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.

## For calendar year 2022 or tax year beginning

Name of foundation THE CARROLL AND MILTON PETRIE
Number and street (or P.O. box number if mail is not delivered to street address)

180 MAIDEN LANE
City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10038

## G Check all that apply:

| Initial return |  | Initial return of a former public charity |
| :--- | :--- | :--- |
|  |  | Amended return |
| Final return |  | Name change |
| Address change |  |  |

H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust $\qquad$ Other taxable private foundation
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) $\$$ \$ 93,126,280.
 Other (specify)
(Part I, column (d), must be on cash basis.)
and ending

|  |  |  |
| ---: | ---: | ---: |
|  |  |  |
| $1,591,774$. | $1,591,774$. |  |
|  |  |  |
|  |  |  |

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in

(a) Revenue and
expenses per
books
b Net rental income or (loss)

| 6a | Net gain or (loss) from |
| :---: | :--- |
| b |  |
| Gross sales price for all |  |
| assets on line 6a |  |

$\qquad$ Gross sales price for
assets on line 6a
net incom $\qquad$ $61,853,991$
7 Capital gain net income (from Part IV, line 2).
8 Net short-term capital gain.
$\begin{array}{cl}9 & \text { Income modifications } \\ 10 \text { a } & \text { Gross sales less returns }\end{array}$
10 a Gross sales less returns
and allowances . . . .
c Gross profit or (loss) (attach schedule)
11 Other income (attach schedule) . . . . . . .


$\qquad$ . . .

13 Compensation of officers, directors, trustees, etc. .

C If exemption application is
pending, check here. . . . . . . . .

E If private foundation status was terminated under section $507(\mathrm{~b})(1)(\mathrm{A})$, check here . .
F If the foundation is in a 60-month termination under section $507(\mathrm{~b})(1)(\mathrm{B})$, check here . . .
20-1451752
B Telephone number (see instructions)
$(212) 806-6027$
under section $507(\mathrm{~b})(1)(\mathrm{B})$, check here . . . $\square$


## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)

|  |  |
| ---: | ---: |
| $\mathbf{1}$ | $120,828,131$. |
| $\mathbf{2}$ | $-6,912,357$. |
| $\mathbf{3}$ |  |
| $\mathbf{4}$ | $113,915,774$. |
| $\mathbf{5}$ | $20,789,494$. |
| $\mathbf{6}$ | $93,126,280$. |
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2 Enter amount from Part I, line 27a
3 Other increases not included in line 2 (itemize)
4 Add lines 1, 2, and 3
5 Decreases not included in line 2 (itemize) SEE STATEMENT 14
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part Il column (b) line 29
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## Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kinds) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shes. MLC Co.)


2 Capital gain net income or (net capital loss)

$\{$
If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):
If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0 - in $\}$
Part I, line 8.
$\left.\begin{array}{l}\text { (c). See instructions. If (loss), enter -0- in } \\ \text {. . . . . . . . . . . . . . . . . . . . . . . . . }\end{array}\right\}$

| $\substack{\text { (b) How } \\ \text { acquired } \\ \text { a- Purchase } \\ \text { D -Donation }}$ | (c) Date acquired <br> (mo., day, yr.) | (d) Date sold <br> (mo., day, yr.) |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |

(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))

|  |  |  |
| :--- | :--- | :---: |
|  |  |  |
|  |  |  |
| 2 |  |  |
|  |  |  |
|  |  |  |



## Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
b Did it spend more than $\$ 100$ during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to $\mathbf{1 a}$ or $\mathbf{1 b}$, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.
c Did the foundation file Form 1120-POL for this year?
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
(1) On the foundation. \$ $\qquad$ (2) On foundation managers. \$ $\qquad$
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ $\qquad$
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
If "Yes," attach a detailed description of the activities.
3 Has the foundation made any changes, not previously reported to the $I R S$, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes
4a Did the foundation have unrelated business gross income of $\$ 1,000$ or more during the year?
b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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
- 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?
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
8a Enter the states to which the foundation reports or with which it is registered. See instructions NY,
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section $512(\mathrm{~b})(13)$ ? If "Yes," attach schedule. See instructions
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions


13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address PETRIE.ORG
14 The books are in care of ETTA BRANDMAN AT STOOCK Telephone no. 212-806-6027 Located at 180 MAIDEN LANE NEW YORK, NY ZIP+4 10038

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country


## Part 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.
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?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?.
(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" 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.).
b If any answer is "Yes" to $1 \mathrm{a}(1)-(6)$, 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
c Organizations relying on a current notice regarding disaster assistance, check here.
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?
If "Yes," list the years
b Are there any years listed in $2 a$ 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.)
c If the provisions of section $4942(\mathrm{a})(2)$ are being applied to any of the years listed in 2 a , list the years here.

