# Form **990-PF**Department of the Treasury Internal Revenue Service

#### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

For calendar year 2022 or tax year beginning and ending Name of foundation A Employer identification number \*\*-\*\*\*1642 THE VAN NORTON FAMILY FOUNDATION INC. Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 100 KINGSLEY RD 212-661-2720 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 12027 BURNT HILLS, NY Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here ... I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ... (Part I, column (d), must be on cash basis.) 81,082. \$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and expenses per books (b) Net investment (c) Adjusted net income (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) income 107,721. Contributions, gifts, grants, etc., received 2 Check if the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments 506. 506. Dividends and interest from securities STATEMENT 5a Gross rents Net rental income or (loss) -4,8426a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 8a ..... 89,485. 7 Capital gain net income (from Part IV, line 2) 0. 8 Net short-term capital gain N/A Income modifications 10a and allowances b Less: Cost of goods sold c Gross profit or (loss) 11 Other income 103,385. 506. 12 Total. Add lines 1 through 11 0. 0. 13 Compensation of officers, directors, trustees, etc. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 2 750. 750. 0. 750. 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 3 1,030. 0. 0. 1,030. Operating 24 Total operating and administrative expenses. Add lines 13 through 23 1,780. 750. 0. 1,780. 22,000 22,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 23,780. 750. Add lines 24 and 25 0. 23,780. 27 Subtract line 26 from line 12: 79,605. 3 Excess of revenue over expenses and dishursements b Net investment income (if negative, enter -0-) 0. 0. c Adjusted net income (if negative, enter -0-)

223501 12-08-22 LHA For Paperwork Reduction Act Notice, see instructions.

Fo	m 99	00-PF (2022) THE VAN NORTON FAMILY FO	OUNDATION INC.	**_*	**1642 Page 2	
ſĒ	art	Balance Sheets Attached schedules and amounts in the description	nts in the description Beginning of year End of year			
느		column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	• • • • • • • • • • • • • • • • • • • •		38,951.	38,951.	
		Savings and temporary cash investments				
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable			<del></del>	
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
		Less; allowance for doubtful accounts				
Ø	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments - U.S. and state government obligations				
	Ь	Investments - corporate stock				
		Investments - corporate bonds				
		Investments - land, buildings, and equipment: basis				
		Less: accumulated depreciation	1			
	12	Investments - mortgage loans				
	13	Investments - other STMT 4	0.	40,654.	42,131.	
	14	Land, buildings, and equipment: basis			11/1001	
	'"	Less: accumulated depreciation		· · · · · · · · · · · · · · · · · · ·		
	15	Other assets (describe )				
		Total assets (to be completed by all filers - see the				
	'°	instructions. Also, see page 1, item I)		79,605.	81,082.	
_	17	Accounts payable and accrued expenses		75,003.	01,002.	
				v ·		
	18	Grants payable				
es	19	Deferred revenue				
Liabilities		Loans from officers, directors, trustees, and other disqualified persons				
jä	21	Mortgages and other notes payable				
_	22	Other liabilities (describe)				
_	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow FASB ASC 958, check here		p.e.		
es		and complete lines 24, 25, 29, and 30.				
310	24	Net assets without donor restrictions			<u></u>	
396	25	Net assets with donor restrictions				
둳		Foundations that do not follow FASB ASC 958, check here 🛣				
or Fund Balance	1	and complete lines 26 through 30.		_		
ģ	26	Capital stock, trust principal, or current funds	0.	0.		
Net Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	<u> </u>	
\ss	28	Retained earnings, accumulated income, endowment, or other funds	0.	79,605.		
귷	29	Total net assets or fund balances	0.	79,605.		
Z	ĺ					
_	30	Total liabilities and net assets/fund balances	0.	79,605.		
P	art	Analysis of Changes in Net Assets or Fund Ba	lances			
_						
1		net assets or fund balances at beginning of year - Part II, column (a), line			_	
		st agree with end-of-year figure reported on prior year's return)			0.	
2	Enter	amount from Part I, line 27a		2	79,605.	
3	Othe	r increases not included in line 2 (itemize)		3	0.	
		lines 1, 2, and 3			79,605.	
		eases not included in line 2 (itemize)		5	0.	
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	dumn (b), line 29	6	79,605.	
					Form <b>990-PF</b> (2022)	

