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990-PF

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

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply Initial return I Initial Return of a former public charity Final return Amended return Address change Name change Employer identification number EOUINOX FOUNDATION INC 22-3109260 20 CORPORATE WOODS BLVD SUITE 600 Telephone number (see the instructions) ALBANY, NY 12211 518-465-4747 If exemption application is pending, check here 1 Foreign organizations, check here eck type of organization X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Check type of organization 2 Foreign organizations meeting the 85% test, check here and attach computation If private foundation status was terminated Fair market value of all assets at end of year Accounting method X Cash under section 507(b)(1)(A), check here. (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 13,373,013. (Part I, column (d) must be on cash basis) Partil Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not necessarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) Borth 15-20 Contributions, gifts, grants, etc, received (att sch). 97,500. or only had the · .. 3/2 3/ If the foundn is not req to att Sch B water in the * 45 3. 60 de Interest on savings and temporary 2,273 2,273 cash investments Dividends and interest from securities 247,403 247,403 5a Gross rents 743 743 **b** Net rental income or (loss) 35,743 -542,683 ¥., 4 Tr 200 65. 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 47° 680) ***** 4 6,288,095 ~02 14 t }-**45** : 36 Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain 100 year 4.0 * (3-49 A) Income modifications 4 8.00 \$ X.3. 10 × 10 23.13.16 .24 10a Gross sales less returns and allowances <u>> 4</u> 33.8 ·]\$. * **b** Less Cost of goods sold. ₹., 1/2 200 . c Gross profit/(loss) (att sch) 11 Other income (attach schedule) 6,948 See Statement 1 439 12 Total. Add lines 1 through 11 -152.816285,858 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages Pension plans, employee benefits 16a Legal fees (attach schedule)
b Accounting fees (attach sch) See St 2 600 600 c Other prof fees((attach sch) A A 19 Depreciation and depletion. õ 8,852 See Stm 3 8,852 7,500 7,500 21 Travel, conferences, and meetings. 22 Printing and publications Other expenses (attach schedule) 44,620. See Statement 73,454 28,834 Total operating and administrative expenses. Add lines 13 through 23 90,406 45,786 44,620. Contributions, gifts, grants paid Part XV 538,400 538,400. ni v Total expenses and disbursements. 45,786 Add lines 24 and 25 628,806 0 583,020. Subtract line 26 from line 12: 2. 4 a Excess of revenue over expenses and disbursements -781,622 240,072 b Net investment income (if negative, enter -0-). C Adjusted net income (if negative, enter -0) 2000年至 0. BAA For Paperwork Reduction Act Notice, see the instructions. Form 990-PF (2010) TEEA0504L 07/23/10

