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OMB No. 1545-0052

2004

Form 990-PF

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

Department of the Treasury
Internal Revenue Service

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2004, or tax year beginning 11/01, 2004, and ending 10/31, 2005

G Check all that apply: Initial return ☐ Final return ☐ Amended return ☒ Address change ☐ Name change ☐

Use the
IRS label.
Otherwise,
print
or type.
See Specific
Instructions.

NEW YORK METS FOUNDATION, INC.
SHEA STADIUM 123-01 ROOSEVELT AVE
FLUSHING, NY 11368-1699

A Employer identification number
13-6159029
B Telephone number (see instructions)
718.507.6387
C If exemption application is pending, check here ☐
D 1 Foreign organizations, check here ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ☐
E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation
I Fair market value of all assets at end of year (from Part II, column (c), line 16)
\$ 567,634.
J Accounting method. ☐ Cash ☒ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc. received (att sch)	1,287,483.			
	2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	969.	969.	969.	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
ADMINISTRATIVE AND OPERATING EXPENSES	b Less: Cost of goods sold				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,288,452.	969.	969.	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch)				
	c Other prof fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	SEE STATEMENT 1	40,966.			40,966.
	24 Total operating and administrative expenses. Add lines 13 through 23	40,966.			40,966.
	25 Contributions, gifts, grants paid PART XV.	1,152,555.			1,152,555.
	26 Total expenses and disbursements. Add lines 24 and 25	1,193,521.	0.	0.	1,193,521.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	94,931.			
	b Net investment income (if negative, enter -0-)		969.		
	c Adjusted net income (if negative, enter -0-)			969.	

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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
A s s e t s	1 Cash – non-interest-bearing	447,703.	542,634.	542,634.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach sch.)			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule)			
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment: basis			
Less: accumulated depreciation (attach schedule)				
12 Investments – mortgage loans				
13 Investments – other (attach schedule) STATEMENT 2	25,000.	25,000.	25,000.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach schedule)				
15 Other assets (describe)				
16 Total assets (to be completed by all filers – see instructions. Also, see page 1, item i)	472,703.	567,634.	567,634.	
L i a b i l i t i e s	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
N e t A s s e t B a l a n c e s	Organizations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>			
	24 Unrestricted	472,703.	567,634.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Organizations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	472,703.	567,634.	
31 Total liabilities and net assets/fund balances (see instructions)	472,703.	567,634.		

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 30 (must agree with end-of-year figure reported on prior year's return)	1	472,703.
2 Enter amount from Part I, line 27a	2	94,931.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	567,634.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	567,634.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than 0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			
b			
c			
d			
e			

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

2

3

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

N/A

If section 4940(d)(2) applies, leave this part blank.

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☐ No

If 'Yes,' the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2003			
2002			
2001			
2000			
1999			

2 Total of line 1, column (d).

2

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years.

3

4 Enter the net value of noncharitable-use assets for 2004 from Part X, line 5

4

5 Multiply line 4 by line 3

5

6 Enter 1% of net investment income (1% of Part I, line 27b)

6

7 Add lines 5 and 6

7

8 Enter qualifying distributions from Part XII, line 4

8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here. <input type="checkbox"/> and enter N/A on line 1. Date of ruling letter: _____ (attach copy of ruling letter if necessary – see instructions)		1	19.
b Domestic organizations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b.		2	0.
c All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		3	19.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	19.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		6a	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		6b	
6 Credits/Payments:		6c	
a 2004 estimated tax pmts and 2003 overpayment credited to 2004		6d	
b Exempt foreign organizations – tax withheld at source		7	0.
c Tax paid with application for extension of time to file (Form 8868)		8	
d Backup withholding erroneously withheld		9	19.
7 Total credits and payments. Add lines 6a through 6d		10	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		11	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount on line 10 to be. Credited to 2005 estimated tax		Refunded	