Part IV Capital Gains	and Losses for Tax on Inv	vestment Incom	e					1 ago o
(a) List and describe	the kind(s) of property sold (for exan arehouse; or common stock, 200 shs.	nple, real estate,	1	) How acquired P - Purchase D - Donation		acquired lay, yr.)	(d) Date s (mo., day,	
1a VNGRD BAL IDX	ADML				10/1	0/22	11/01/	/22
b VNGRD TTL STK	MKT ADML				09/2		10/10/	
c VNGRD TTL STK	MKT ADML			D	09/1		10/10/	
d CAPITAL GAINS					ļ			
e								
(e) Gross sales price	(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (						(g))	
a 25,000.	25,000. 24,057.							943.
b270.			270	. [		_		0.
c 64,045.		70	0,000.				-5,9	<del>55.</del>
d 170.			•					L70.
е		-						
	ng gain in column (h) and owned by th	ne 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	(k) Excess of co over col. (j), if			ol. (k), but i		n -0-) or	
a							9	943.
b								0.
C							-5,9	55.
d								L70.
e				1			<u> </u>	
If gain, also enter in Part I, line 8, Part I, line 8	apital loss) [ If (loss), enter -0- ss) as defined in sections 1222(5) and column (c). See instructions. If (loss) sed on Investment Income	1 (6): ), enter -0- in		2 3 (b) or 4948	- egg in	structio	-4,8 -5,0	-
		<u> </u>		* **	- 266 III	sti uctio	113)	
	described in section 4940(d)(2), check	****					19 14 Files	٠,
Date of ruling or determination				e instructions)	<b>}</b>  -1			0.
	enter 1.39% (0.0139) of line 27b. Exe					2		- 17
erner 4% (0.04) of Part I, line 1	2, col. (b)				기			
	tic section 4947(a)(1) trusts and taxab							<u>0.</u>
3 Add lines 1 and 2					. 3			<u>0.</u>
	stic section 4947(a)(1) trusts and taxa							<u>0.</u>
	me. Subtract line 4 from line 3. If zero	o or tess, enter -0-	• • • • • • • • • • • • • • • • • • • •		5		<del> </del>	0.
6 Credits/Payments:		ا د ا			,			
	and 2021 overpayment credited to 202	2 6a			9-1			
	tax withheld at source				<u> </u>			·
	tension of time to file (Form 8868)				<u> </u>			
	y withheld	<u>6d</u>			<u>•                                    </u>			
7 Total credits and payments. Ad	- · · · · · · · · · · · · · · · · · · ·							<u>0.</u>
	ment of estimated tax. Check here	if Form 2220 is atta	ached		8			0.
	and 8 is more than 7, enter amount or							0.
	than the total of lines 5 and 8, enter t	ne amount overpaid						
11 Enter the amount of line 10 to t	pe: Gredited to 2023 estimated tax			Refunde	e <u>d</u> 11		000 55	
						F	orm 990-PF	(2022)

-	1990-PF (2022) THE VAN NORTON FAMILY FOUNDATION INC. **-**1 Int VI-A   Statements Regarding Activities	642		Page 4
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>	Yes	No
14	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b	-	X
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	<u> </u>		<u> </u>
	distributed by the foundation in connection with the activities.			ļ
C	Did the foundation file Form 1120-POL for this year?	10		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ 0 . (2) On foundation managers. \$	11 11 11		1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	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		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
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		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			ĺ
	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	X	—
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	X	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	NY	1.4		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		.,,	
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	1 _		<del></del>
	year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule tisting 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	١.,		x
10	section 512(b)(13)? If "Yes," attach schedule. See instructions  Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	11		<u> </u>
12	APPLICATION OF THE PROPERTY OF	1 42		x
12	If "Yes," attach statement. See instructions  Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12	x	<del>  ^</del>
10	Website address VANNORTONFAMILYFOUNDATION.ORG			
14	The books are in care of HEATHER MANTHEY  Telephone no. 212-66	1-2	720	
17	Located at 100 KINGSLEY RD, BURNT HILLS, NY ZIP+4 12			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		-	$\Box$
	and enter the amount of tax-exempt interest received or accrued during the year		/A	L
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
		rm 99	0-PF	(2022)