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Pari	H	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	<u>_</u>	nd of	year
		(See instructions)	(a) Book Value	(b) Book Value	;	(c) Fair Market Value
	1	Cash — non-interest-bearing	26,299.	8,7		8,774.
	2	Savings and temporary cash investments	1,348,132.	100,92	20.	100,920.
	3	Accounts receivable	_	* 4		
		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 the instructions).				
	7	Other notes and loans receivable (attach sch)	\	······································		- " "
Ą		Less allowance for doubtful accounts ▶				
Š	8	Inventories for sale or use				
A S S E T	9	Prepaid expenses and deferred charges				-
s	10	a Investments — U.S. and state government obligations (attach schedule)				
	۱ ۱	b Investments — corporate stock (attach schedule) Statement 5	6,262,915.	8,964,98	39	9,533,277.
		c Investments — corporate bonds (attach schedule) Statement 6	5,270,343.	3,158,6		3,198,428.
	l	Investments – land, buildings, and		7,200,70		-
		equipment basis Less accumulated depreciation	* * * *	<u>* </u>	- 4	
	ĺ	(attach schedule)				
	12	Investments – mortgage loans				
	13	investments — other (attach schedule)				<u> </u>
	14	Land, buildings, and equipment basis.				
		Less accumulated depreciation (attach schedule)				
	15	Other assets (describe ► See Statement 7)	205,278.	216,1	48.	531,614.
	<u> </u>	Total assets (to be completed by all filers – see instructions. Also, see page 1, item l)	13,112,967.	12,449,4	52.	13,373,013.
Ļ	17	Accounts payable and accrued expenses				
À	18	Grants payable	224,000.	112,0	00.	
В	19	Deferred revenue		 -		§ (* · * /
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons				3 3 8 9 9
ļ	21	Mortgages and other notes payable (attach schedule)				
i	22	Other liabilities (describe				* "
<u>S</u>	23		224,000.	112,0	00.	** *
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				y Le ,
N F E U		Unrestricted				
TN	25	Temporarily restricted				; , _*
A D	26	Permanently restricted.				• 1
A S S A E T A		Foundations that do not follow SFAS 117, check here. X and complete lines 27 through 31.				÷
SAELTA	27	Capital stock, trust principal, or current funds	12,888,967.	12,337,4	52.	ýe , ,
S N C	28	Paid-in or capital surplus, or land, building, and equipment fund				;
ΟĔ	29	Retained earnings, accumulated income, endowment, or other funds				1
RS	30	Total net assets or fund balances (see the instructions)	12,888,967.	12,337,4	52.	-
	31	Total liabilities and net assets/fund balances (see the instructions)	13,112,967.	12,449,4	52	•
Par	1111	Analysis of Changes in Net Assets or Fund Balance	13,112,301.	12,445,4	١. ٢٥	
					Т	
1	lota end-	I net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	ımn (a), line 30 (must a	gree with	1	12,888,967.
2		er amount from Part I, line 27a		<u> </u>	2	-781,622.
3		increases not included in line 2 (demize) See Statement	8	ŀ	3	230, 107.
4		lines 1, 2, and 3	<u> </u>		4	12,337,452.
5		ases not included in line 2 (itemize)		}	5	12,331,432.
-		I net assets or fund balances at end of year (line 4 minus line 5)	- Part II column (b)		6	12,337,452.
<u> </u>	. 5.0	access or rand balances at one of year (line + minus line 5)	r art is, column (b),	110 Ju	<u> </u>	12,331,432.

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	(a) List and describe 2-story brick warehous	the kind(s) of property sold (e.g., ree, or common stock, 200 shares ML	C. Company)	How acquired — Purchase — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	1		-			 -
)					
	<u> </u>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
<i>a</i>	1					
t)					
	:					
	1					
6	•					
	Complete only for assets show	ng gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Coli	ımn (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		jain minus column (l an -0-) or Losses (fi	(), but not less
8	l					
t)					
	·					
	<u></u>					
_	Capital gain net income or (net Net short-term capital gain or (capital loss) If gain, also If (loss), enterpretations (loss) as defined in sections 1222(5)	enter in Part I, line 7 ter -0- in Part I, line 7 and (6)	2		-543,817.
	If gain, also enter in Part I, line in Part I, line 8.	e 8, column (c) (see the instructions)	If (loss), enter -0-			
DS.		Section 4940(e) for Reduce	d Tay on Nat Investment	3		
Was	es, the foundation does not qual	his part blank tion 4942 tax on the distributable an ify under section 4940(e) Do not co n each column for each year, see th	mplete this part		Yes	X No
<u> </u>				ny entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(col	(d) Distribution umn (b) divided	ratio by column (c))
	2009	660,907.	12,059,	262.		0.054805
	2008	688,046.	13,151,			0.052319
	2007	524,353.	13,711,			0.038243
	2006	567,753.	12,243,			0.046371
	2005	511,293.	11,442,			0.044682
	Total of line 1, column (d)		==, -==,	2		0.236420
3	Average distribution ratio for th number of years the foundation	e 5-year base period — divide the to has been in existence if less than 5	otal on line 2 by 5, or by the 5 years	3		0.047284
4	Enter the net value of nonchari	table-use assets for 2010 from Part	X. line 5.	4	1	2,596,006.
5	Multiply line 4 by line 3		,	5		595,590.
6	Enter 1% of net investment inc	ome (1% of Part I line 27h)		6		
7				<u> </u>	 	2 // 1
	Add lines 5 and 6	oo (176 o.17 d.1.17, m.10 27 o)		_		
				7		2,401. 597,991.
8	Enter qualifying distributions fro		. line 1b. and complete that par	8	6 tax rate. See t	597,991. 583,020.