Part VII Statements Regarding Activities

	Yes	No
1 a During the tax year, did the organization attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the organization in connection with the activities		
c Did the organization file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the organization <input type="checkbox"/> \$ 0. (2) On organization managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on organization managers <input type="checkbox"/> \$ 0.		
2 Has the organization engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities		X
3 Has the organization 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		X
4 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T		X
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?		X
7 Did the organization have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) NEW YORK		
b If the answer is 'Yes' to line 7, has the organization 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	X	
9 Is the organization claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2004 or the taxable year beginning in 2004 (see instructions for Part XIV)? If 'Yes,' complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	X	
11 Did the organization comply with the public inspection requirements for its annual returns and exemption application? Web site address <input type="checkbox"/> N/A	X	
12 The books are in care of <input type="checkbox"/> LEONARD S LABITA Telephone no. <input type="checkbox"/> 718.507.6387 Located at <input type="checkbox"/> SHEA STADIUM, FLUSHING, NY ZIP + 4 <input type="checkbox"/> 11368-1699		
13 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the year <input type="checkbox"/> 13 <input type="checkbox"/> N/A		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

1a During the year did the organization (either directly or indirectly):

- (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No
- (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No
- (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No
- (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No
- (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)? ☐ Yes ☒ No
- (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the organization agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No

b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?Organizations relying on a current notice regarding disaster assistance check here ☐**c** Did the organization 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 2004?**2** Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):**a** At the end of tax year 2004, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2004?If 'Yes,' list the years ☐ Yes ☒ No
20__ , 20__ , 20__ , 20__**b** Are there any years listed in 2a for which the organization 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(a)(2) are being applied to any of the years listed in 2a, list the years here

20__ , 20__ , 20__ , 20__

3a Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?☐ Yes ☒ No**b** If 'Yes,' did it have excess business holdings in 2004 as a result of (1) any purchase by the organization 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 Schedule C, Form 4720, to determine if the organization had excess business holdings in 2004.)**4a** Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?**b** Did the organization 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 2004?**5a** During the year did the organization pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is 'Yes' to 5a(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)?Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is 'Yes' to question 5a(4), does the organization claim exemption from the tax because it maintained expenditure responsibility for the grant?N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If you answered 'Yes' to 6b, also file Form 8870

	Yes	No
1a		
1b		N/A
1c		X
2a		
2b		N/A
3a		
3b		N/A
4a		X
4b		X
5a		
5b		N/A
5c		
6a		
6b		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 4		0.	0.	0.

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 hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ▶**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
NONE		

Total number of others receiving over \$50,000 for professional services ▶**Part IX-A Summary of Direct Charitable Activities**

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 SUBURBAN, SANDLOT, PAL & ROOKIE LEAGUES ENCOURAGE INVOLVEMENT IN AMATEUR ATHLETICS AND BASEBALL BY SUPPLYING ATHLETIC EQUIPMENT AND CONTRIBUTING FINANCIAL SUPPORT TO LITTLE LEAGUES AND SIMILAR GROUPS.	49,700.
2 CONTRIBUTIONS TO CHARITIES TO PROMOTE ATHLETICS THROUGH SCHOLARSHIP FUNDS, PUBLIC PARKS IMPROVEMENT PROJECTS; AND TO VARIOUS SOCIAL SERVICE ORGANIZATIONS.	532,219.
3 HURRICANE KATRINA RELIEF	570,636.
4	

Part IX-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 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a Average monthly fair market value of securities	1a	25,000.
b Average of monthly cash balances	1b	505,169.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b and c)	1d	530,169.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	530,169.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	7,953.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	522,216.
6 Minimum investment return. Enter 5% of line 5	6	26,111.

