, or othe									1b(3)		×
			rangements									1b(4)		×
			rantees									1b(1)		×
		_	rantees									1b(5)	_	×
_				-	_							10(6)		×
		_	quipment, mailing li		-		-						£-:	
d			of the above is "Ye ther assets, or servi											
			on or sharing arrang											
(a) Line		(b) Amount involved	(c) Name of nonc											
(a) Line	no.	(a) Amount involved	(c) Name of nonc	nantable exe	empi organizati	On	(a) Desc	ription of transfe	ers, trans	saction	s, and sn	aring arr	angeme	ents
2a	Is the	e foundation dire	ectly or indirectly a	ffiliated v	vith, or relat	ted to, d	one or m	ore tax-exe	mpt o	rganiz	ations			
	desc	ribed in section 5	501(c) (other than se	ection 501	(c)(3)) or in s	section 5	527? .					□ Ye	es X	No
b	If "Ye	es." complete the	following schedule) <u>.</u>								_		•
		(a) Name of organ			(b) Type of org	anization			(c) Des	cription	of relation	nship		
	Unde	er penalties of periurv. I	declare that I have examine	ed this return	, including accor	npanying s	chedules an	d statements, and	d to the b	oest of n	ny knowle	dge and	belief, it	is true.
Sign			aration of preparer (other th							Г	May the I			_
Here						DD.	r c t Dra	TT.			with the p	reparer :	shown b	elow?
11010		nature of officer or trus	stee	Date PRESID			RATAFIN	SEIDENT See instru				ictions.	∐Yes	□No
	l Sign	Print/Type preparer		Preparer	's signature	.160		Date				PTIN		
Paid		1		'	Ü		_			Check self-en	X if		0000	0
Prepa		Jeffrey M			rey M Th	ompsor	1	05/11/2			nployed			9
Use (Only	Firm's name	JEFFREY M TH		CPA						$\frac{14-16}{0.45 \times 3}$			
		Firm's address ►	10 Beckett R	.ag		3.7.	2025	1	Phone	no. (<u>845)3</u>			(000 1)
BAA Pinehurst				NC	28374	t			F	orm 99	יט-פר	(2021)		

Part XV, Line 3a: Grants and Contributions Paid During the Year

Tart AV, Line 3a. Grants and Continue	thons I ala baring th		Continuation Statement			
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. Paid during the year						
BUDGET BUDDIES		PC	Women's Financial	7,500.		
114 TURNPIKE RD			Programming			
CHELMSFORD, MA 01824						
LOYALITY FOUNDATION		PC	COMPUTER LITERACY	7,500.		
322 W 52ND ST #138			PROGRAM			
NEW YORK, NY 10101						
BROTHERS@		PC	MENTOR-MENTEE	12,500.		
PO BOX 5000			PROGRAM			
ANNANDALE ON HUDSON, NY 12504						
SOUTHEAST ELEMENTARY SCHOOL PTO		PC	SCHOOL/FAMILY	5,000.		
268 WORMWOOD HILL RD			NEEDS			
MANSFIELD CENTER, CT 06250						
CITY SLICKER FARMS		PC	WINTER GROWTH	7,500.		
2847 PERALTA STREET			FARMING PROGRAM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OAKLAND, CA 94608						
RED HOOK EDUCATIONAL FOUNDATION		PC	GARDEN CLUB	3,000.		
PO BOX 2			CLASSROOM	3,000.		
RED HOOK, NY 12571						
RAMAPO FOR CHILDREN		PC	AFTER SCHOOL	7,500.		
PO BOX 266			ENRICHMENT	7,500.		
RHINEBECK, NY 12572			PROGRAM			
GIRLS INC		PC	YOUNG WOMEN'S	7,500.		
962 ALBANY ST		FC	AFTER SCHOOL	7,500.		
SCHENECTADY, NY 12307			PROGRAM			
JANE ADDAMS RESOURCE CORP		PC	HIGH SCHOOL	7,500.		
4432 N RAVENSWOOD		FC	EQUIVALENCY	7,500.		
CHICAGO, IL 60640			PROGRAM			
LEARNSERVE		PC	MENTOR PROGRAM	20,000.		
PO BOX 6203		PC	YOUNG KIDS	20,000.		
WASHINGTON, DC 20015						
LONG TABLE HARVEST		PC	GLEANING PROGRAM	1,500.		
· · · · · · · · · · · · · · · · ·		PC	GLEANING PROGRAM	1,300.		
385 NORTHERN BLVD						
GERMANTOWN, NY 12526		DC	PROGRAMMING FOR	7 500		
POUGHKEEPSIE FARM PROJECT		PC	FARM RESOURCING	7,500.		
51 VASSAR FARM LANE						
POUGHKEEPSIE, NY 12603		T. C	HOMEN OF GOLOR	10.000		
SPRINGBOARD TO OPPORTUNITIES		PC	WOMEN OF COLOR BASIC INCOME	12,000.		
854 NORTH JEFFERSON ST			PROGRAM			
JACKSON, MS 39202				10.000		
MAINE ADAPTIVE SPORTS		PC	ADAPTIVE REC PROGRAMMING	10,000.		
PO BOX 853			LICORATIVITING			
BETHEL, ME 04217						
THE CENTER FOR THE PREVENTION		PC	EPROGRAMMING FOR	7,500.		
OF CHILD ABUSE- MARIST MATCH			YOUTH WITH EMOTIONAL NEEDS			
POUGHKEEPSIE, NY 12601						