orm	990-PF (2010) EQUINOX FOUNDATION INC 22-3109260	Page 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instruct	tions)
1 a	Exempt operating foundations described in section 4940(d)(2), check here	134 134 141
	Date of ruling or determination letter (attach copy of letter if necessary — see instr.)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	4,801.
	check here ► and enter 1% of Part I, line 27b	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b).	* * ;
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	
	foundations only Others enter ·0·)	0.
3	Add lines 1 and 2	4,801.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	4,801.
6	Credits/Payments:	* \$\$ %
	2010 estimated tax pmts and 2009 overpayment credited to 2010 6a 3, 680.	
	Exempt foreign organizations – tax withheld at source Toward with analysis for extraord at the first source (6b)	1 1
	Tax paid with application for extension of time to file (Form 8868) 6c 4,000.	
_	Backup withholding erroneously withheld Total gradits and payments. Add lance for through 6d.	7 (00
_	Total credits and payments. Add lines 6a through 6d Fater any payable for undersayment of estimated tay. Check here. V. if Form 2000 is attached.	7,680.
8 9	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	10.
9 10		
11		<u>2,869.</u> 0.
	Enter the amount of line 10 to be Credited to 2011 estimated tax 2,869. Refunded 11 t VII-A Statements Regarding Activities	<u> </u>
	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? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 Yes No 1 a X 1 b 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 foundation in connection with the activities	
С	Did the foundation file Form 1120-POL for this year?	1c X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (2) On foundation managers (3) On foundation managers (4) On foundation managers (5) On foundation managers	
-	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers • \$ 0.	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
	If 'Yes,' attach a detailed description of the activities	<i>(11)</i>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3 X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
	If 'Yes,' attach the statement required by General Instruction T.	, <u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7 X
	Enter the states to which the foundation reports or with which it is registered (see the instructions)	: 900 🐉 🖁
-	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	8b X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10 X
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charitable purposes?

the tax year beginning in 2010?

Form **990-PF** (2010)

3 b

4a

N/A

4a Did the foundation invest during the year any amount in a manner that would jeopardize its

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

Form 990-PF (2010) EQUINOX FOUNDATION		<u>-</u>		109260) Page 6
Part VII-B Statements Regarding Activiti	es for Which Form	1 4720 May Be Requ	uired (continued) ,	
5a During the year did the foundation pay or incu	•			_	
(1) Carry on propaganda, or otherwise attemp(2) Influence the outcome of any specific publication.	J	, , , , , , , , , , , , , , , , , , , ,	∐ Yes ∣	X No	
on, directly or indirectly, any voter registra	ition drive?			X No	
(3) Provide a grant to an individual for travel,			∐ Yes Į	X No	*
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instru	uctions)	Yes	X No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	n of cruelty to children	or animals?		X No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions		5b N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	•		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response		emption from the	N/A Yes	□No	
If 'Yes,' attach the statement required by Regu	ulations section 53 494	5-5(d)	_		
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premium	Yes	ΧNο	n (1, 3,)
b Did the foundation, during the year, pay premi	iums, directly or indirec	tly, on a personal bene	fit contract?		6b X
7a At any time during the tax year, was the found	dation a party to a proh	ubited tax shelter transa	ction? Yes	XNo	1. Jan 7.
b If yes, did the foundation receive any proceed			ansaction?		7b
Part VIII Information About Officers, Diand Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid	d Emplo	yees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(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 deferre compensation	t oth	xpense account, er allowances
See Statement 9			•		
		0.	,	0.	0.
2 Compensation of five highest-paid employee	s (other than those inc	cluded on line 1- see in	structions). If none	, enter 'N	ONE.'
(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 deferre compensation	t i otr	xpense account, ner allowances
None					
T					
Total number of other employees paid over \$50,000	TEFA0306L (07/23/10	·	Fo	0 rm 990-PF (2010)

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Information About Officers, Directors, Trustees, Fo and Contractors (continued)	undation Managers, Highly Paid E	Employees,
3 Five highest-paid independent contractors for professional services (seenter 'NONE.'	ee instructions). If 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	>	0
Partix:A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state organizations and other beneficiaries served, conferences convened, research papers produced, etc	istical information such as the number of	Expenses
1 <u>N/A</u>		
2		
3		
4		
Part X:B Summary of Program-Related Investments (see ins	tructions)	
Describe the two largest program-related investments made by the foundation 1 N/A		Amount
2		
All other program-related investments. See instructions		-
	- 	
Total, Add lines 1 through 3	•	n

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2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes

3 Amounts set aside for specific charitable projects that satisfy the
a Suitability test (prior IRS approval required)

4 Cash distribution test (attach the required schedule)

4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

5 Foundations 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).

6 Adjusted qualifying distributions. Subtract line 5 from line 4

6 583,020.