Part XI 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 X, line 6	1	26,111.
2a Tax on investment income for 2004 from Part VI, line 5	2a	19.
b Income tax for 2004. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	19.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	26,092.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	26,092.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	26,092.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,193,521.
b Program-related investments - total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,193,521.
5 Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,193,521.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2003	(c) 2003	(d) 2004
1 Distributable amount for 2004 from Part XI, line 7				26,092.
2 Undistributed income, if any, as of the end of 2003:				
a Enter amount for 2003 only			0.	
b Total for prior years: 20____, 20____, 20____		0.		
3 Excess distributions carryover, if any, to 2004:				
a From 1999				
b From 2000				
c From 2001				
d From 2002				
e From 2003				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2004 from Part XII, line 4: ▶ \$ 1,193,521.				
a Applied to 2003, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2004 distributable amount				26,092.
e Remaining amount distributed out of corpus	1,167,429.			
5 Excess distributions carryover applied to 2004 (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	1,167,429.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2003. Subtract line 4a from line 2a. Taxable amount — see instructions.			0.	
f Undistributed income for 2004. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2005				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 1999 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2005. Subtract lines 7 and 8 from line 6a	1,167,429.			
10 Analysis of line 9:				
a Excess from 2000				
b Excess from 2001				
c Excess from 2002				
d Excess from 2003				
e Excess from 2004	1,167,429.			

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Form 990-PF (2004)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
PER LIST ATTACHED			PER LIST ATTACHED	532,219.
PER LIST ATTACHED			PER LIST ATTACHED	49,700.
PER LIST ATTACHED			PER LIST ATTACHED	570,636.
Total			3a	1,152,555.
<i>b Approved for future payment</i>				
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see instructions)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1	Program service revenue.					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					969
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue:					
a						
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)					969
13	Total. Add line 12, columns (b), (d), and (e)					969

(See worksheet in the instructions for line 13 to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2004

Name of organization

NEW YORK METS FOUNDATION, INC.

Employer identification number

13-6159029

Organization type (check one).

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 501(c)() (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 –

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

Employer identification number

NEW YORK METS FOUNDATION, INC.

13-6159029

Part I Contributors (See Specific Instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STERLING METS LP C/O NY METS FOUNDATION INC	\$ 6,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MO VAUGHN C/O NY METS FOUNDATION INC	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ROBERT I GRUBER ESQ C/O NY METS FOUNDATION INC	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ARAMARK C/O NY METS FOUNDATION INC	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MBNA C/O NY METS FOUNDATION INC	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	AHOLD STOP & SHOP C/O NY METS FOUNDATION INC	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NEW YORK METS FOUNDATION, INC.

13-6159029

Part I Contributors (See Specific Instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ANHEUSER BUSCH C/O NY METS FOUNDATION INC	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	VAR CONTRIB < 5,000 C/O NY METS FOUNDATION INC	\$ 111,993.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	PEDRO MARTINEZ C/O NY METS FOUNDATION INC	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	WADO C/O NY METS FOUNDATION INC	\$ 18,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	TIME WARNER C/O NY METS FOUNDATION INC	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	MADISON SQUARE GARDEN C/O NY METS FOUNDATION INC	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NEW YORK METS FOUNDATION, INC.

13-6159029

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	ARENA MEDIA NETWORKS C/O NY METS FOUNDATION INC	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	CORNELIUS C FLOYD JR C/O NY METS FOUNDATION INC	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	STEPHEN TRACHSEL C/O NY METS FOUNDATION INC	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	THOMAS GLAVINE C/O NY METS FOUNDATION INC	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	BRADEN LOOPER C/O NY METS FOUNDATION INC	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	N Y MERCANTILE EXCHANGE C/O NY METS FOUNDATION INC	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile**Type or
print**
File by the
due date for
filing your
return. See
instructions.

Name of Exempt Organization

NEW YORK METS FOUNDATION, INC.

Employer identification number

13-6159029

Number, street, and room or suite number. If a P.O. box, see instructions.

SHEA STADIUM 123-01 ROOSEVELT AVE

City, town or post office. For a foreign address, see instructions.

state ZIP code

FLUSHING, NY 11368-1699

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **LEONARD S LABITA**

Telephone No. ► **718.507.6387**

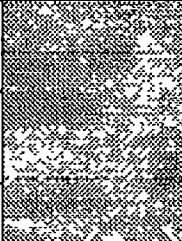
FAX No. ►

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 9/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:► ☐ calendar year 20__ or► ☒ tax year beginning 11/01, 20 04, and ending 10/31, 20 05**2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.\$ 19.**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.\$ 0.**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.\$ 19.**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	NEW YORK METS FOUNDATION, INC.		13-6159029
	Number, street, and room or suite number. If a P.O. box, see instructions.		For IRS use only
	SHEA STADIUM 123-01 ROOSEVELT AVE		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	FLUSHING, NY 11368-1699		