Pi	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
18	a 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)		140	
	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?	1		X
	(5) Transfer any income or assets to a disqualified person (or make any of either available		1.00	338
	for the benefit or use of a disqualified person)?	1a(5)		X
	(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)		X
t	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	5.45		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	. 1b		
(	c Organizations relying on a current notice regarding disaster assistance, check here	] [		Г
(	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 2022?	. 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)):	:		
a	a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines			
	6d and 6e) for tax year(s) beginning before 2022?	2a		X
	If "Yes," list the years,,,,		1.0	
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	. <u>2b</u>		
C	o If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
_	,		- × ,	
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	3a		<u> </u>
b	b If "Yes," did it have excess business holdings in 2022 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,		34.84	
	Schedule C, to determine if the foundation had excess business holdings in 2022.)  N/A			<del></del>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>		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 2022?	. 4b		_X_

Pa	rt V	I-B	Statements Regarding Activities for Which F	orm 4720 May Be R	equired <sub>(contin</sub>	ued)			
5a		_	year, did the foundation pay or incur any amount to:					Yes	No
	(1)	Carry o	on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?			5a(1)		X
	٠.		ice the outcome of any specific public election (see section 4955); o	• •	• •			:	
		any vo	ter registration drive?				5a(2)		<u>X</u>
			e a grant to an individual for travel, study, or other similar purposes				5a(3)		X
			e a grant to an organization other than a charitable, etc., organization				l		
		4945(0	I)(4)(A)? See instructions				5a(4)		X
			e for any purpose other than religious, charitable, scientific, literary,				P-45\	1.7	w
	16	the pre	evention of cruelty to children or animals? er is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		- Danishiana		5a(5)	-	<u> </u>
D			ter is these to sa(1)-(5), and <b>any</b> of the transactions fail to qualify the 4945 or in a current notice regarding disaster assistance? See instru				5b		X
			ns relying on a current notice regarding disaster assistancer (see insulins relying on a current notice regarding disaster assistance, check h				100		
	d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained								
ŭ									
			ach the statement required by Regulations section 53.4945-5(d).	•••••	•••••		5d		
6a			ndation, during the year, receive any funds, directly or indirectly, to	pay premiums on			1		
			benefit contract?				6a		X
Ь			ndation, during the year, pay premiums, directly or indirectly, on a p				6b		X
	If "Y	es" to 6	sb, file Form 8870.						
			during the tax year, was the foundation a party to a prohibited tax s				7a		<u> </u>
b	If "Y	es," did	the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b		
8	is th	e found	dation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or			1		
В-			achute payment(s) during the year?				8		<u> </u>
	rt V		Information About Officers, Directors, Trusto Paid Employees, and Contractors		nagers, Highly				
1 List all officers, directors, trustees, and foundation managers and their compensation.									
	(a) Name and address (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (d) Contributions to employee benefit plans and deterred compensation						ons a	(e) Expense account, other allowances	
HE	ΑTΙ	HER	MANTHEY	PRESIDENT					
			SSLEY RD						
BUI	<u>RN</u>	[H 7	ILLS, NY 12027	1.00	0.	0	•		<u>0.</u>
			· · · · · · · · · · · · · · · · · · ·				-		
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							+		
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		_							
2 (	om	pensa	tion of five highest-paid employees (other than those inc	luded on line 1). If none, o	enter "NONE."				
		(a) Nan	ne and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions t employee benefit pla and deferred compensation	o ns a	(e) Exp ccount, allowa	ense other
		NO	ONE	devoted to position		отрепация	<u> </u>		
			-	.=					
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			· · · · · · · · · · · · · · · · · · ·						
	_				<u></u>				
Tota	1 nu	mber o	f other employees paid over \$50,000	······			001	)_DE	0
						Fo	illi aai	0-PF	(2022)

P	art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign 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	85,465.
	Average of monthly cash balances	1b	5,833.
	Fair market value of all other assets (see instructions)	1c	44,500.
d		1d	135,798.
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	0.
3	Subtract line 2 from line 1d	3	135,798.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	2,037.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	133,761.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	6,688.
P	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certain	
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	6,688.
2a		4.1	
b	Income tax for 2022. (This does not include the tax from Part V.)		
C		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,688.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,688.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	6,688.
P	art XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a		1a	23,780.
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:		
	Suitability test (prior IRS approval required)	3a	
	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	23,780.