Part XV, Line 3a: Grants and Contributions Paid During the Year

Tart AV, Line 3a. Orants and Contribe			John Material Continuation Statement			
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. Paid during the year	•	•				
MAINE NEEDS		PC	CLOTHING FOR	7,500.		
332 FOREST AVE			FAMALIES IN NEED			
PORTLAND, ME 04101						
WALKWAY OVER THE HUDSON		PC	REC AND	600.		
80 WASHINGTON ST			EDUCATIONAL			
POUGHKEEPSIE, NY 12601			PROGRAMMING			
SPECIAL OLYMPICS-MH REGION		PC	SPECIAL OLYMPICS	1,200.		
1207 RT 9			FUNDING			
WAPPINGER FALLS, NY 12590						
EMMANUEL CANCER CENTER		PC	FAMILY SUPPORT	5,000.		
77 BRANT AVE			PROGRAM			
CLARK, NJ 07066						
GRACE SMITH HOUSE		PC	CHILDREN'S	1,000.		
1 BROOKSIDE AVE			PROGRAMMING	_,		
POUGHKEEPSIE, NY 12601						
CHILDREN'S HOME OF POUGHKEEPSIE		PC	YOUNG ADULTS	800.		
10 CHILDREN'S WAY		FC	ASSISTANCE	000.		
POUGHKEEPSIE, NY 12601						
		DC	CAM DDED DDOCDAM	7,500.		
MINDS MATTER		PC	SAT PREP PROGRAM	7,500.		
1120 AVE OF AMERICAS						
NEW YORK, NY 10036		T. C	T O C T	7 500		
OVERBROOK WEST NEIGHBORS		PC	LOCAL NEIGHBORHOOD	7,500.		
6361 LANCASTER AVE			ASSISTANCE			
PHILADELPHIA, PA 19151				105 500		
RED HOOK RESPONDS		PC	ONGOING FOOD SOURCING FOR	105,500.		
PO BOX 624			PANDEMIC RELATED			
RED HOOK, NY 12571			NEEDS			
PEOPLE'S PLACE		PC	FOOD RESOURCING	8,000.		
17 ST JAMES ST						
KINGSTON, NY 12401						
RED HOOK FACULITY ASSN		PC	FOOD VOUCHE	3,426.		
WEST MARKET ST			PROGRAM FOR NEEDY			
RED HOOK, NY 12571						
REGIONAL FOOD BANK		PC	STUDENT BACKPACK	4,000.		
965 ALBANY SHAKER ROAD			PROGRAM	-,		
LATHAM, NY 12110						
RE/CREATION		PC	WRITING PROGRAM	12,500.		
PO BOX 55			WICTING TROOMS	12,500.		
HARTSDALE, NY 10530						
SPORTSMEN'S		PC	AFTER SCHOOL	10,000.		
950 BLUE HILL AVE			ENRICHMENT	10,000.		
DORCHESTER, MA 02124		I	CCHOI ADCHTD	1 500		
PARIS TRETOLA		_	SCHOLARSHIP	1,500.		
139 METZGER RD						
RED HOOK, NY 12571						