Check type of return to be filed (File a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **LEONARD S LABITA**
Telephone No **718.507.6387** FAX No _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 9/15, 20 06.
- 5 For calendar year _____, or other tax year beginning 11/01, 20 04, and ending 10/31, 20 05.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 19.
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ 0.
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 19.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____

Notice to Applicant – To be Completed by the IRS

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other. _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	DOUGLAS J. FREEMAN C.P.A.
	Number and street (include suite, room, or apartment number) or a P.O. box number
	19 LIVINGSTON AVENUE
	City or town, province or state, and country (including postal or ZIP code)
	JERICHO, NY 11753-1510

NEW YORK METS FOUNDATION, INC.

13-6159029

STATEMENT 1
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADMIN - NYS FILING FEE	\$ 125.			\$ 125.
FUND RAISING	40,841.			40,841.
TOTAL	\$ 40,966.	\$ 0.	\$ 0.	\$ 40,966.

STATEMENT 2
FORM 990-PF, PART II, LINE 13
INVESTMENTS - OTHER

	VALUATION METHOD	VALUE	FAIR MARKET VALUE
<u>OTHER SECURITIES</u>			
DEBT SECURITY - STATE OF ISRAEL BOND	MKT VAL	\$ 25,000.	\$ 25,000.
TOTAL		\$ 25,000.	\$ 25,000.

STATEMENT 3
FORM 990-PF, PART VII-A, LINE 10
SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

MO VAUGHN
C/O NY METS FOUNDATION INC

STATEMENT 4
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
FRED WILPON SHEA STADIUM 123-01 ROOSEVELT FLUSHING, NY 11368-1699	TRUSTEE AS NEEDED	\$ 0.	\$ 0.	\$ 0.
JEFFREY WILPON SHEA STADIUM 123-01 ROOSEVELT FLUSHING, NY 11368-1699	TRUSTEE/EXEC VP AS NEEDED	0.	0.	0.
SAUL KATZ SHEA STADIUM 123-01 ROOSEVELT FLUSHING, NY 11368-1699	TRUSTEE AS NEEDED	0.	0.	0.

NEW YORK METS FOUNDATION, INC.

13-6159029

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAVE HOWARD SHEA STADIUM 123-01 ROOSEVELT FLUSHING, NY 11368-1699	VICE PRESIDENT AS NEEDED	\$ 0.	\$ 0.	\$ 0.
MARK PESKIN SHEA STADIUM 123-01 ROOSEVELT FLUSHING, NY 11368-1699	TREASURER AS NEEDED	0.	0.	0.
DAVID COHEN SHEA STADIUM 123-01 ROOSEVELT FLUSHING, NY 11368-1699	SECRETARY AS NEEDED	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

NY Mets Foundation, Inc. 13-6159029
Form 990-PF, Part XV, Line 3 - Grants & Contributions
Form 990, Part II, Line 22 - Grants & Allocations
Paid During the Year Ended October 31, 2005