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

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Form 990-PF (2010)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1	Distributable amount for 2010 from Part XI,		O		624 000
2	line 7 Undistributed income, if any, as of the end of 2010				624,999.
	Enter amount for 2009 only		į	537,085.	
	Total for prior years 20, 20, 20		0.	337,003.	
	Excess distributions carryover, if any, to 2010.		à.		
	From 2005		Se de la companya de	·	
	From 2006		7.	,	1
	From 2007		'4y		
	From 2008		* *	·	
	From 2009	`	*		
	Total of lines 3a through e.	0.		,	` .
	Qualifying distributions for 2010 from Part	· ,	i i	*	
	XII, line 4 > \$ 583,020.	* ~ 5		`	,
ä	Applied to 2009, but not more than line 2a		, .	537,085.	
	•	· · · ›	·	}	* 1
۰	Applied to undistributed income of prior years (Election required — see instructions)	> »	0.	*	er-
•	Treated as distributions out of corpus		* * * *	* *	* ^ * * * * * * * * * * * * * * * * * *
	(Election required — see instructions)	Q.	* * * * * * * * * * * * * * * * * * *	* *	
	Applied to 2010 distributable amount Remaining amount distributed out of corpus	0.		* * * * * * * * * * * * * * * * * * * *	45,935.
	Excess distributions carryover applied to 2010	0.		* * * * * * * * * * * * * * * * * * *	
J	(If an amount appears in column (d), the	U.	* * *	* * \	0.
	same amount must be shown in column (a).)		* * ` *	* * * }	< 3 4 4 4
				* * * ·	, , ,
6	Enter the net total of each column as indicated below:	* / *	* 4 .	4 4 4 4	,
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			. 10 20 96
			<u> </u>	* * * *	> 0 \$ 4 .0 \$ 1 . V
ŀ	Prior years' undistributed income. Subtract line 4b from line 2b	* * * * * * * * * * * * * * * * * * * *	0.	* * * * * * *	
•	Enter the amount of prior years' undistribut-			* * * * * *	, ') '
	ed income for which a notice of deficiency has been issued, or on which the section	÷ (y			
	4942(a) tax has been previously assessed	*	0.		~ ~ ~ ~
•	Subtract line 6c from line 6b Taxable	* , %	•	* • *	<i>∳</i>
	amount – see instructions.	* *	0.		\$
•	Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount — see instructions	* } '		0.	
	inie za Taxable aniount — see insuluctions		* * .)	* % ^ < 4
1	Undistributed income for 2010 Subtract lines	4	93 v 3 b 🕽 🔎	* * * * * * * * * * * * * * * * * * * *	
	4d and 5 from line 1. This amount must be distributed in 2011	\$ 4 1	,	A (579,064.
7	Amounts treated as distributions out of				373,004.
•	corpus to satisfy requirements imposed		* * 4	\$ % %	} . I
	by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.	* '	* , ,	* *
_	,	U.	* ′		
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.	4		4 1 4 2
9	Excess distributions carryover to 2011.	0	,		
10	Subtract lines 7 and 8 from line 6a Analysis of line 9	0.	, .		1
	Excess from 2006		4		
	Excess from 2007				ł
	Excess from 2008.				
	Excess from 2009		Ì		
	Excess from 2010		!		
	ENOUSS HOLLI EATO		₩.		*