Part XV, Line 3a: Grants and Contributions Paid During the Year

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. Paid during the year				
HUDSON BUCCI		I	COLLEGE BOUND	1,500.
60 OVERLOOK DRIVE			SCHOLARSHIP	
RHINEBECK, NY 12572				
ANGEL SELENIS		I	COLLEGE BOUND	1,500.
212 ROCKEFELLER LANE			SCHOLARSHIP	
RED HOOK, NY 12571				
CHRISTOPHER DONAHUE		I	COLLEGE BOUND	1,500.
60 GARDEN ST			SCHOLARSHIP	
RED HOOK, NY 12571				
SAMANTHA RILEY		I	COLLEGE BOUND	1,500.
14 SMITH ST			SCHOLARSHIP	
RED HOOK, NY 12571				
				306,026.

Part IV: Capital Gains and Losses for Tax on Investment Income

(e.g., real estate,	e the kind(s) of proper 2-story brick warehous k, 200 shs. MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date	(d) Date sold
APPLE-500 SHS			D	12/31/16	05/11/21
UNION PACIFIC-225 SHS			D	12/27/17	08/10/21
APPLE-500 SHS			D	12/31/16	11/19/21
APPLE-130 SHS			D	12/31/16	12/09/21
VANGUARD MEGA CAP			D	01/26/17	12/09/21
JOHNSON AND JOHNSON-11	2 SHS		D	12/27/17	12/09/21
MICROSOFT-80 SHS			P	02/02/21	10/19/21
(e) Gross sales price	<pre>(f) Depreciation allowed (or allowable)</pre>	` • ·	st or other us expense of sale	(h) Gain (e) plus (g	(f) minus
62,955.			7,625.		55,330.
49,824.			19,177.		30,647.
80,372.			7,985.		72,387.
22,768.			2,076.		20,692.
23,457.			8,731.		14,726.
18,403.			15,796.		2,607.
24,646.			19,207.		5,439.
282,425.	0.		80,597.		201,828.
	ets showing gain in co e foundation on 12/31/0 (j) Adjusted basis as of 12/31/69	(k) Exc		(1) Gains gain minus but not less or Losses (h	col. (k), s than -0-) (from col.
					55,330. 30,647.
					72,387.
					20,692.
					14,726.
					2,607.
					5,439.
0.	0.		0.		201,828.

THE ASCIENZO FAMILY FOUNDATION 47-2453496

Form 990-PF: Return of Private Foundation

Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors Continuation Statement

Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
Brittany Mosher	Treasurer	0.		
65 Harms Way	10.00			
Jericho, VT 05465				
Jennifer Melitski	At Large	0.		
35 Deer Run Rd	10.00			
Red Hook, NY 12571				
Frances Thompson	At Large	0.		
44 Twin Ponds	10.00			
Kingston, NY 12401				
		0.	0.	0.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
TAX ON INVESTMENT INCOME	5,269.			
Tota	5 269			

Form 990-PF: Return of Private Foundation

Other Expenses Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
INTERN EXPENSE	1,215.			
INSURANCE	1,165.			
PROGRAM EXPENSES	308.			
BANK CHARGES	25.			
MISCELLANEOUS EXPENSES	1,260.			
FISCAL SPONSORSHIP	18,473.			18,473.
Tota	22,446.			18,473.