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# Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X,				B B B
line 7				6,688.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:		0.		
L 5 0040				
F 0040				
4 From 0000				
- From 2001				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$ 23,780.				
a Applied to 2021, but not more than line 2a			0.	
<b>b</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 2022 distributable amount				6,688.
e Remaining amount distributed out of corpus	17,092.			
Excess distributions carryover applied to 2022 (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	17,092.			
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		4		
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2021. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must	HANDO STANDERS OF THE			2
be distributed in 2023				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2017	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023.	17,092.			
Subtract lines 7 and 8 from line 6a	11,092.			
10 Analysis of line 9: a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022 17,092.				
				Form 990-PF (2022)

223581 12-06-22

		-PF (2022) THE VAN	NORTON	FAMIL	Y FOUNDAT:	ION INC.	* 1	*-***1642	Page 10
Ρĭ	art X	III Private Operating F	oundations	(see instru	ctions and Part VI-	A, question 9)	N/A		-
1 8	a If th	e foundation has received a ruling o	or determination l	etter that it is	s a private operating				
	four	ndation, and the ruling is effective fo	or 2022, enter the	date of the r	uting				
1	Che	ck box to indicate whether the found	d <u>ation is a private</u>	operating fo	oundation described in	section	4942(j)(3) or	4942(j)(5)	
2 ;	a Ente	r the lesser of the adjusted net	Tax yea	r		Prior 3 years			
	inco	me from Part I or the minimum	(a) 202	2	(b) 2021	(c) 2020	(d) 2019	(e) T	Total .
		stment return from Part IX for							
		ı year listed							
		(0.85) of line 2a							
		lifying distributions from Part XI,							
		4, for each year listed		l					
		ounts included in line 2c not							
•		d directly for active conduct of							
		mpt activities							
		lifying distributions made directly		-					
•		active conduct of exempt activities.	i						
		tract line 2d from line 2c							
3		iplete 3a, b, or c for the					<del>                                     </del>	<del></del>	
_	alter	native test relied upon:		ŀ					
8		ets" alternative test - enter:							
	(1)	Value of all assets	<u> </u>						
	(2)	Value of assets qualifying							
		under section 4942(j)(3)(B)(i)							
		lowment" alternative test - enter of minimum investment return	1	1				ŀ	
	shov	wn in Part IX, line 6, for each year	İ						
		d							
0	"Sup	port" alternative test - enter:							
		Total support other than gross							
		investment income (interest, dividends, rents, payments on							
		securities loans (section							
		512(a)(5)), or royalties)							
	(2)	Support from general public							
		and 5 or more exempt organizations as provided in		ł					
		section 4942(j)(3)(B)(iii)							
	(3)	Largest amount of support from							
		an exempt organization							
		Gross investment income							
Pa		IV Supplementary Info	rmation (Co	mplete t	this part only if	the foundation	had \$5,000 o	r more in asse	ets
		at any time during t	he year-see	instruct	ions.)				
1.	Info	rmation Regarding Foundatio							
		any managers of the foundation wh	_	d more than	2% of the total contri	butions received by the	e foundation before t	the close of any tax	
		(but only if they have contributed n				•		•	
NO	NE								
b	List	any managers of the foundation wh	o own 10% or m	ore of the sto	ck of a corporation (	or an equally large port	ion of the ownership	of a partnership or	
		r entity) of which the foundation has			,		·	•	
NO	NE								
2	Info	rmation Regarding Contributi	on, Grant, Gift	, Loan, Sch	nolarship, etc., Pro	grams:	·		
	Chec	ck here X if the foundation	n only makes con	tributions to	preselected charitable	organizations and do	es not accept unsolic	cited requests for fun-	ds. If
	the f	oundation makes gifts, grants, etc.,	to individuals or	organization	s under other condition	ons, complete items 2a	, b, c, and d.		
a	The	name, address, and telephone numb	oer or email addr	ess of the pe	rson to whom applica	tions should be addres	ssed:		
				·					
			_						
b	The	form in which applications should b	e submitted and	information a	and materials they sh	ould include:			
C	Any	submission deadlines:							
	A	rootriotions on limitations are i					- Al E		
đ	Ally	restrictions or limitations on awards	s, such as by geo	yrapnicai are	as, charitable fields, l	ands of institutions, or	other factors:		
						_			