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PartXIV Private Operating Foundations (see instructions and Part VII.A., question 9) N/A	Form 990-PF (2010) EQUINOX FOUNDATION		-	-	22-3109260	Page 10
s effective for 2010, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(0)(3) or 4942(0)(5) 2a Enter the lesser of the adjusted net income from Part 1 or the minimum (each year listed 2000 (b) 2009 (c) 2008 (d) 2007 (e) Total 2b 85% of line 2 c Qualifying distributions from Part X for each year listed 2001 (b) 2009 (c) 2008 (d) 2007 (e) Total 2 B 85% of line 2 c Qualifying distributions from Part X for each year listed 2001 (b) 2009 (c) 2008 (d) 2007 (e) Total 2 B 85% of line 2 c Qualifying distributions from Part X for each year listed 2001 (b) 2009 (c) 2008 (d) 2007 (e) Total 2 B 85% of line 2 c Qualifying distributions from Part X for each year listed 2001 (d) 2009 (e) 2008 (e) 2009 (e) 2008 (e) 2009 (e) 2008 (e) 2009 (e) 2009 (e) 2008 (e) 2009 (e) 2009	Part:XIV Private Operating Foundation	ns (see instruc	ctions and Part \	VII-A, question 9	9)	N/A
2a Enter the lesser of the adjusted net mome from Part I or the minimum my estiment return from Part X for each year lated. b 68 % of line 2a CReallying distributions from Part XII. c Qualitying distributions from Part XII. d Amerits inclided in line 2 not used directly for schee conduct of exempt estimates. c Qualitying distributions made directly for schee conduct of exempt estimates. c Qualitying distributions made directly for schee conduct of exempt estimates. c Qualitying distributions made directly for schee conduct of exempt estimates. c Qualitying distributions made directly for schee conduct of exempt estimates. c Qualitying distributions made directly for schee conduct of exempt estimates. c Qualitying distributions made directly for scheep and exhibits substract line 2d from line 2c. C Complete 3a, b, or of for the alternative test – enter. (1) Value of all assets. (2) Value of assets qualitying under section 4942(0)(3)(3)(1) E Tolomental Beharative test – enter 2/3 of line 16 cest) year listed from Part X, line 16 cest) year listed. (2) Value of assets qualitying under section 4942(0)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	is effective for 2010, enter the date of the	ruling	·		n, and the ruling	
income from Part I or the minimum investment return from Part X for seeth year listed. 85% of the scart) year listed with the scart was discretify or active conduct of exempt activities. 9 Causifying distributions made directly or active conduct of exempt activities. 9 Subject line 2d from line 2d. 9 Camplete 3a, b, or c for the alternative test received upon a "Assets' alternative test - enter. 10 Yalue of all assets. 11 Total support other than goss, dividending, rinst, aparents, or securities loans (section 512(a)(5)), or royaltes, rinst, aparents, or securities loans (section 512(a)(5)), or royaltes. 11 Information Regarding Foundation Managers: 12 Support from general pinible and 5 or more exempt organizations as provided in section \$42(5)(3(6)(1)). 13 Largest amount of support from an exempt organization as provided in section \$42(5)(3(6)(1)). 14 Information Regarding Foundation Managers: 15 List any managers of the foundation who own 10% or more of the stock of a corporation (or an equality large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. 15 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs: 16 Check here * X If the foundation only makes contributions or preselected chartable organizations and does not accept unsolicited requests for finds, if the foundation make scontributions or preselected chartable organizations and does not accept unsolicited requests for finds, if the foundation make scontributions of preselected chartable organizations and does not accept unsolicited requests for finds, if the foundation make signs, grants, etc, cess enstructions) to individuals or organizations under other conditions, complete tiems 2a, b, c, and d			erating foundation d	escribed in section	4942(j)(3) or	4942(j)(5)
westment return from Part X for each year Istade b 85% of line 2a C Qualifying distributions from Part XII, line 4 for each year Istade d Prouts mituded in line 2 or but used directly for active conduct of eveript activities C Qualifying distributions made directly for active conduct of eveript activities C Qualifying distributions made directly for active conduct of eveript activities C Qualifying distributions made directly for active conduct of eveript activities C Qualifying distributions made directly for active conduct of eveript activities C Qualifying distributions made directly for active conduct of eveript activities C Qualifying distributions made directly for active conduct of eveript activities C Qualifying distributions made directly for active conduct of eveript activities C Q Qualifying distributions made directly for active conduct of eveript activities C Q Q Value of all assets C Q Q Value of all assets C Q Q Value of assets qualifying under D Value of all assets C Support alternative test—enter. (1) Yolas upport other than gross investment income (interest, dividends, rents, payments) or accurate beyond the stage of the stage of the stage of the foundation of support for an executive stage of the foundation of support for an executive stage of the foundation of support for an executive stage of the foundation with a stage of the foundation for the every conductive of the stage of the foundation with a sweet 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 30,000) (See section 307(d)(2)) None 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs: Check here \(^1\times \) (1 the foundation with own only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. It the foundation make site, grants, etc, dese instructions) to individuals or organizations under other conditions, complete t	2a Enter the lesser of the adjusted net income from Part I or the minimum			· · · · · · · · · · · · · · · · · · ·		
c Cualifying distributions from Part XII, line 4 for each year islated d Amounts included in line 2 not used directly for active conduct of exempt activities. e Qualifying distributions made circetly for active conduct of exempt activities. Subtract line 2 for form line 2 c. Complete 3, b, or c for the atternative test relied upon a "Assets' alternative test relied upon a "Assets' alternative test enter U. Value of all assets (2) Value of all assets (2) Value of all assets (2) Value of assets qualifying under section 4942(0)(3(B)(0) b "adoment" laternative test — enter 7.3 of minimum investment return shown in Part X, line 5 for each year itseld c Support alternative test — enter (1) Total support other than gross any extensive time time of the properties of the continuous properties of t	investment return from Part X for	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