Net Gain or Loss From Sale of Assets

Name THE ASCIENZO FAMILY FOUNDATION	Employer Identification No. 47-2453496
Asset Information:	
Description of Property COCA-COLA-782 SHS Susiness Code Exclusion Code	
Date Sold 02/02/21 Name of Buyer Check Box, if Buyer is a Business	
Sales Price 38,530. Cost or other basis (do not reduce by depreciation)	ion) 36 095
Sales Expense Valuation Method	
Total Gain (Loss) 2 , 435 . Accumulated Depreciation	
Description of Property BOEING-53 SHS	
Business CodeExclusion Code	
Date AcquiredVarious How Acquired . Donated	
Date Sold	
Check Box, if Buyer is a Business	
Sales Price 10,762. Cost or other basis (do not reduce by depreciati	ion). 15.889.
Sales Expense Valuation Method	
Total Gain (Loss) -5,127. Accumulated Depreciation	
Description of Property ADVANCED MICRO DEVICES-750 SHS	
Business Code Exclusion Code	
Date Acquired 01/22/20 How Acquired Purchased	
Date Sold	
Check Box, if Buyer is a Business	
Sales Price 60,590. Cost or other basis (do not reduce by depreciati	ion). 38,745.
Sales Expense Valuation Method	
Total Gain (Loss) 21,845. Accumulated Depreciation	
Description of Property ADVANCED MICRO DEVICES-400 SHS	
Business CodeExclusion Code	
Date Acquired 01/22/20 How Acquired Purchased	
Date Sold 06/14/21 Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price32, 414. Cost or other basis (do not reduce by depreciation)	
Sales Expense Valuation Method	
Total Gain (Loss) 11,750. Accumulated Depreciation	
Description of Property See Net Gain or Loss from Sale of	Assets
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price. Cost or other basis (do not reduce by depreciation	ion)
Sales Expense Valuation Method Valuation Method	
Total Gain (Loss) Accumulated Depreciation	
Totals:	
Total Gain (Loss) of all assets 203,991.	
Gross Sales Price of all assets <u>424,721.</u>	
Unrelated Business Income Business Code . Excluded by section 512 513 514	-
Excluded by section 512, 513, 514 Exclusion Code . Related/Exempt Function Income . 203, 991.	=
Related/Exempt Function income203,991.	
QuickZoom here to Form 990-PF, Page 1	

Additional information from your Form 990-PF Part I Line 6a Net Gain or Loss From Sale of Assets

Form 990-PF Part I Line 6a Net Gain or Loss From Sale of Assets Net Gain or Loss from Sale of Assets

Description of Property	Bu sin es s Co de	Excl usio n Cod e	e Acq	How Acquired	Dat e Sol d	Name of Buyer	B u y er a B u si n e s s	Sale s Pric e	Cost or other basis	Sale s Exp ense	Valuation Method	Total Gain or Loss	Accu mulat ed Depre ciatio n
APPLE-500 SHS			12/31/1 6	Donated	05/11/2			62,955	15,340			47,615	
UNION PACIFIC- 225 SHS			Variou s	Donated	08/10/2			49,824	30,935			18,889	
APPLE-500 SHS			12/31/1	Donated	11/19/2			80,372	15,340			65,032	
APPLE-130 SHS			Variou s	Donated	12/09/2			22,768	3,988			18,780	
VANGUARD MEGA CAP GROWTH FUND- 90 SHS			01/26/1	Donated	12/09/2			23,457	8,731			14,726	
JOHNSON AND JOHNSON-112 SHS			12/27/1	Donated	12/09/2			18,403	15,796			2,607	
MICROSOFT-80 SHS			02/02/2	Purchased	10/19/2			24,646	19,207			5,439	