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ar or Approved for Future F	Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	**	
a Paid during the year				
EMPIRE STATE YOUTH ORCHESTRA	DONEE		ASSIST IN COVERING	
432 STATE STREET			ESSENTIAL PROGRAM	
SCHENECTADY , NY 12305		1	expenses as well as	
			HELPING WITH MEALS FOR	
••••			THE STUDENTS DURING	22,000.
		1		
		]		
Total	T	 T	3a	22,000.
Approved for future payment		1		
			1	
NONE				
<del></del>				
			1	
Total	<u> </u>	L		0.

Part XV-A Analysis of Income-Producing Activiti
---

Enter gross amounts unless athems	ing indicated	Unrelated h	ousiness income	Evelue	led by section 512, 513, or 514	
Enter gross amounts unless otherw	rise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	}	code	7411041112	code	Amount	Tunction income
a b				+ +		
		<del></del>		╅		
c d	The state of the s			+		<del></del> ·
e				$\dagger$		
f						
g Fees and contracts from gov	ernment agencies					<del></del>
2 Membership dues and assessm			· ·			
3 Interest on savings and tempora						
investments						
4 Dividends and interest from sec	urities					506.
5 Net rental income or (loss) from						
a Debt-financed property			<u> </u>			
b Not debt-financed property .						
6 Net rental income or (loss) from	•	i		1 1		
property						
7 Other investment income				$oxed{oxed}$		
8 Gain or (loss) from sales of asset than inventory						-4,842.
9 Net income or (loss) from specia	al events					
10 Gross profit or (loss) from sales	of inventory					
11 Other revenue:				1		· <u>·</u>
a				$oxed{oxed}$		
b				$\sqcup$		
C						
d						
e						
12 Subtotal. Add columns (b), (d),	and (e)		0.		0.	-4,336.
13 Total. Add line 12, columns (b),	(d), and (e)				13	-4,336.
(See worksheet in line 13 instruction						·
	ship of Activities to					
Line No. Explain below how extended the foundation's exe	each activity for which income empt purposes (other than by	is reported in co providing funds t	olumn (e) of Part XV-A of for such purposes).	contribute	ed importantly to the accomp	lishment of
1 INVESTMENT	INCOME FROM S	TOCKS IS	S A MEANS F	OR C	BTAINING FUNI	os
TO CONTRIBU	TE TO CHARITA	BLE ORGA	ANIZATION I	N AI	DITION TO REC	CEIVING
CONTRIBUTIO	NS					
				-		
		·				
<del></del>						
				_		
		<del></del>				
					<u> </u>	
			<u> </u>			
		<del>-</del>			<del></del>	

# Form 990-PF (2022) Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)										Yes	No
	•	an section 501(c)(3) organ	•	-		ions?				. 11	
a		s from the reporting founda									
		h									X
		er assets							1a(2)		X
b		insactions:									
		s of assets to a noncharital									X
		chases of assets from a nor									X
	(3) Ren	tal of facilities, equipment,	or other assets						<u>1b(3)</u>		X
	(4) Reir	nbursement arrangements		•••••				•••••	1b(4)		X
	(5) Loa	ns or loan guarantees							1b(5)		<u>X</u>
		formance of services or me									_ <u>X</u> _
		of facilities, equipment, ma									X
d		swer to any of the above is								ets,	
		es given by the reporting fo			ed less than fair marke	et value i	n any transaction	or sharing arranger	ment, show in		
<b>/-</b> 1		(d) the value of the goods,									
(a) Li	ne no.	(b) Amount involved	(c) Name or		exempt organization		(C) Description	of transfers, transaction	ns, and sharing arra	ngemen	ts
	-+			N/A							
	-										
	-										
	-										
	-										
	-										
	-										
	_										
	_										
	_										
2a		undation directly or indirect							<u> </u>		٠
		n 501(c) (other than section		ction 527?		•••••			Yes	X	] No
b	If "Yes," (	complete the following sche			0 1 T (	T			1-4'		
		(a) Name of org	anization		(b) Type of organiza	tion		(c) Description of re	elationship		
		N/A									
			<del></del>						· -		
	Line	fer penalties of perjury, I declare	that I have exemined this	return includin	n accompanying echadula	e and etate	ements and to the h	est of my knowledge			
Sig		belief, it is true, correct, and cor							May the IRS d	scuss th	nis r
He					1		DDEGIDEN	TETS	shown below?	See ins	tr.
	· I —	nature of officer or trustee	and the second s		Data	:	PRESIDEN	T	_ X Yes		J No
	Sig	Print/Type preparer's na		Preparer's si	Date	In	Title	Check if	PTIN		
		Trinivitype preparer S Ha	3116	i ichaici 9 Si	ynature	ا ا	ate	self- employed	1 1110		
Paid WILLIAM & RECEN								oun- employeu	DOGGO	C E 77	
	e parer	WILLIAM A. I		MA CIPERT	מיגמים מדק	- P		Circula Citt ##	P00228		
	e Only		и обич о	MACVEN	LIB, CPA S	P. C	• •	Firm's EIN **	ото.	,	
<u> </u>	o Omy		MPCM 20mm	CMDPPP	r, THIRD F	TOOP	•	<del> </del>			
			YORK, NY		r, IHIKD F	TOOL	•	Dhone se /2	12) 661	_277	20
		TAEM	TORK, MI	10010				Phone no. (2	Form <b>99</b> 0		