3a Did the foundation hold more than a $2 \%$ direct or indirect interest in any business enterprise at any time during the year?
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 , Schedule $C$, to determine if the foundation had excess business holdings in 2022.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 $2022 ?$

|  | Yes | No |
| :---: | :---: | :---: |
| 1a(1) |  | X |
| 1a(2) |  | X |
| 1a(3) |  | X |
| 1a(4) | X |  |
| 1a(5) |  | X |
| 1a(6) |  | X |
| 1b |  | X |
| 1d |  | X |
| 2a |  | X |
| 2b |  |  |
| 3a |  | X |
| 3b |  |  |
| 4a |  | X |
| 4b |  | X |

## Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
(3) Provide a grant to an individual for travel, study, or other similar purposes?
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions
5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?
b If any answer is "Yes" to 5 a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions
c Organizations relying on a current notice regarding disaster assistance, check here
d If the answer is "Yes" to question $5 \mathrm{a}(4)$, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?
$\qquad$ If "Yes," attach the statement required by Regulations section $53.4945-5(\mathrm{~d})$.
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? .
8 Is the foundation subject to the section 4960 tax on payment(s) of more than $\$ 1,000,000$ in remuneration or excess parachute payment(s) during the year?

## Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

|  | Yes | No |
| :---: | :---: | :---: |
| $5 a(1)$ |  | $X$ |
| 5a(2) |  | $X$ |
| $5 a(3)$ |  | $X$ |
| $5 a(4)$ |  | $X$ |
|  |  |  |
| $5 a(5)$ |  | $X$ |
| 5b |  |  |
|  |  |  |
| $5 d$ |  |  |
|  |  |  |
| $6 a$ |  | $X$ |
| $6 b$ |  | $X$ |
| $7 a$ |  | $X$ |
| $7 b$ |  |  |
| 8 |  |  |

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

| (a) Name and address | (b) Title, and average hours per week devoted to position | $\begin{aligned} & \text { (c) Compensation } \\ & \text { (If not paid, } \\ & \text { enter -0-) } \\ & \hline \end{aligned}$ | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| :---: | :---: | :---: | :---: | :---: |
| SEE STATEMENT 15 |  |  |  |  |
|  |  | 260,000. | NONE | NONE |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than $\$ 50,000$ | (b) Title, and average <br> hours per week <br> devoted to position | (c) Compensation | (d) Contributions to <br> employee benefit <br> plans and deferred <br> compensation | (e) Expense account, <br> other allowances |
| :--- | :---: | :---: | :---: | :---: |
|  |  |  | NONE |  |
| SEE STATEMENT 19 |  |  | NONE |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

| (a) Name and address of each person paid more than $\$ 50,000$ | (b) Type of service | (c) Compensation |
| :--- | :---: | :---: |
| SEE STATEMENT 20 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |


| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| :---: | :---: |
| 1 N/A |  |
| 2 |  |
| 3 |  |
| 4 |  |
| Part VIII-B Summary of Program-Related Investments (see instructions) |  |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
| 1 NONE |  |
| 2 |  |
| All other program-related investments. See instructions. <br> 3 NONE |  |
| Total. Add lines 1 through 3. |  |

## Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations,

 see instructions.)|  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |  |  |
| :---: | :---: | :---: | :---: |
| a | Average monthly fair market value of securities. | 1a | 85,927,968. |
| b | Average of monthly cash balances. | 1b | 14,587,718. |
| c | Fair market value of all other assets (see instructions). | 1c | NONE |
| d | Total (add lines 1a, b, and c) | 1d | 100,515,686. |
|  | 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 | NONE |
| 3 | Subtract line 2 from line 1d | 3 | 100,515,686. |
| 4 | Cash deemed held for charitable activities. Enter $1.5 \%$ ( 0.015 ) of line 3 (for greater amount, see instructions). | 4 | 1,507,735. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 99,007,951. |
| 6 | Minimum investment return. Enter 5\% (0.05) of line 5. | 6 | 4,950,398. |

## Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations

 and certain foreign organizations, check here $\square$ and do not complete this part.)

## Part XI Qualifying Distributions (see instructions)



Part XII Undistributed Income (see instructions)