Investments

Name THE ASCIENZO FAMILY FOUN	NDATION				yer Identification No. 453496
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	US Govern Obligati Book Va	nment ons	f Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investme	ents - Corporate	Stock:	Book Value	(f Year Fair Market Value
3253 SHARES APPLE COMPU 130 MICROSOFT 658 SHARES UNION PACIFE 1711 SHARES VANGUARD ME Totals to Form 990-PF, Part II, L	CC EGA CAP		31, 90, 167,	558. 210. 742. 127. 637.	577,646. 43,722. 165,686. 446,233. 1,233,287.
Line 10c - Investme	nts - Corporate I	Bonds:	Book Value	(f Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 10c · · · · ·				
Line 12 - Investme	ents - Mortgage l	oans:	Book Value	(f Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 12				
Line 13 - Inve	estments - Other:	:	Book Value	(f Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 13				

IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning , 2021, and ending , 20

OMB	NO.	1545-0047	

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

Name of filer THE ASCIENZO FAI Name and title of officer or pe					
Name and title of officer or pe				EIN or SSN	•
·	MILY FOUNDAT	rion		47-2453496	
	erson subject to tax				
NICHOLAS J ASCI					
Part I Type of I	Return and Ret	turn Information			
CP and Form 5330 filers 5a, 6a, 7a, 8a, 9a, or 10 5b, 6b, 7b, 8b, 9b, or	s may enter dollars Da below, and the s 10b, whichever is	u are using this Form 8879-TE is and cents. For all other forms amount on that line for the retus applicable, blank (do not entore than one line in Part I.	s, enter whole dollars only. I urn being filed with this form	If you check the be n was blank, then	ox on line 1a, 2a, 3a, 4a leave line 1b, 2b, 3b, 4b
1a Form 990 check	k here ▶ □	b Total revenue, if any (For	rm 990, Part VIII, column (A	A), line 12)	1b
2a Form 990-EZ ch	neck here . 🕨 🗌	b Total revenue, if any (For	rm 990-EZ, line 9)		2b
3a Form 1120-POL	. check here ► 🗌	b Total tax (Form 1120-PO	L, line 22)		3b
4a Form 990-PF ch	neck here . ▶ 🗵	b Tax based on investmer	nt income (Form 990-PF, P	Part V, line 5) .	4b 3,738.
5a Form 8868 chec	ck here ▶ 🗌	b Balance due (Form 8868	s, line 3c)		5b
6a Form 990-T che	eck here . ▶ 🗌	b Total tax (Form 990-T, Pa	art III, line 4)		6b
7a Form 4720 chec	ck here ▶ 🗌	b Total tax (Form 4720, Pa	rt III, line 1)		7b
8a Form 5227 chec	ck here ▶ □	b FMV of assets at end of	tax year (Form 5227, Item	D)	8b
9a Form 5330 chec	ck here ▶ □	b Tax due (Form 5330, Par	t II, line 19)		9b
10a Form 8038-CP		b Amount of credit paymen			10b
		ure Authorization of Offic I am an officer of the above			
complete. I further declar intermediate service pro acknowledgement of rea the date of any refund. I (direct debit) entry to the return, and the financial 1-888-353-4537 no later processing of the electro	are that the amount ovider, transmitter, ceipt or reason for if applicable, I auther financial institution institution to debit or than 2 business conic payment of talected a personal icawal.	schedules and statements, and it in Part I above is the amount or electronic return originator (in rejection of the transmission, (in orize the U.S. Treasury and its on account indicated in the tax it the entry to this account. To redays prior to the payment (settleaxes to receive confidential infordentification number (PIN) as my	shown on the copy of the e (ERO) to send the return to (b) the reason for any delay designated Financial Agen preparation software for pa evoke a payment, I must co ement) date. I also authorize trmation necessary to answ	electronic return. I the IRS and to rec in processing the it to initiate an elec ayment of the fede ontact the U.S. Tre the financial inst er inquiries and re	consent to allow my serve from the IRS (a) an return or refund, and (c) stronic funds withdrawal eral taxes owed on this easury Financial Agent at titutions involved in the solve issues related to
☐ I authorize		ERO firm name	to enter my PIN	Enter five numbers,	