Charitable Organizations	Baseball & Little Leagues	Hurricane Katrina Relief	Amount	Check Payable to:
10,000.00			10,000.00	NYC & Company
100.00			100.00	St. Barnabas Hospital
5,000.00			5,000.00	Pediatric Aid Foundation
8,050.00			8,050.00	The Jewish Foundation for the Rightous
	10,000.00		10,000.00	The National Baseball Hall of Fame
100,000.00			100,000.00	The Mayor's Fund (Not Political)
750.00			750.00	Flushing YMCA
			-	Void
1,000.00			1,000.00	The Capuchin Food Partners
100.00			100.00	The Komen Foundation
2,000.00			2,000.00	NYSAE Education and Research Foundation
5,000.00			5,000.00	The Queens Museum of Art
			-	Void
23,500.00			23,500.00	City Lights Youth Theatre
2,000.00			2,000.00	CHCF
4,250.00			4,250.00	AHRC NYC Foundation
50.00			50.00	Piscataquog Watershed Association (JW)
7,910.00			7,910.00	NYC Police Foundation
10,000.00			10,000.00	Alvin Ailey Dance Foundation
10,750.00			10,750.00	Marine Corps - Law Enforcement Foundation
7,000.00			7,000.00	CJ/TCF/IR Radiothon
	1,000.00		1,000.00	Staten Island Old Timers
	1,000.00		1,000.00	PAL
	1,000.00		1,000.00	NYC Baseball Federation
	1,000.00		1,000.00	Kiwanis Sports Association
	1,000.00		1,000.00	Long Island Connie Mack
	1,000.00		1,000.00	Long Island City YMCA
	1,000.00		1,000.00	Long Island Baseball Association
	1,000.00		1,000.00	Cadets Baseball Club
	1,000.00		1,000.00	Greater NY Sandlot Alliance
	1,000.00		1,000.00	Staten Island CYO
2,500.00			2,500.00	WB 11 Care for Kids Fund
10,000.00			10,000.00	Hackley School
1,700.00			1,700.00	The Hispanic Foundation
500.00			500.00	National MS Society
600.00			600.00	Diabetes Research Institute Foundation
2,100.00			2,100.00	Molloy College
			-	Void
4,100.00			4,100.00	Cystic Fibrosis Foundation
4,100.00			4,100.00	CJ Foundation for SIDS
1,000.00			1,000.00	Maccabi USA Sports for Israel
23,000.00			23,000.00	Police Athletic League, Inc.
10,000.00			10,000.00	The National Center for Disability Services
			-	Void
250.00			250.00	Wantagh Sports Booster Club
1,000.00			1,000.00	The First Tee of Metropolitan NY

NY Mets Foundation, Inc. 13-6159029
Form 990-PF, Part XV, Line 3 - Grants & Contributions
Form 990, Part II, Line 22 - Grants & Allocations
Paid During the Year Ended October 31, 2005

Charitable Organizations	Baseball & Little Leagues	Hurricane Katrina Relief	Amount	Check Payable to:
250.00			250.00	St. Stanislaus B&M School
1,000.00			1,000.00	Coro Leadership Center
1,000.00			1,000.00	Queens Theatre in Park
750.00			750.00	The Shield Institute
250.00			250.00	Wendy Marx Foundation
1,000.00			1,000.00	City Parks Foundation
			-	Void
	500.00		500.00	Long Island Fire & Ice
0.00	23,450.00		23,450.00	Harlem RBI
13,140.00			13,140.00	The Crons & Colitis Foundation
			-	Void
2,500.00			2,500.00	American Cancer Society
500.00			500.00	Friends of the Museum
1,900.00			1,900.00	St. Mary's Foundation for Children
2,250.00			2,250.00	Sports Leadership Institute
10,000.00			10,000.00	Jewish Community Relations Council of NY, Inc.
0.00	4,500.00		4,500.00	Baseball Assistance Team
1,500.00			1,500.00	NYC Chapter, NFFCHF
10,000.00			10,000.00	Prostate Cancer Foundation
2,000.00			2,000.00	Bronx Community College Foundation
3,000.00			3,000.00	Anti Defamation League
250.00			250.00	John Bellew Scholarship Fund
			-	Void
1,000.00			1,000.00	Havurat Israel
3,000.00			3,000.00	UCPI
3,000.00			3,000.00	Sean Kimerling Testicular Cancer Foundation
0.00	1,000.00		1,000.00	Brooklyn Kiwanis Sports League
23,500.00			23,500.00	New York University
766.87			766.87	Rock and Wrap It Up
2,000.00			2,000.00	CCFA
25,000.00			25,000.00	Alliance for Lupus Research
15,000.00			15,000.00	Cure Search
			-	Void
			-	Void
1,000.00			1,000.00	The Zoological Society of San Diego
			-	Void
2,000.00			2,000.00	The Leukemia & Lymphoma Society
10,000.00			10,000.00	RMHC - HACER
5,000.00			5,000.00	American Friends of Bet - El
3,700.00			3,700.00	Harlem RBI
15,000.00			15,000.00	Safe at Home Foundation
1,400.00			1,400.00	CureSearch
	250.00		250.00	Great Bay Marine Little League
10,000.00			10,000.00	The PCRF (Prostate Cancer Foundation)
9,073.84			9,073.84	Special Olympics - Ct.