1 Distributable amount for 2022 from Part X, line 7
2 Undistributed income, if any, as of the end of 2022:
a Enter amount for 2021 only.
b Total for prior years: 20 20 ,20 19 ,20 18
3 Excess distributions carryover, if any, to 2022:
a From 2017 . . . . . $\quad 2,985,556$.
b From 2018 . . . . . $\quad 2,002,439$.
c From 2019 . . . . . $2,711,993$.
d From 2020 . . ... 3, 020,696.
e From 2021
f Total of lines 3a through e
. . . . . . . . . .
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 10, 804, 888 .
a Applied to 2021, but not more than line 2a . . .
b Applied to undistributed income of prior years (Election required - see instructions).
c Treated as distributions out of corpus (Election required - see instructions)
d Applied to 2022 distributable amount.
e Remaining amount distributed out of corpus. . .
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)
6 Enter the net total of each column as indicated below:
a Corpus. Add lines 3 f, 4 c , and 4 e . Subtract line 5
b Prior years' undistributed income. Subtract line 4b from line 2b
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed
d Subtract line 6c from line 6b. Taxable amount - see instructions.
e Undistributed income for 2021. Subtract line 4 a from line 2 a . Taxable amount - see instructions
f Undistributed income for 2022. Subtract lines $4 d$ and 5 from line 1. This amount must be distributed in 2023.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section $170(\mathrm{~b})(1)(\mathrm{F})$ or $4942(\mathrm{~g})(3)$ (Election may be required - see instructions)
8 Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions) . . .
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a . . . . . . .
10 Analysis of line 9:
a Excess from 2018
b Excess from 2019

|  |  |
| :---: | :---: |
|  | $2,002,439$. |
|  | $2,711,993$. |
|  | $3,020,696$ |
|  | $5,870,891$. |

$\left.\begin{array}{|c|r|r|r}\hline \begin{array}{c}\text { (a) } \\ \text { Corpus }\end{array} & \begin{array}{c}\text { (b) } \\ \text { Years prior to 2021 }\end{array} & \begin{array}{c}\text { (c) } \\ \text { (c) }\end{array} & \begin{array}{c}\text { (d) } \\ \text { (d) }\end{array} \\ \hline & & & \text { NONE }\end{array}\right]$

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| Check box to indicate <br> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed | the fou | ate ope | n desc |  | 4942(j)(3) or | 4942(j)(5) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Tax year | Prior 3 years |  |  |  | (e) Total |
|  | (a) 2022 | (b) 2021 | (c) 2020 | (d) 2019 |  |  |
|  |  |  |  |  |  |  |
| b $85 \%(0.85)$ of line 2 a . . . |  |  |  |  |  |  |
| C Qualifying distributions from Part XI, line 4, for each year listed . |  |  |  |  |  |  |
| d Amounts included in line 2 c not used directly for active conduct of exempt activities . . . . . |  |  |  |  |  |  |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c |  |  |  |  |  |  |
| 3 Complete $3 \mathrm{a}, \mathrm{b}$, or c for the alternative test relied upon: . <br> a "Assets" alternative test - enter: <br> (1) Value of all assets |  |  |  |  |  |  |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . . |  |  |  |  |  |  |
| b "Endowment" alternative testenter $2 / 3$ of minimum investment return shown in Part IX, line 6, for each year listed. |  |  |  |  |  |  |
| C "Support" alternative test - enter: <br> (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). |  |  |  |  |  |  |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(iii) . . . . . . |  |  |  |  |  |  |
| (3) Largest amount of support from an exempt organization . . . . . |  |  |  |  |  |  |
| (4) Gross investment income. |  |  |  |  |  |  |

## Part XIV Supplementary Information (Complete this part only if the foundation had $\$ 5,000$ or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than $2 \%$ of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

## N/A

b List any managers of the foundation who own $10 \%$ or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a $10 \%$ or greater interest.

N/A
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.
a The name, address, and telephone number or email address of the person to whom applications should be addressed:
b The form in which applications should be submitted and information and materials they should include:
c Any submission deadlines:
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information (continued)
3 Grants and Contributions Paid During the Year or Approved for Future Payment


| Enter gross amounts unless otherwise indicated. | Unrelated business income |  | Excluded by section 512, 513, or 514 |  | (e) d or exempt function income (See instructions.) |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | $\stackrel{(\mathrm{d})}{\text { Amount }}$ |  |
| a |  |  |  |  |  |
| ${ }_{\mathrm{b}}^{\mathrm{a}}$ |  |  |  |  |  |
| c |  |  |  |  |  |
| d |  |  |  |  |  |
| e |  |  |  |  |  |
| ${ }_{\text {f }}$ |  |  |  |  |  |
| g Fees and contracts from goverrment agencies |  |  |  |  |  |
| 2 Membership dues and assessments . . . . |  |  |  |  |  |
| 3 Interest on savings and temporary cash investments . |  |  |  |  |  |
| ( Dividends and interest from securities . . . $\quad$ 年 |  |  |  |  |  |
|  |  |  |  |  |  |
| a Debt-financed property <br> b Not debt-financed property |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 6 Net rental income or (loss) from personal property <br> 7 Other investment income . . . . . . . . . . |  |  |  |  |  |
| 8 Gain or (loss) from sales of assets other than inventors |  |  | 18 | 173,568. |  |
| 9 Net income or (loss) from special events . |  |  |  |  |  |
|  |  |  |  |  |  |
| 11 Other revenue: a $\qquad$ |  |  |  |  |  |
| b MISCELLANEOUS |  |  |  |  |  |
|  |  |  |  |  |  |
| d |  |  |  |  |  |
| e |  |  |  |  |  |
| 12 Subtotal. Add columns (b), (d), and (e) |  |  |  | 1,778,658. |  |
| 13 Total. Add line 12, columns (b), (d), and (e) . . (See worksheet in line 13 instructions to verify calc | ulations.) |  |  |  | 1,778,658. |

## Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.
Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

## NOT APPLICABLE

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

 Organizations1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash

|  | Yes | No |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| $1 a(1)$ |  | $X$ |
| $1 a(2)$ |  | $X$ |
| $1 b(1)$ |  | $X$ |
| $1 b(2)$ |  | $X$ |
| $1 b(3)$ |  | $X$ |
| $1 b(4)$ |  | $X$ |
| $1 b(5)$ |  | $X$ |
| $1 b(6)$ |  | $X$ |
| $1 c$ |  | $X$ |

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
| :--- | :--- | :--- | :--- |
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501 (c)(3)) or in section 527 ? b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| :--- | :--- | :--- |
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FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME


## Schedule B

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

## THE CARROLL AND MILTON PETRIE

FOUNDATION, INC. C/O BRANDMAN AT STROOCK
Organization type (check one):

## Filers of:

Form 990 or 990-EZ

## Section:

501(c)( ) (enter number) organization4947(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

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

$\square$ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the $331 / 3 \%$ support test of the regulations under sections $509(a)(1)$ and $170(b)(1)(A)(v i)$, 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).

Name of organization THE CARROLL AND MILTON PETRIE
FOUNDATION, INC. C/O BRANDMAN AT STROOCK
Employer identification number
20-1451752

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 1 | $\mathrm{N} / \mathrm{A}$ | \$ 309,998. | Person $X$ <br> Payroll  <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 2 | $\mathrm{N} / \mathrm{A}$ | \$ 48,500. | Person $X$ <br> Payroll  <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | $\mathrm{N} / \mathrm{A}$ | \$ 75,000. | Person $X$ <br> Payroll  <br> Noncash $\square$ <br>   <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 4 | $\mathrm{N} / \mathrm{A}$ | \$ 36,000. |   <br> Person $X$ <br> Payroll  <br> Noncash  <br>   <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 5 | N/A | \$ 298,418. | Person $X$ <br> Payroll  <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) No. | (b) <br> Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | $\mathrm{N} / \mathrm{A}$ | \$ 145,000. | Person $X$ <br> Payroll  <br> Noncash $\square$ <br>   <br> (Complete Part II for noncash contributions.) |

Name of organization THE CARROLL AND MILTON PETRIE
FOUNDATION, INC. C/O BRANDMAN AT STROOCK
Employer identification number
20-1451752

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 7 | $\mathrm{N} / \mathrm{A}$ | \$ 199,999. | Person $X$ <br> Payroll  <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) No. | (b) <br> Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | N/A | \$ 20,000. | Person X <br> Payroll  <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 9 | $\mathrm{N} / \mathrm{A}$ | \$ 50,000. | Person $X$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | $\mathrm{N} / \mathrm{A}$ | \$ 761,138. | Person $X$ <br> Payroll  <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 11 | $\mathrm{N} / \mathrm{A}$ | \$ 206,957. |   <br> Person $X$ <br> Payroll  <br> Noncash $\square$ <br>   <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 12 | $\mathrm{N} / \mathrm{A}$ | \$ 405,039. | Person $X$ <br> Payroll  <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 13 | $\mathrm{N} / \mathrm{A}$ | \$ 374, 450. | Person $X$ <br> Payroll  <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|  |  | \$ |   <br> Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) Type of contribution |
|  |  | \$ |   <br> Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|  |  | \$ |   <br> Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  | $\qquad$ | \$ |  Person <br> Payroll <br> Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | \$ |   <br> Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.


Part III 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 information once. See instructions.) \$
Use duplicate copies of Part III if additional space is needed.



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20-1451752


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FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES


DESCRIPTION
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UNREALIZED LOSS ON INVESTMENTS

AMOUNT
------

20,789,494.
TOTAL

20,789,494.
===============

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES


OFFICER NAME:
DAVID TANNER C/O STROOCK

ADDRESS:
180 MAIDEN LANE
NEW YORK, NY 10038

TITLE:
DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:
1.00

OFFICER NAME: JEAN L. TROUBH C/O STROOCK

ADDRESS:
180 MAIDEN LANE
NEW YORK, NY 10038

TITLE:
DIRECTOR/VICE-PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:
1.00

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES


OFFICER NAME:
REGINA PERUGGI C/O STROOCK

ADDRESS:
180 MAIDEN LANE
NEW YORK, NY 10038

TITLE:
DIRECTOR/CO-PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:
1.00

OFFICER NAME:
ETTA BRANDMAN C/O STROOCK

ADDRESS:
180 MAIDEN LANE
NEW YORK, NY 10038

TITLE:
DIRECTOR/CO-PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:
1.00

## ADDRESS:

180 MAIDEN LANE NEW YORK, NY 10038

TITLE: DIRECTOR/TREASURER

```
AVERAGE HOURS PER WEEK DEVOTED TO POSITION:
1.00
```

OFFICER NAME: CASS CONRAD C/O CARROLL \& PETRIE

ADDRESS:
180 MAIDEN LANE
NEW YORK, NY 10038

TITLE:
EXECUTIVE DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:
35.00

COMPENSATION 260,000.