### 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

**2022** 

Name of the organization **Employer identification number** \*\*-\*\*\*1642 THE VAN NORTON FAMILY FOUNDATION INC. Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address). II. and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_\$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

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. I. H H.	VAN	MICHALLINI	M. V MIII'A	MC 11 (MILLACI) I 1 3 MI	I MIC.

\*\*-\*\*\*1642

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal 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	\$	Person X Payroll  Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GERALD KOHLBECK  50 CENTRAL PK SOUTH  NEW YORK , NY 10019	_ \$\$	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANDREA BACON  28 MELIO BETTINA PLACE  BEACON, NY 12058	\$10,000. \$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	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 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.)

Name of organization

**Employer identification number** 

# THE VAN NORTON FAMILY FOUNDATION INC.

\*\*-\*\*\*1642

Part !I	Noncash Property (see instructions). Use duplicate copies of Par	t 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
_	STOCK INDEX MUTUAL FUND		
$\frac{1}{2}$			_12/31/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
(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
453 11-15-			Schedule B (Form 990) (20

Schedule B (Form 990) (2022) Name of organization **Employer identification number** \*\*-\*\*\*1642 THE VAN NORTON FAMILY FOUNDATION INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

252.

1,030.

0.

_		TMIEK	P91	FROM	SECUR	ITIES S	TATEMENT 1	
SS Unt	(	APITAL GAINS VIDEND		REV	A) ENUE BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED	
676	•	170.			506.	506.	0.	
TO PART I, LINE 4 676.		. 170.		506.		506.	0.	
	ACC	COUNTI	NG :	FEES		S	TATEMENT 2	
	EXPE	A) NSES BOOKS	NE'	r INV	EST-	(C) ADJUSTED NET INCOME	CHARITABLE	
	-	750.			750.	0.	750.	
TO FORM 990-PF, PG 1, LN 16B		750.			750.	0.	750.	
FORM 990-PF		THER E	XPE	NSES		S	TATEMENT 3	
	EXPEN	A) NSES BOOKS		r inv	EST-	ADJUSTED	(D) CHARITABLE PURPOSES	
•		194. 21. 38.			0. 0. 0.	0. 0. 0.	194. 21. 38. 525.	
		PER 1	194. 21.	194. 21. 38.	194. 21. 38.	21. 0. 38. 0.	194. 0. 0. 0. 21. 0. 0. 38. 0. 0.	

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 4
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
STOCKS AND BONDS	COST	40,654.	42,131.
TOTAL TO FORM 990-PF, PART II, LINE	13	40,654.	42,131.

252.

1,030.

0.

0.

