# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2021

Open to Public Inspection

1.General Informat	ion				
For Fiscal Year Beginning	g (mm/dd/yyy	y) 01/01/	2021 and Ending (	mm/dd/yyyy) 12/31/	2021
Check if Applicable: Address Change	Name of Org		FAMILY FOUND	ATION INC.	Employer Identification Number (EIN): 86-3841642
Name Change X Initial Filing	Mailing Addr 100 KI	ess: NGSLEY RI	D		NY Registration Number:
Final Filing  Amended Filing	City / State / BURNT	ZIP: HILLS, N	Y 12027		Telephone: 212 661-2720
Reg ID Pending	Website:				Email:
Check your organization' registration category:	s 7A or	nly 🗓 EPTL	only DUAL (7A &		Confirm your Registration Category in the Charities Registry at <a href="www.CharitiesNYS.com">www.CharitiesNYS.com</a> .
2. Certification					
See instructions for certifitwo signatories.	ication require	ements. Improper	certification is a violation	of law that may be subject	to penalties. The certification requires
We certify under p				of the State of New York a	`
President or Authorized	Officer:	<u>Cleather</u>	Manthey	PRESIDENT	6/19/22
Chief Financial Officer of	r Troopiuror	Signature		Print Nam	e and Title Date
Ciliei Filialiciai Officei of	rreasurer.	Signature		Print Nam	e and Title Date
3. Annual Reporting	<b>Exemptic</b>	n.			
Check the exemption(s) to	hat apply to ye	our filing. If your o	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both
categories (DUAL filers) ti	hat apply to yo	our registration, c	omplete only parts 1, 2, a	nd 3, and submit the certifi	ed Char500. No fee, schedules, or
additional attachments a	re required. If	you cannot claim	an exemption or are a DU	AL filer that claims only on	e exemption, you must file applicable
schedules and attachmer	nts and pay ap	oplicable fees.			
exceed \$2		e organization did			overnment agencies, etc. did not raising counsel (FRC) to solicit
	filing exemption fiscal year.	on: Gross receipt	s did not exceed \$25,000	and the market value of as:	sets did not exceed \$25,000 at any time
4. Schedules and A	ttachment	Ş			
See the following page					
for a checklist of	Yes	☐ No 4a. Did yo	our organization use a pro	fessional fund raiser, fund i	raising counsel or commercial co-venturer
schedules and		for fund r	aising activity in NY State	? If yes, complete Schedule	∍ 4a.
attachments to		_			
complete your filing.	Yes	No 4b. Did the state of the	ne organization receive go	vernment grants? If yes, co	mplete Schedule 4b.
5 Fee					
See the checklist on the	7A filing	ı fee	EPTL filing fee:	Total fee:	
next page to calculate yo	1	,		. otal ioo.	Make a single check or money order
fee(s). Indicate fee(s) you	1				payable to:
are submitting here:	1 \$		<b>s</b>	l <b>s</b>	"Department of Law"

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

168451 01-10-22 1019

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2021 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
THE VAN NORTON FAMILY FOUN	DATION INC.		86-3841642	
Number and street (or P.O. box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
100 KINGSLEY RD			212-661-27	20
City or town, state or province, country, and ZIP or foreign province, BURNT HILLS, NY 12027	postal code		C If exemption application is pe	ending, check here
G Check all that apply: X Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	, check here
Final return	Amended return		0	
Address change	Name change		Foreign organizations mee check here and attach cor	eting the 85% test, nputation
H Check type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation stat	us was terminated
	Other taxable private foundate	ation	under section 507(b)(1)	
I Fair market value of all assets at end of year J Account		Accrual	F If the foundation is in a 6	60-month termination
	other (specify)	****	under section 507(b)(1)	(B), check here▶
	mn (d), must be on cash bas			(4)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	3,190.			
2 Check if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities			X	
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
D assets on line 6a		0.		
7 Capital gain net income (from Part IV, line 2)				
o Net Short-term capital gain				
9 Income modifications Gross sales less returns 10a and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss)				
11 Other income				
12 Total. Add lines 1 through 11	3,190.	0.	0.	
13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees				
b Accounting fees				
c Other professional fees				
b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 1 24 Total operating and administrative expenses. Add lines 13 through 23				
18 Taxes				#4±10=110 (10 to to the time t
19 Depreciation and depletion				
20 Occupancy 21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses STMT 1	3,190.	3,190.	0.	0.
24 Total operating and administrative		- /		
expenses. Add lines 13 through 23	3,190.	3,190.	0.	0.
25 Contributions, gifts, grants paid	0.			0.
26 Total expenses and disbursements.	916.9	1000		
Add lines 24 and 25	3,190.	3,190.	0.	0.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	0.			
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)		0.	0.	
Mujusteu net income (ii negative, enter -0-)			0.	