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES


OFFICER NAME:
KARRIN WILKIS C/O STROOCK

ADDRESS:
180 MAIDEN LANE
NEW YORK, NY 10038

TITLE:
DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:

TOTAL COMPENSATION:
1.00

| NONE |
| :---: |
| NONE |

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990PF, PART VII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES
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$=================================================================$
EMPLOYEE NAME:

ALEXANDER ROLAND

```
ADDRESS:
    180 MAIDEN LANE
    NEW YORK, NY 10038
```

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:
35.00
COMPENSATION . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
65,167.
EMPLOYEE NAME:
DESIREE VAZQUEZ BARLATT
ADDRESS:
180 MAIDEN LANE
NEW YORK, NY 10038
COMPENSATION ...................................................
139,583.

TOTAL COMPENSATION:

NAME:
FIDUCIARY TRUST COMPANY INTERNATIONAL

```
ADDRESS:
    280 PARK AVENUE
    NEW YORK, NY 10017
```

TYPE OF SERVICE:
INVESTMENT MGMT
COMPENSATION . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $326,288 . ~$
NAME:
STROOCK \& STROOCK \& LAVAN LLP
ADDRESS:
180 MAIDEN LANE
NEW YORK, NY 10038
TYPE OF SERVICE:
LEGAL SERVICES

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NY ADDRESS:

230 WEST 41ST STREET, FLOOR 7
NEW YORK, NY 10036
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID............................. 2,009,648.

RECIPIENT NAME:
BOROUGH OF MANHATTAN COMMUNITY COLLEGE FOUNDATION
ADDRESS:
199 CHAMBERS STREET
NEW YORK, NY 10007
RELATIONSHIP:
NONE

PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID...................................... 510,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
NEW VISIONS FOR PUBLIC SCHOOLS, INC.
ADDRESS:
205 EAST 42ND STREET, 4TH FLOOR
NEW YORK, NY 10017
RELATIONSHIP:

NONE

PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY


RECIPIENT NAME:
THE BOTTOM LINE, INC.
ADDRESS:
50 MILK STREET, 16TH FLOOR
BOSTON, MA 02109
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

MA

FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY


FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
MEDGAR EVERS COLLEGE EDUCATION FOUNDATION, INC.

## ADDRESS:

1650 BEDFORD AVENUE
BROOKLYN, NY 11225
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 369,900.

RECIPIENT NAME:
BROOKLYN COLLEGE FOUNDATION, INC.
ADDRESS:
2900 BEDFORD AVE
BROOKLYN, NY 11210
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY


FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME: HOSTOS COMMUNITY COLLEGE FOUNDATION, INC.

## ADDRESS:

500 GRAND CONCOURSE

BRONX, NY 10451
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................................. 314,167.

RECIPIENT NAME:
JOHN JAY COLLEGE FOUNDATION
ADDRESS:
524 WEST 59TH STREET
NEW YORK, NY 10019
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID............................................. 280,100.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
GOOD SHEPHERD SERVICES
ADDRESS:
305 SEVENTH AVENUE, 9TH FLOOR
NEW YORK, NY 10001
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 280,000.

RECIPIENT NAME:
BRAVEN, INC.
ADDRESS:
100 N. LASALLE STREET, SUITE 310
CHICAGO, IL 60602
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

IL
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY


FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
FRIENDS OF WHEELS
ADDRESS:
511 WEST 182ND STREET, 4TH FLOOR
NEW YORK, NY 10033
RELATIONSHIP:

NONE

PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 250,000.

RECIPIENT NAME:
HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE
ADDRESS:
800 EIGHTH STREET, NW
WASHINGTON, DC 20001
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

DC
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY


FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
THE BRONX COMMUNITY COLLEGE FOUNDATION, INC.
ADDRESS:
2155 DR MARTIN L KING JR BLVD
BRONX, NY 10453
RELATIONSHIP:

NONE

PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY


RECIPIENT NAME:
INTERNATIONALS NETWORK FOR PUBLIC SCHOOLS, INC.
ADDRESS:
2946 NORTHERN BLVD, 4TH FLOOR
LONG ISLAND CITY, NY 11101
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY


FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
CITY COLLEGE 21ST CENTURY
ADDRESS:
160 CONVENT AVE, \#154
NEW YORK, NY 10031
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 210,003.