Inter 4 for each year listed d Annuts included in line 2 for used directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Subtract line 28 for line 26 Complete 3a, b, or c for the alternative test relied upon a 'Assets' alternative test – enter. (1) Value of all assets (2) Value of assets qualifying under section 4942(0)(3(9)) b' Endowment alternative test – enter 2/3 of maintain investment return shown in Part X, interior for each year insted C Support alternative test – enter (1) Total support other than gross investment income (interiors) (2) Support first persist place and 5 or provided and section of the control of the	b 85% of line 2a					
for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Subtract in the 26 from line 26 from line 27 from line 27 from line 27 from line 28 from line 29 from l	line 4 for each year listed					<u>-</u>
for active conduct of exempt activities Subtract line 2d from line 2c 3 Complete 3a, b, or c for the alternative test relied upon a 'Assets' alternative test — enter. (1) Value of all assets (2) Value of assets qualifying under section 9492(0)(3(9)) b 'Endawmen' alternative test — enter 2/3 of minimum investment relieve and section of part X, line 6 for each year listed (2 Support 'alternative test — enter (2) of minimum investment relieve and process relieve that approach in the control of the	for active conduct of exempt activities.				-	<u> </u>
alternative test relied upon a 'Assets' alternative test - enter. (1) Value of all assets (2) Value of all assets (2) Value of assets qualifying under section 99420(3)(3)(3)(6) b' Endowment alternative test - enter 2/3 of minimum investment retarn shown in Part X, line is for each year lines (5) Support alternative test - enter (1) Total support other than gross investment income (interest, on securities loans (Section 512(a)(5)), or royaltes) (2) Support from general public and 5 or more exempt organizations as provided in action 940(3)(5)(6), or organization and exempt organization (a) Gross investment income Part XVI Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year - see instructions.) I Information Regarding Foundation Managers: a List any managers of the toundation 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)) None 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 None 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs: Check here * X if the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete terms 2a, b, c, and d b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines	for active conduct of exempt activities Subtract line 2d from line 2c.					
(1) Value of all assets (2) Value of all assets qualifying under section 4942()(3)(8)() b Endowment alternative test — enter 2/3 of minimum measurement return shown in Part X, line 6 for each year hated c Support alternative test — enter (1) Total support other than gross investment income (interest, dividends, ents), payments 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organization as provided in section 494(X)(3)(6)), or royalties) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XVI Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year — see instructions.) 1 Information Regarding Foundation Managers: a last 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 35,000) (See section 507(6)(2)) None 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 None 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, (see instructions) to individuals or organizations under other conditions, complete terms 2a, b, c, and d b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines	3 Complete 3a, b, or c for the alternative test relied upon					
Section 4942(j)(3(b)(ii)) b Tradownerif alternative text — enter 27 of minimum investment return less in the state of the						
section 4942()(3)(B)(B)(b) b Tandowment alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c Support alternative test — enter (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 organization as sprowded in section 4942(x)(50)(b)) (3) Largest amount of support from an exempt organization in a several organizati	• •			<u> </u>		
minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test — enter (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 49X(0)(30(k)) in (3) Largest amount of support from an exempt organization (Complete this part only if the organization had \$5,000 or more in assets at any time during the year — see instructions.) 1 Information Regarding Foundation Managers: a lust 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)) None 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 None 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs: Check here *\footnote{1} if the foundation makes contributions to preselected chantable organizations and does not accept unsolicited requests for funds. If the foundation makes onthributions to preselected chantable organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number 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	section 4942(j)(3)(B)(i)					
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Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year — see instructions.) 1	(3) Largest amount of support from an exempt organization					
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a partnership or other entity) of which the foundation has a 10% or greater interest None 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, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number 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	a List any managers of the foundation who have close of any tax year (but only if they have	nave contributed m	nore than 2% of the than \$5,000) (See	total contributions r section 507(d)(2))	received by the found	dation before the
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, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d The name, address, and telephone number of the person to whom applications should be addressed. The form in which applications should be submitted and information and materials they should include: C Any submission deadlines	a partnership or other entity) of which the	own 10% or more of foundation has a 1	of the stock of a cor 10% or greater inter	poration (or an equ est	ally large portion of	the ownership of
requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number 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	<u>-</u> -				s and does not acce	nt unsolicited
b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines	requests for funds. If the foundation make	s gifts, grants, etc,	(see instructions) t	o individuals or org	anizations under oth	er conditions,
c Any submission deadlines	a The name, address, and telephone number	r of the person to	whom applications	should be addresse	d·	
c Any submission deadlines						
	b The form in which applications should be s	submitted and info	rmation and materia	als they should inclu	ıde:	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	c Any submission deadlines	-				
	d Any restrictions or limitations on awards, s	such as by geograp	phical areas, charita	ble fields, kinds of	institutions, or other	factors