NY Mets Foundation, Inc. 13-6159029
Form 990-PF, Part XV, Line 3 - Grants & Contributions
Form 990, Part II, Line 22 - Grants & Allocations
Paid During the Year Ended October 31, 2005

Charitable Organizations	Baseball & Little Leagues	Hurricane Katrina Relief	Amount	Check Payable to:
4,278.00			4,278.00	Ricky Martin Foundation Corp.
-			-	Void
-		100,000.00	100,000.00	The American Red Cross
-		75,000.00	75,000.00	America's Second Harvest
-			-	Void
-		250,000.00	250,000.00	Texas Children's Hospital
-		75,000.00	75,000.00	Convoy of Hope
-		50,000.00	50,000.00	New Orleans Police Relief Fund
750.00			750.00	USO
12,500.00			12,500.00	Prospect Park Alliance
1,000.00			1,000.00	Rutgers University Foundation
		5,636.00	5,636.00	American Red Cross
			-	Void
3,000.00			3,000.00	The NephCure
5,000.00			5,000.00	Joan's Legacy
		5,000.00	5,000.00	ASPCA Disaster Relief Fund
23,500.00			23,500.00	New York Hall of Science
1,000.00			1,000.00	Flushing YMCA
-		10,000.00	10,000.00	Americares
			-	Void
2,000.00			2,000.00	National Down Syndrome Society
4,000.00			4,000.00	Molloy College
1,500.00			1,500.00	New York Historical Society
100.00			100.00	American Civil Liberties Union
8,700.00			8,700.00	Cobble Hill Health Center
1,000.00			1,000.00	Ed Randall's Bat for Cure
8,800.00			8,800.00	One Hundred Black Men
550.00			550.00	Winning Beyond Winning
13,500.00			13,500.00	March of Dimes
1,000.00			1,000.00	Memorial Sloan Kettering Cancer Center
<u>532,218.71</u>	<u>49,700.00</u>	<u>570,636.00</u>	<u>1,152,554.71</u>	

2004

FEDERAL WORKSHEETS

PAGE 1

NEW YORK METS FOUNDATION, INC.

13-6159029

**PAYMENTS FROM DISQUALIFIED PERSONS
SCHEDULE A, PART IV-A, LINE 27A**

DISQUALIFIED PERSON	2003	2002	2001	2000
VARIOUS	\$ 1039993.	\$ 579,442.	\$ 405,473.	\$ 425,000.
TOTAL	<u>\$ 1039993.</u>	<u>\$ 579,442.</u>	<u>\$ 405,473.</u>	<u>\$ 425,000.</u>

ANALYSIS OF INCOME-PRODUCING ACTIVITIES WORKSHEET (FORM 990-PF)

1. AMOUNT FROM PART XVI-A, LINE 13	\$ 969.
2. MINUS: AMOUNT FROM PART I, LINE 5B *	0.
3. PLUS: AMOUNT FROM PART I, LINE 1	1,287,483.
4. PLUS: AMOUNT FROM PART I, LINE 5A	0.
5. PLUS: SPECIAL EVENTS EXPENSES DEDUCTED (PART XVI-A, LINE 9)	0.
6. TOTAL TO REPORT ON PART I, LINE 12 COLUMN (A)	<u>\$ 1,288,452.</u>
7. AMOUNT FROM PART I, LINE 12 COLUMN (A)	<u>1,288,452.</u>
8. VARIANCE	<u>\$ 0.</u>

* NOTE: IF PART I, LINE 5B REFLECTS A LOSS, THAT AMOUNT IS ADDED INSTEAD OF SUBTRACTED.