RECIPIENT NAME:
THE URBAN ASSEMBLY, INC.
ADDRESS:
90 BROAD STREET, SUITE 2101
NEW YORK, NY 10004
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................................. 210,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
HERBERT H. LEHMAN COLLEGE

## ADDRESS:

250 BEDFORD PARK BLVD W SHUSTER HALL ROOM 312

BRONX, NY 10468
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 205,000.

RECIPIENT NAME:
ITHAKA HARBORS, INC.
ADDRESS:
101 GREENWICH STREET, 18TH FLOOR
NEW YORK, NY 10006
RELATIONSHIP:
NONE

PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY


FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
BARUCH COLLEGE FUND
ADDRESS:
ONE BERNARD BARUCH WAY, BOX A-1603
NEW YORK, NY 10010
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 190,000.

RECIPIENT NAME:
STREETWISE PARTNERS INCORPORATED
ADDRESS:
222 BROADWAY, FLOOR 19
NEW YORK, NY 10038
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID............................................... $171,068$.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
NEW YORK CITY OUTWARD BOUND CENTER, INC.
ADDRESS:
29-46 NORTHERN BLVD, 4TH FLOOR
LONG ISLAND CITY, NY 11101
RELATIONSHIP:

NONE

PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 170,000.

RECIPIENT NAME:
UASPIRE, INC.
ADDRESS:
31 MILK STREET, SUITE 900
BOSTON, MA 02109
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

MA

FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID............................................. $162,420$.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
QUEENS COLLEGE FOUNDATION
ADDRESS:
6530 KISSENA BLVD

FLUSHING, NY 11367
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 160,000.

RECIPIENT NAME:
QUEENSBOROUGH COMMUNITY COLLEGE FUND, INC.
ADDRESS:
22205 56TH AVE, SUITE A-508
OAKLAND GARDENS, NY 11364
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................................. 160,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
QUEENS COMMUNITY HOUSE, INC.
ADDRESS:
108-25 62ND DR
QUEENS, NY 11375
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID...................................... 154,190.

RECIPIENT NAME:
COOP CAREERS, INC.
ADDRESS:
1177 AVENUE OF THE AMERICAS, FLOOR 5
NEW YORK, NY 10036
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................................. 145,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
REEL STORIES TEEN FILMMAKING, INC.

## ADDRESS:

540 PRESIDENT STREET, SUITE 2F
BROOKLYN, NY 11215
RELATIONSHIP:

NONE

PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 140,000.

RECIPIENT NAME:
IMENTOR INCORPORATED
ADDRESS:
199 WATER STREET, 8TH FLOOR
NEW YORK, NY 10038
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID............................................ 130,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
SPONSORS FOR EDUCATION OPPORTUNITY
ADDRESS:
55 EXCHANGE PLACE, SUITE 601
NEW YORK, NY 10005
RELATIONSHIP:

NONE

PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 130,000.

RECIPIENT NAME:
ARIZOU (DBA PROJECT BASTA)
ADDRESS:
500 7TH AVENUE, 8TH FLOOR
NEW YORK, NY 10018
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID............................................... 125,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
CUNY SCHOOL FOR PROFESSIONAL STUDIES FOUNDATION
ADDRESS:
119 WEST 31ST STREET
NEW YORK, NY 10001
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 120,000.

RECIPIENT NAME:
YORK COLLEGE FOUNDATION
ADDRESS:
9420 GUY R BREWER BLVD
JAMAICA, NY 11451
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID............................................ 120,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
THE NEW YORK FOUNDLING
ADDRESS:
590 AVENUE OF THE AMERICAS
NEW YORK, NY 20022
RELATIONSHIP:

NONE

PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. $110,000$.

RECIPIENT NAME:
HOSTOS COMMUNITY COLLEGE FUND
ADDRESS:
500 GRAND CONCOURSE
BRONX, NY 10451
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID............................................. 108,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION ADDRESS:

300 JAY STREET NAMM HALL 319
BROOKLYN, NY 11201
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 100,000.

RECIPIENT NAME:
THE NEW SCHOOL
ADDRESS:
79 FIFTH AVENUE, 16TH FLOOR
NEW YORK, NY 10036
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID............................................. 100,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
THE KINGSBOROUGH COMMUNITY COLLEGE FOUNDATION, INC ADDRESS:

2001 ORIENTAL BOULEVARD

BROOKLYN, NY 11235
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 95,000.

RECIPIENT NAME:
MACAULAY HONORS COLLEGE FOUNDATION
ADDRESS:
35 WEST 67TH STREET
NEW YORK, NY 10023
RELATIONSHIP:
NONE

PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.................................
$87,860$.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME: GRACE OUTREACH, INC.
ADDRESS:
378 EAST 151ST STREET
BRONX, NY 10455
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 80,000.