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	
Recipient		Foundation status of recipient		Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year See Statement 10				
Total	,	1	<u>▶ 3a</u>	538,400.
b Approved for future payment				
		;		
Total			►_3b	

Part XVI-A	Analy	sis of	Income	-Producina	Activities
------------	-------	--------	--------	------------	------------

nter gross	amounts unless otherwise indicated	Unrelated	business income	Exclude	d by section 512, 513, or 514	(a)
	am service revenue.	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
	<u> </u>					
				ļ		
ć		1				
d		-				
е	272	-		<u> </u>		
f	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
_	and contracts from government agencies			ļ		
	pership dues and assessments			<u> </u>		
3 Interes	t on savings and temporary cash investments	14	2,273.	ļ		
	ends and interest from securities	14	247,403.			
5 Net re	ental income or (loss) from real estate	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$5°7.8		
a Debt-	financed property					_
b Not de	ebt-financed property					35,743.
6 Net ren	ntal income or (loss) from personal property			<u>L</u>		
7 Other	investment income	_900001	439.			
8 Gain or	(loss) from sales of assets other than inventory	18	86,118.			-628,801.
9 Net in	ncome or (loss) from special events			l.		
10 Gross	s profit or (loss) from sales of inventory					
11 Other	revenue			7 500	319-3139-7	機能が大きないを
a TAX	REFUND				6,509.	
b						
е						
12 Subto	otal. Add columns (b), (d), and (e)	2.交流毒素	336,233.	海流	6,509.	-593,058.
13 Total.	Add line 12, columns (b), (d), and (e)				13	-250,316.
See works	heet in line 13 instructions to verify calculat	ions)				
	Relationship of Activities to th					
Line No. ▼	Explain below how each activity for which accomplishment of the foundation's exemp	income is report of purposes (other	ed in column (e) of F er than by providing f	Part XVI- funds for	A contributed important such purposes). (See	tly to the the instructions)
N/A						
						·
					<u></u>	
			. <u> </u>	_		
						

BAA

Yes No

Part XVII	Information Regard	ding Transfers To and	Transactions and Relations	hips With Noncharitable
	Exempt Organizati	ons		-