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

P	art	Balance Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	_	O STATE OF THE PROPERTY OF THE	(a) book value	(b) book value	(c) rail Warket value
	855	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	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			
	7	Other notes and loans receivable			
	_	Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
1		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
	40	Less: accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
	45	Less: accumulated depreciation			
		Other assets (describe )			
	16	Total assets (to be completed by all filers - see the	0.	0.	0.
_	17	instructions. Also, see page 1, item I)  Accounts payable and accrued expenses	0.	0.	
	18				
85.6	19	Grants payable			
Liabilities	20	Deferred revenue  Loans from officers, directors, trustees, and other disqualified persons			
bilit	21	Mortgages and other notes payable			
Lia		Other liabilities (describe			
	22	Other natimites (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	LU	Foundations that follow FASB ASC 958, check here			
"		and complete lines 24, 25, 29, and 30.			
nces	24	Nat assets without donor restrictions			
ılan	25	Net assets with donor restrictions			
l Ba		Foundations that do not follow FASB ASC 958, check here			
nn		and complete lines 26 through 30.			
Net Assets or Fund Bala	26	Capital stock, trust principal, or current funds	0.	0.	
ts o	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
sse	28	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
t A	29	Total net assets or fund balances	0.	0.	
ž					
	30	Total liabilities and net assets/fund balances	0.	0.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
	ui L	m jaran jara			
		net assets or fund balances at beginning of year - Part II, column (a), line			
		t agree with end-of-year figure reported on prior year's return)			0.
2	Enter	amount from Part I, line 27a	•••••		0.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	0.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	0.

Part IV Capital Gains	and Losses for Tax on In	vestment l	ncome	;				
	the kind(s) of property sold (for example arehouse; or common stock, 200 shs		,	(t	P - Purchase D - Donation		Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b NO	NE							
C								
d								
е								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other to pense of s			((6	(h) Gain or (loss) e) plus (f) minus (	
a					-			
b								
C					-			
d					-			
Complete only for accets above	ag goin in column (h) and august but	the foundation o	n 10/01/0	20				5. <b>.</b>
Complete only for assets shown	ng gain in column (h) and owned by t				-		ains (Col. (h) gain ), but not less thar	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col ol. (j), if a			L	osses (from col. (	1))
2022	40 01 12/0 1/00	0,01.0	01. ()), 11 a		-			
a				-	-			
b								
d d					1			
e					-			<del></del>
If gain, also enter in Part I, line 8, Part I, line 8	apital loss)   If gain, also enter of lf (loss), enter -0 lf (loss), enter -0 lf (loss) as defined in sections 1222(5) and column (c). See instructions. If (loss seed on Investment Incom	in Part I, line 7 d (6): s), enter -0- in	*******	)	2		o instruction	
						- se	e instruction	15)
	described in section 4940(d)(2), che					1		
	letter: (at				ee instructions)		1	0.
	enter 1.39% (0.0139) of line 27b. Ex							
enter 4% (0.04) of Part I, line 1	2, col. (b)							
	tic section 4947(a)(1) trusts and taxa						2	0.
3 Add lines 1 and 2	tio costice 40.47(a)(4) because and because					···  -	3	0.
	stic section 4947(a)(1) trusts and tax me. Subtract line 4 from line 3. If ze		0				4	0.
	me. Subtract line 4 from line 3. If Ze	ro or less, enter	-0				5	0.
6 Credits/Payments:	and 2020 overnovment eredited to 20	04	60			0.		
	and 2020 overpayment credited to 20 tax withheld at source		6a 6b			0.		
	tax withheld at source		6c			0.		
	ly withheld					0.		
7 Total credits and payments. Ad							7	0.
	ment of estimated tax. Check here						8	0.
	and 8 is more than 7, enter amount					<b>N</b>	9	0.
	than the total of lines 5 and 8, enter						10	
	be: Credited to 2022 estimated tax				Refunded		11	
								orm 990-PF (2021)