on the tax year 20: agency(ies) regular return's disclosure X As an officer or pe filed return. If I have	ting charities as page consent screen. erson subject to taxive indicated within	led return. If I have indicated wi art of the IRS Fed/State progran x with respect to the entity, I wi this return that a copy of the re	ithin this return that a copy m, I also authorize the afore ill enter my PIN as my signa eturn is being filed with a st	do not enter all zero of the return is be ementioned ERO to ature on the tax ye	but bus
on the tax year 20: agency(ies) regular return's disclosure As an officer or pe filed return. If I hav of the IRS Fed/Sta	ting charities as particle consent screen. erson subject to taxive indicated within ate program, I will e	led return. If I have indicated wi art of the IRS Fed/State program x with respect to the entity, I wi this return that a copy of the re enter my PIN on the return's dis	ithin this return that a copy m, I also authorize the afore Ill enter my PIN as my signa eturn is being filed with a st sclosure consent screen.	do not enter all zero of the return is be ementioned ERO to ature on the tax ye cate agency(ies) reg	ar 2021 electronically gulating charities as part
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on the tax year 200 agency(ies) regular return's disclosure As an officer or periled return. If I have of the IRS Fed/States Signature of officer or personer III Certificate ERO's EFIN/PIN. Enter	eting charities as pare consent screen. erson subject to tax ve indicated within atte program, I will en subject to tax ve indicated within attention and Auther your six-digit election.	led return. If I have indicated with art of the IRS Fed/State program with respect to the entity, I withis return that a copy of the retenter my PIN on the return's discontinuous and the control of the return of	ithin this return that a copy m, I also authorize the afore Ill enter my PIN as my signa eturn is being filed with a st sclosure consent screen.	of the return is been ementioned ERO to the ature on the tax yestate agency(ies) recommendations. May 3 3 9 6 9	ar 2021 electronically gulating charities as part
on the tax year 20: agency(ies) regular return's disclosure As an officer or pe filed return. If I hav of the IRS Fed/Sta Signature of officer or person Part III Certifica ERO's EFIN/PIN. Enter number (EFIN) followed I certify that the above ne	ting charities as page consent screen. erson subject to taxive indicated within atte program, I will a subject to tax tion and Auther your six-digit election by your five-digit summeric entry is myon in accordance were consented.	led return. If I have indicated with art of the IRS Fed/State program with respect to the entity, I withis return that a copy of the retenter my PIN on the return's discontinuous and the control of the return of	ithin this return that a copy m, I also authorize the afore ill enter my PIN as my signaturn is being filed with a staclosure consent screen.	do not enter all zero of the return is be ementioned ERO to ature on the tax ye tate agency(ies) rec Date ► May 3 3 9 6 9 or all zeros and return indicated	but os sing filed with a state o enter my PIN on the ar 2021 electronically gulating charities as part 11, 2022
on the tax year 20: agency(ies) regular return's disclosure As an officer or pe filed return. If I hav of the IRS Fed/Sta Signature of officer or person Part III Certifica ERO's EFIN/PIN. Enter number (EFIN) followed I certify that the above nam submitting this return	ting charities as page consent screen. erson subject to taxive indicated within atte program, I will a subject to tax tion and Auther your six-digit election by your five-digit summeric entry is myon in accordance were consented.	led return. If I have indicated with art of the IRS Fed/State program with respect to the entity, I with this return that a copy of the retenter my PIN on the return's distribution. In the indication of the indication is self-selected PIN. I will be indicated with the indicate	ithin this return that a copy m, I also authorize the afore ill enter my PIN as my signaturn is being filed with a staclosure consent screen.	do not enter all zero of the return is be ementioned ERO to ature on the tax ye tate agency(ies) rec Date ► May 3 3 9 6 9 or all zeros and return indicated	but os sing filed with a state o enter my PIN on the ar 2021 electronically gulating charities as part 11, 2022