WEB HOSTING

TO FORM 990-PF, PG 1, LN 23

# TAX RETURN FILING INSTRUCTIONS NEW YORK FORM CHAR500

## **FOR THE YEAR ENDING DECEMBER 31, 2022**

	<u> </u>
PREPARED FOR:	
THE VAN NO 100 KINGSLE BURNT HILLS	- · · · · <del>-</del>
PREPARED BY:	
AMOUNT OF TAX:	
BALANCE DU	JE OF \$50
MAKE CHECK PAYABLE TO	):
NOT APPLICA	ABLE
MAIL TAX RETURN TO:	
	ORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT: RITIESNYS.COM/ANNUAL_FILING.HTML
RETURN MUST BE MAILED	ON OR BEFORE:
JUNE 30, 202	3
SPECIAL INSTRUCTIONS:	

# **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

2022

Open to Public Inspection

i. General Information	General Informati	IOI	au	JIIII	III		i iei ai	ı.ucı	
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1.General Information						
For Fiscal Year Beginning	(mm/dd/yyyy) 01/01/	2022 and Ending (	mm/dd/yyyy) 12/31/	2022		
Check if Applicable:  Address Change	Name of Organization: THE VAN NORTON	FAMILY FOIDING	ATTON THE	Employer Identification Number (EIN): **-**1642		
Name Change	Mailing Address: 100 KINGSLEY R		111011 11101	NY Registration Number:		
Final Filing	Final Filing City / State / ZIP: Telephone:					
Amended Filing BURNT HILLS, NY 12027 212 661-2720  Reg ID Pending Website: Email:						
VANNORTONFAMILYFOUNDATION.ORG						
Check your organization's Confirm your Registration Category in the						
registration category: /A only DUAL (7A & EPTL) EXEMPT Charities Registry at www.CharitiesNYS.com.						
2. Certification						
See instructions for certifitimos signatories.	cation requirements. Imprope	r certification is a violation (	of law that may be subject	to penalties. The certification requires		
We certify under p	enalties of periury that we revi	ewed this report, including	all attachments, and to the	best of our knowledge and belief.		
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.						
			HEATHER MA	NTHEY		
President or Authorized	Officer:		PRESIDENT			
Signature Print Name and Title Date						
Chief Financial Officer or			D. A. A.			
	Signature		Print Nam	e and Title Date		
3. Annual Reporting	Exemption					
<u>`</u>		organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both		
		-	· · · · · · · · · · · · · · · · · · ·	ed Char500. No fee, schedules, or		
additional attachments ar	e required. If you cannot clain	an exemption or are a DU	AL filer that claims only on	e exemption, you must file applicable		
schedules and attachmen	ts and pay applicable fees.					
		-		overnment agencies, etc. did not		
exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.						
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time						
during the fiscal year.						
4. Schedules and Attachments						
See the following page						
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer						
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to	િ. છિ					
complete your filing.	Yes X No 4b. Did t	he organization receive gov	ernment grants? If yes, co	mplete Schedule 4b.		
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single chaster as a series		
next page to calculate you	ır			Make a single check or money order payable to:		
fee(s). Indicate fee(s) you				payable to. "Department of Law"		
are submitting here:		\$50.	\$50.			

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

268451 01-24-23 1019

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

## THE VAN NORTON FAMILY FOUNDATION INC.

# **CHAR500**

**Annual Filing Checklist** 

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- $\cdot$  Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- · Your organization is registered as DUAL and you marked both the 7A and EPTL filling exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:  If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers  If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500:  IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review.  Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenifiling year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public  Review Report if you received total revenue and support greater than \$250,00  Audit Report if you received total revenue and support greater than \$1,000,00  If the fiscal year begins before that date, an Audit Report is required if total revenue and support greater than \$1,000,000  No Review Report or Audit Report is required because total revenue and support greater and checked box 3a, no Review Report or Audit Report is	0 and up to \$1,000,000 0 and the fiscal year begins on or after July 1, 2021. venue and support is greater than \$750,000 ort is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:  \$0, if you checked the 7A exemption in Part 3a  \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A. EPTL. DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:  7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000  \$50, if the NET WORTH is \$50,000 or more but less than \$250,000  \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000  \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000  \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000  \$1500, if the NET WORTH is \$50,000,000 or more	DUAL filers are registered under both 7A and EPTL.  EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <a href="Schedule E - Registration">Schedule E - Registration</a> Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.
Send Your Filing	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	<ul> <li>IRS Form 990 Part I, line 22</li> <li>IRS Form 990 EZ Part I, line 21</li> <li>IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).</li> </ul>

Need Assistance?
Visit: www.Char

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

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