Pa	II L 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 participate or intervene in		Yes	No
	any politica	I campaign?	1a		X
b	Did it spend	d more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answe	er is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
		by the foundation in connection with the activities.			
С		ndation file Form 1120-POL for this year?	1c		X
		mount (if any) of tax on political expenditures (section 4955) imposed during the year:			
		foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			
ρ		simbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
		► \$ O .			
2		ndation engaged in any activities that have not previously been reported to the IRS?	2		X
-		ach a detailed description of the activities.			
3		ndation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
·		other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
12		ndation have unrelated business gross income of \$1,000 or more during the year?	4a		X
			4a 4b		- 21
		s it filed a tax return on Form 990-T for this year?  A liquidation, termination, dissolution, or substantial contraction during the year?	5		X
5		ach the statement required by General Instruction T.	3		21
c		uirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
U		age in the governing instrument, or			
		egislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
		수도 마이에게 하는 사람들은 사람들이 되었다면 하는 사람들이 되었다면 하는데	<u> </u>	X	
7	Did the four	ne governing instrument? Indation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Λ	X
7	Dia the loui	indution have at least \$5,000 in assets at any time during the year? If fes, complete Part II, col. (c), and Part XIV	1		A
0	Enter the et	ates to which the foundation reports or with which it is registered. Can instructions			
вa		ates to which the foundation reports or with which it is registered. See instructions.			
	NY	ay is "Ves" to lies 7, has the foundation funcional a security form 000 DF to the Attender Consultant designate.			
D		er is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
0		e as required by General Instruction G? If "No," attach explanation N/A	8b		
9		dation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			v
40		or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10		sons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		Α.
11		during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			37
40		(b)(13)? If "Yes," attach schedule. See instructions	11		X
12		ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			v
		ach statement. See instructions	12	37	X
13		ndation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
		dress N/A	1 0	700	
14		are in care of HEATHER MANTHEY  Telephone no. > 212-66		/20	
		▶ 100 KINGSLEY RD, BURNT HILLS, NY ZIP+4 ▶12			
15		17(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		>	
		ne amount of tax-exempt interest received or accrued during the year	N	/A	NI -
16		during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
		or other financial account in a foreign country?	16		X
		tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign cou				
		Fo	rm <b>99</b> 0	J-PF	(2021)

	1990-PF (2021) THE VAN NORTON FAMILY FOUNDATION INC. 86-38	41642		Page 5
Pa	art VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		X
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1a(5)		X
	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)		X
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 N/A	1b		
C	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 2021?	1d		X
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		X
	If "Yes," list the years <b>&gt;</b>			
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.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	3a		X
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.)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			X

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?