RECIPIENT NAME:
CITY PARKS FOUNDATION INC.
ADDRESS:
830 FIFTH AVENUE
NEW YORK, NY 10065
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY


FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
THE GRADUATE CENTER FOUNDATION, INC.
ADDRESS:
365 FIFTH AVENUE, SUITE 8204
NEW YORK, NY 10016
RELATIONSHIP:

NONE

PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 75,000.

RECIPIENT NAME:
PURSUIT TRANSFORMATION COMPANY
ADDRESS:
4710 AUSTELL PL, 2ND FLOOR
LONG ISLAND CITY, NY 11101
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY


FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
BROOKLYN COLLEGE

## ADDRESS:

2900 BEDFORD AVE
BROOKLYN, NY 11210
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 50,000.

RECIPIENT NAME:
COOPER UNION FOR THE ADVANCEMENT OF SCIENCE \& ART ADDRESS:

30 COOPER SQUARE, 2ND FLOOR
NEW YORK, NY 10003
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY


FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
THE CHILD CENTER OF NY, INC.
ADDRESS:
118-35 QUEENS BOULEVARD, 6TH FLOOR
FOREST HILLS, NY 11375
RELATIONSHIP:

NONE

PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 40,000.

RECIPIENT NAME:
THE HUNTER COLLEGE FOUNDATION, INC.
ADDRESS:
695 PARK AVENUE, ROO M E-1313
NEW YORK, NY 10065
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
NY

FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID...................................
39,988.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
FAMILYCOOK COMMUNITY TABLE

## ADDRESS:

330 EAST 43RD STREET, APT 704
NEW YORK, NY 10017
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 39,952.

RECIPIENT NAME:
EPIC THEATRE CENTER, INC.
ADDRESS:
31-01 VERNON BOULEVARD, \#612
ASTORIA, NY 11106
RELATIONSHIP:
NONE

PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID..................................
38,750 .

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
CUNY SCHOOL OF LAW FOUNDATION
ADDRESS:
2 COURT SQUARE
LONG ISLAND CITY, NY 11101
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY


RECIPIENT NAME:
CITY PARKS
ADDRESS:
830 FIFTH AVENUE
NEW YORK, NY 10065
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY


FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
LAGUARDIA COMMUNITY COLLEGE FOUNDATION
ADDRESS:
31-10 THOMSON AVE, E-517
LONG ISLAND CITY, NY 11101
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 25,000.

RECIPIENT NAME:
COLLEGE OF STATEN ISLAND FOUNDATION, INC.
ADDRESS:
2800 VICTORY BLVD
STATEN ISLAND, NY 10314
RELATIONSHIP:
NONE

PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID........................................... 2000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
THE KNOWLEDGE HOUSE
ADDRESS:
363 RIDER AVENUE
BRONX, NY 10451
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 15,000.

RECIPIENT NAME:
FUTURES AND OPTIONS
ADDRESS:
111 BROADWAY, SUITE 1602
NEW YORK, NY 10006
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

NY

FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID............................................ 10,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID


RECIPIENT NAME:
STELLA \& CHARLES GUTTMAN COMMUNITY COLLEGE FOUNDAT

## ADDRESS:

50 WEST 40TH STREET
NEW YORK, NY 10018
RELATIONSHIP:

NONE

PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY
AMOUNT OF GRANT PAID.............................. 10,000.

RECIPIENT NAME:
CUNY SCHOOL OF LABOR AND URBAN STUDIES, INC.
ADDRESS:
25 WEST 43RD STREET, FLOOR 19
NEW YORK, NY 10036
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
NY
FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY


TOTAL GRANTS PAID:
10,255,990.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Go to www.irs.gov/F1041 for instructions and the latest information.

| Name of estate or trust THE CARROLL AND MILTON PETRIE | Employer identification number |
| :---: | :---: | :---: |
| FOUNDATION, INC. C/O BRANDMAN AT STROOCK | $20-1451752$ |

FOUNDATION, INC. C/O BRANDMAN AT STROOCK 20-1451752
Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? . . . . . . . . . . . . . . $\square$ Yes X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.
Note: Form 5227 filers need to complete only Parts I and II.

## Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.


Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year (see instructions)

| See in the lin <br> This fo to who | instructions for how to figure the amounts to enter on ines below. <br> form may be easier to complete if you round off cents hole dollars. | (d) Proceeds (sales price) |  | (g) <br> Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) |  | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |  |  |  |  |  |  |
| $\begin{array}{r} 8 \mathrm{~b} \\ \quad \mathrm{y} \\ \hline \end{array}$ | Totals for all transactions reported on Form(s) 8949 with Box D checked. | 61,853,991. | 61,680,423. |  |  | 173,568. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked |  |  |  |  |  |  |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked |  |  |  |  |  |  |
| 11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824. <br> 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. <br> 13 Capital gain distributions. <br> 14 Gain from Form 4797, Part I. <br> 15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss Carryover Worksheet |  |  |  |  | 11 |  |
|  |  |  |  |  | 12 |  |
|  |  |  |  |  | 13 |  |
|  |  |  |  |  | 14 |  |
|  |  |  |  |  | 15 | ) |
| 16 Net long-term capital gain or (loss). Combine lines 8 a through 15 in column (h). Enter here and on Part III, line 18a, column (3) . |  |  |  |  | 16 | 173,568. |

[^6]Schedule D (Form 1041) 2022


Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover

Worksheet, as necessary.

## Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:
a The loss on line 19, column (3) or b $\$ 3,000$ $\qquad$
Note: If the loss on line 19, column (3), is more than $\$ 3,000$, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the Capital Loss Canyover Worksheet in the instructions to figure your capital loss carryover.

## Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18 a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line $2 b(2)$, and Form 1041, line 23, is more than zero.
Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines $4 e$ and $4 g$ of Form 4952.

Form 990-T trusts. Complete this part only if both lines 18 a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero.

| 21 | Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11) | 21 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 22 | Enter the smaller of line 18a or 19 in column (2) but not less than zero. |  |  |  |  |
| 23 | Enter the estate's or trust's qualified dividends from Form 1041, line $2 b(2)$ (or enter the qualified dividends included in income in Part I of Form 990-T) . . |  |  |  |  |
| 24 | Add lines 22 and 23 . . . . . . . . . . . . . . . 24 |  |  |  |  |
| 25 | If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . . |  |  |  |  |
| 26 | Subtract line 25 from line 24. If zero or less, enter -0- | 26 |  |  |  |
| 27 | Subtract line 26 from line 21. If zero or less, enter -0- | 27 |  |  |  |
| 28 | Enter the smaller of the amount on line 21 or \$2,800 | 28 |  |  |  |
| 29 | Enter the smaller of the amount on line 27 or line 28 | 29 |  |  |  |
| 30 | Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at | \% |  | 30 |  |
| 31 | Enter the smaller of line 21 or line 26 | 31 |  |  |  |
| 32 | Subtract line 30 from line 26. | 32 |  |  |  |
| 33 | Enter the smaller of line 21 or \$13,700. | 33 |  |  |  |
| 34 | Add lines 27 and 30 | 34 |  |  |  |
| 35 | Subtract line 34 from line 33 . If zero or less, enter -0- | 35 |  |  |  |
| 36 | Enter the smaller of line 32 or line 35 | 36 |  |  |  |
| 37 | Multiply line 36 by 15\% (0.15) |  |  | 37 |  |
| 38 | Enter the amount from line 31 | 38 |  |  |  |
| 39 | Add lines 30 and 36 | 39 |  |  |  |
| 40 | Subtract line 39 from line 38. If zero or less, enter -0- | 40 |  |  |  |
| 41 | Multiply line 40 by 20\% (0.20) |  |  | 41 |  |
| 42 | Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041) . . . . | 42 |  |  |  |
| 43 | Add lines 37, 41, and 42 . | 43 |  |  |  |
| 44 | Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041) . . . . | 44 |  |  |  |
| 45 | Tax on all taxable income. Enter the smaller of line 43 or line 44 here and G, Part I, line 1a (or Form 990-T, Part II, line 2) |  | rm 1041, Schedule | 45 |  |

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).
You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(F) Long-term transactions not reported to you on Form 1099-B

| 1 <br> (a) <br> Description of property (Example: 100 sh. XYZ Co.) | (b) <br> Date acquired (Mo., day, yr.) | (c) <br> Date sold or disposed of (Mo., day, yr.) | (d) <br> Proceeds (sales price) (see instructions) | (e) <br> Cost or other basis See the Note below and see Column (e) in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. |  | (h) <br> Gain or (loss) <br> Subtract column (e) from column (d) and combine the result with column (g). |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | (f) Code(s) from instructions | (g) <br> Amount of adjustment |  |
| FIDUCIARY TRUST <br> INTERNATIONAL - INFO AV |  |  | 61,853,991.00 | 61,680,423.00 |  |  | 173,568.00 |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box $\mathbf{E}$ above is checked), or line 10 (if Box $\mathbf{F}$ above is checked). . . |  |  | 61,853,991. | 61,680,423. |  |  | 173,568. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column $(\mathrm{g})$ to correct the basis. See Column $(\mathrm{g})$ in the separate instructions for how to figure the amount of the adjustment.

JSA


[^0]:    **STMT 7

[^1]:    FORM 990PF，PART I－LEGAL FEES

[^2]:    FORM 990PF, PART I - OTHER PROFESSIONAL FEES

[^3]:    FORM 990PF，PART I－TAXES

[^4]:    FORM 990PF, PART I - OTHER EXPENSES

[^5]:    TRANS-CANADA PIPELINES SR NOTE CARL MARKS STRATEGIC OPP FD II

[^6]:    For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