NEW YORK METS FOUNDATION, INC.

13-6159029

	2004	2003	DIFF
REVENUE PER BOOKS			
CONTRIBUTIONS, GIFTS, AND GRANTS	1,287,483	0	1,287,483
DIVIDENDS & INTEREST FROM SECURITIES	969	0	969
TOTAL REVENUE	1,288,452	0	1,288,452
EXPENSES PER BOOKS			
OTHER EXPENSES	40,966	0	40,966
TOTAL OPERATING/ADMINISTRATIVE EXP...	40,966	0	40,966
CONTRIBUTIONS, GIFTS, GRANTS PAID	1,152,555	0	1,152,555
TOTAL EXPENSES	1,193,521	0	1,193,521
EXCESS OF REVENUE OVER EXPENSES	94,931	0	94,931
NET INVESTMENT REVENUE			
DIVIDENDS & INTEREST FROM SECURITIES	969	0	969
TOTAL REVENUE	969	0	969
NET INVESTMENT EXPENSES			
TOTAL OPERATING/ADMINISTRATIVE EXP	0	0	0
TOTAL EXPENSES	0	0	0
NET INVESTMENT INCOME	969	0	969
TAX COMPUTATION			
TAX ON NET INVESTMENT INCOME	19	0	19
TAX ON INVESTMENT INCOME	19	0	19
PAYMENTS AND CREDITS			
TOTAL PAYMENTS AND CREDITS	0	0	0
REFUND OR AMOUNT DUE			
OVERPAYMENT	0	0	0
TAX DUE	19	0	19
TAX RATES			
MARGINAL TAX RATE	2.0%	0.0%	2.0%
EFFECTIVE TAX RATE	2.0%	0.0%	2.0%
ADJUSTED NET INCOME REVENUE			
DIVIDENDS & INTEREST FROM SECURITIES	969	0	969
TOTAL REVENUE	969	0	969
ADJUSTED NET INCOME EXPENSES			
TOTAL OPERATING/ADMINISTRATIVE EXP	0	0	0
TOTAL EXPENSES	0	0	0
ADJUSTED NET INCOME	969	0	969
CHARITABLE PURPOSES DISBURSEMENTS			
OTHER EXPENSES	40,966	0	40,966
TOTAL OPERATING/ADMINISTRATIVE EXP...	40,966	0	40,966
CONTRIBUTIONS, GIFTS, GRANTS PAID	1,152,555	0	1,152,555

2004

FEDERAL PRIVATE FOUNDATION TAX SUMMARY

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NEW YORK METS FOUNDATION, INC.

13-6159029

TOTAL EXPENSES AND DISBURSEMENTS . . .	1,193,521	0	1,193,521
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NET ASSETS OR FUND BALANCES

NET ASSETS/FUND BAL. AT BEG. OF YEAR . .	472,703	0	472,703
EXCESS OF REVENUE OVER EXPENSES . . .	94,931	0	94,931
NET ASSETS/FUND BAL. AT END OF YEAR . .	567,634	0	567,634

2004

NEW YORK CHAR500 TAX SUMMARY

PAGE 1

NEW YORK METS FOUNDATION, INC.

13-6159029

FINANCIAL INFORMATIONTOTAL SUPPORT AND REVENUE
NET WORTH AT END OF YEAR

2004

1,288,452
567,634

2003

1,145,995
472,703

DIFF

142,457
94,931**FILING FEES**~~ARTICLE 7-A FILING FEE~~
EPTL FILING FEE

25

100

0

0

25

100

TOTAL FILING FEES

125

0

125

2004

GENERAL INFORMATION

PAGE 1

NEW YORK METS FOUNDATION, INC.

13-6159029

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-PF, SCH B, 8868, 8868 P2
NEW YORK: CHAR500

TAX RATES

<u>PRIVATE FOUNDATION</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	2.0 %	2.0 %

CARRYOVERS TO 2005

NONE

UNDISTRIBUTED INCOME CARRYOVERS TO 2005

2004 EXCESS DISTRIBUTIONS	1,167,429.
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