Form 990-PF (2021) THE VAN NORTON FAMILY FOL			86-3841	642	F	Page 6
Part VI-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)		N 1	Al-
5a During the year, did the foundation pay or incur any amount to:				and Sh	Yes	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section				5a(1)	as interior	X
(2) Influence the outcome of any specific public election (see section 4955); or				5-10	1000	X
any voter registration drive?				5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?				5a(3)	ikrátnej i	v 457 300
(4) Provide a grant to an organization other than a charitable, etc., organization				En/A)	DASS.	X
4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary,				5a(4)		
				5a(5)	1216	Х
the prevention of cruelty to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	for the excentions described i	n Regulations	•••••	38(3)	XVIII.	
section 53.4945 or in a current notice regarding disaster assistance? See instru				5b	112.30141	X
c Organizations relying on a current notice regarding disaster assistance, check h						251016
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			'			
expenditure responsibility for the grant?			N/A	5d	40	***************************************
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		•••••			(MAIN)	1 in 114
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on					
a personal benefit contract?	• •			6a	\$330,77.07	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p				6b		X
If "Yes" to 6b, file Form 8870.		***************************************	•••••			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?			7a	2000	X
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$						
excess parachute payment(s) during the year?	.,			8		X
Part VII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly				
Paid Employees, and Contractors	•					
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.					
( ) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plan and deferred	n l	(e) Exp ccount,	ense
(a) Name and address	to position	enter -0-)	and deferred compensation	<u> </u>	allowa	
HEATHER MANTHEY	PRESIDENT					
100 KINGSLEY RD						
BURNT HILLS, NY 12027	1.00	0.	0	•		0.
	!					
	-					
				1		
2 Compensation of five highest-paid employees (other than those incl	(b) Title, and average	enter "NONE."	(d) Contributions t	,	(a) Evn	0000
(a) Name and address of each employee paid more than \$50,000	` 'hours per week "	(c) Compensation	(d) Contributions t employee benefit pla and deferred	is a	(e) Exp ccount,	other
270277	devoted to position		compensation		allowa	nces
NONE						
				+		
				+		
				+		
				+		
Total number of other employees paid over \$50,000		<u>.                                    </u>	<b></b>			0
LOGI HUHIDO DI DINDI DINDIOTODO PRIO CACI MONTONO		····				

Form 990-PF (2021)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undatio	ons, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	3417 (1. 10) 3417 (1. 10) 1117 (1. 10)	TAP
a	Average monthly fair market value of securities	1a	7 0.
	Average of monthly cash balances	_ I	
	Fair market value of all other assets (see instructions)		
	Total (add lines 1a, b, and c)		0.
	Reduction claimed for blockage or other factors reported on lines 1a and		
•	- · · · · · · · · · · · · · · · · · · ·		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d		0.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)		
5	Net value of noncharitable-use assets. Subtract line 4 from line 3		0.
6	Minimum investment return. Enter 5% (0.05) of line 5		0.
P	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations		tain
	foreign organizations, check here  and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	0.
2a	Tax on investment income for 2021 from Part V, line 5	EC.23	
b	Income tax for 2021. (This does not include the tax from Part V.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions		0.
5	Add lines 3 and 4		0.
6	Deduction from distributable amount (see instructions)		0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	_	0.
P	art:XI 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	0.
b	Program-related investments - total from Part VIII-B		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	<u> </u>
b	Cash distribution test (attach the required schedule)		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4		0.

86-3841642

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X,				0.
line 7  2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
<b>b</b> From 2017				
c From 2018				
d From 2019				
e From 2020	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2021 from Part XI, line 4: ► \$ 0 .				
a Applied to 2020, 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 2021 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2022				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	1800			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2016				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022.	0.			
Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:	0.			
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				

Part XIV Supplementary Information	n (continued)			
3 Grants and Contributions Paid During the	Year or Approved for Future P	ayment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year				
NONE				
Total	<u>'</u>		▶ 3a	0.
b Approved for future payment				
NONE				
Total			<b>&gt;</b> 3b	0.

Form 990-PF (2021)

aivsis ot i	Income-Producing	Activities
	alysis ot	alysis of Income-Producing

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
		-			
c	1 1				
d	<u> </u>	<del> </del>			
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory		<del>-</del>		1	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<u> </u>		
11 Other revenue:					
a					
b					
	1		l	1	
C			L		
	1 1				
	1 1				
d		0.		0.	0.
d e 12 Subtotal. Add columns (b), (d), and (e)		0.		·	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.		·	·
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	·
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				13	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XV-B Relationship of Activities t	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVB Relationship of Activities t  Line No. Explain below how each activity for which inco	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)    Part XV-B   Relationship of Activities t	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVB Relationship of Activities t  Line No. Explain below how each activity for which inco	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XV-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second secon	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XV-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second secon	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVB Relationship of Activities t  Line No. Explain below how each activity for which inco	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVB Relationship of Activities t  Line No. Explain below how each activity for which inco	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVB Relationship of Activities t  Line No. Explain below how each activity for which inco	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVB Relationship of Activities t  Line No. Explain below how each activity for which inco	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVB Relationship of Activities t  Line No. Explain below how each activity for which inco	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVB Relationship of Activities t  Line No. Explain below how each activity for which inco	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVB Relationship of Activities t  Line No. Explain below how each activity for which inco	o the Acco	mplishment of Exe	empt	Purposes	0.
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d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVB Relationship of Activities t  Line No. Explain below how each activity for which inco	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVB Relationship of Activities t  Line No. Explain below how each activity for which inco	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XV-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second secon	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XV-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second secon	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVB Relationship of Activities t  Line No. Explain below how each activity for which inco	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XV-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second secon	o the Acco	mplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XV-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second secon	o the Acco	mplishment of Exe	empt	Purposes	0.

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** 

							<del></del>	g = 1, at a	Vaa	Ma
1					g with any other organization	on described in sec	tion 501(c)	F	Yes	INO
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?						His.			
a	a Transfers from the reporting foundation to a noncharitable exempt organization of:						-11112	1.73		
	(1) Cash							1a(1)		X
	(2) Other	assets						1a(2)		X
b	Other tran	sactions:						ingle!		
	(1) Sales	of assets to a noncharital	ole exempt organizati	ion	••••			1b(1)		X
										X
										X
										X
										X
	(6) Perfo	rmance of services or me	mbership or fundrais	ino solicitatio	ns			1b(6)		Х
c					ployees					Х
					dule. Column (b) should alv				ets.	
٠		•	•	-	ed less than fair market valu	-	=		,	
		i) the value of the goods,			ou lood man lan mandi lan	o iii diiy a diiodollol	. or onaring arrangement	., 0		
(a)ı		(b) Amount involved			e exempt organization	(d) Description	n of transfers, transactions, a	nd sharing arra	angemer	nts
(-/-		(5) / 11100111 11101-100	(0)	N/A		(0,000.00.				
				M/H						
					<del></del>					
							<del></del>			
							·			
2a	Is the four	ndation directly or indirect	ly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				
					•••••			Yes	X	No
b		omplete the following sch								
		(a) Name of org			(b) Type of organization		(c) Description of relati	onship		
N/A										
-					-					
	Under	penalties of perjury, I declare to	hat I have examined this	return, including	accompanying schedules and st	atements, and to the b	est of my knowledge	V-12-12-12-12-12-12-12-12-12-12-12-12-12-		
Si	gn and be	return delier, 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 of return with the	e prepar	er	
	ere						X Yes		Str. No	
	Sign	Signature of officer or trustee Date Title					<u> </u>	· L	7 140	
Print/Type preparer's name   Preparer's signature   Date   Check   if   PTIN						IN				
		The broker of Stia			·9·········	2410	self- employed	•••		
P	nid	WTI.I.TAM A				, , ,	00228	657		
	eparer	WILLIAM A. REGEN					Firm's EIN ▶ 13-			
	se Only						2040T	U D		
Firm's address ▶ 57 WEST 38TH STREET, THIRD FLOOR										
						20				
						) ppT				

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Name of the organization

Employer identification number

T	HE VAN NORTON FAMILY FOUNDATION INC.	86-3841642				
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					
• •	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
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						
sections 509(a)( <sup>-</sup> contributor, duri	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), 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.					
contributor, duri	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributio is checked, ente purpose. Don't c	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					
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PFing requirements of Schedule B (Form 990).					

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

Name of organization

Employer identification number

### THE VAN NORTON FAMILY FOUNDATION INC.

86-3841642

Part I	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	HEATHER MANTHEY  100 KINGSLEY RD  BURNT HILLS, NY 12027	\$3,190.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

### THE VAN NORTON FAMILY FOUNDATION INC.

86-3841642

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	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
		     \$	
(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
		\$	
(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
		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	rganization	Employer identification number					
THE V	AN NORTON FAMILY FOUNDAT	TION INC.		86-3841642			
Part III	Exclusively religious, charitable, etc., contributifrom any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ons to organizations described in s through (e) and the following line er charitable, etc., contributions of \$1,000 or	ntry. For organizations	that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	(d) Description of how gift is held			
	(e) Transfer of gift						
_	Transferee's name, address, a	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, an	nd ZIP + 4	Relationship of transferor to transferee				
/ N							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
	Transferee's name, address, ar	ansteror to transferee					
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
i i							