 Did the describ 					7/4 744, Tes No
relating	e organization directly bed in section 501(c) o g to political organizati	of the Code (ot	ngage in any of the following wither than section 501(c)(3) orga	nth any other organization anizations) or in section 57	27,
a Transfe	ers from the reporting	foundation to	a noncharitable exempt organi	zation of	
(1) Cas					1a(1) X
	her assets				1a (2) X
	transactions.				<u> </u>
• •	les of assets to a non-		. •		1b(1) X
• •			ible exempt organization		1b(2) X
• •	ntal of facilities, equip		r assets		1b (3) X
• •	imbursement arranger				1b (4) X
• •	ans or loan guarantee				1b (5) X
-			ip or fundraising solicitations		1 b (6) X 1 c X
c Sharing	g of facilities, equipme	ent, mailing lis	sts, other assets, or paid emplo	yees	1c X
the god	ods, other assets, or s	ervices given	complete the following schedul by the reporting foundation. If how in column (d) the value of	the foundation received le	ays show the fair market value of ss than fair market value in or services received.
(a) Line no	(b) Amount involved	(c) Name o	of noncharitable exempt organization	(d) Description of trans	fers, transactions, and sharing arrangements
N/A					
				<u> </u>	
		ļ		<u> </u>	
		<u> </u>			
				<u> </u>	
	··-			<u> </u>	
	 				
		 			
j					
		L			
			ated with or related to one or	more tax-exempt organiz	ations — 🚍
	foundation directly or bed in section 501(c) o ,' complete the followi		ther than section 501(c)(3)) or	in section 527?	Yes X No
b If 'Yes,		ng schedule	ther than section 501(c)(3)) or (b) Type of organization		Yes XNo Description of relationship
b If 'Yes,	,' complete the follows	ng schedule	· · · · · · · · · · · · · · · · · · ·		
b If 'Yes,	,' complete the follows	ng schedule	· · · · · · · · · · · · · · · · · · ·		
b If 'Yes,	,' complete the follows	ng schedule	· · · · · · · · · · · · · · · · · · ·		
b If 'Yes,	,' complete the follows	ng schedule	· · · · · · · · · · · · · · · · · · ·		
b If 'Yes, (N/A	, complete the followi (a) Name of organizati	ng schedule on	(b) Type of organization	on (c)	Description of relationship
b If 'Yes, (N/A	, complete the following (a) Name of organization of organization of organization of organization of periory, I declar	ng schedule on e that I have exam	(b) Type of organization	on (c)	Description of relationship the best of my knowledge and belief, it is true,
b If 'Yes, (N/A	, complete the following (a) Name of organization of organization of organization of organization of periory, I declar	ng schedule on e that I have exam	(b) Type of organization	on (c)	Description of relationship
b If 'Yes, (N/A Under correct	, complete the following (a) Name of organization of organization of organization of organization of periory, I declar	ng schedule on e that I have exam	(b) Type of organization	on (c)	Description of relationship
b If 'Yes, N/A Under correct Sign Here	, complete the following (a) Name of organization of organization of organization of organization of periory, I declar	ng schedule on e that I have exam	(b) Type of organization	on (c)	Description of relationship
b If 'Yes, N/A Under correct Sign Here	r penalties of perjury, I declared, and complete Declaration	ng schedule on e that I have exam of preparer (other	(b) Type of organization	schedules and statements, and to	the best of my knowledge and belief, it is true, s any knowledge
b If 'Yes, (N/A Sign Here	r penalties of perjury, I declar ct, and complete Declaration M.C. M. Z. Signature of officer or trustee Print/Type preparer's nar	ng schedule on e that I have exam of preparer (other	(b) Type of organization	schedules and statements, and to Il information of which preparer has	the best of my knowledge and belief, it is true, is any knowledge Check if If PTIN
b If 'Yes, N/A Sign Here	r penalties of perjury, I declar ct, and complete Declaration M. J. J. Signature of officer or trustee Print/Type preparer's nar WEISERMAZARS	ng schedule on e that I have exam of preparer (other	(b) Type of organization (b) Type of organization (c) Type of organizat	schedules and statements, and to Il information of which preparer has Date	the best of my knowledge and belief, it is true, s any knowledge Check if
b If 'Yes, N/A Sign Here Paid Preparer	r penalties of perjury, I declar ct, and complete Declaration McLL Signature of officer or trustee Print/Type preparer's nar WEISERMAZARS Firm's name	e that I have exam of preparer (other	(b) Type of organization (b) Type of organization (c) Type of organizat	schedules and statements, and to Il information of which preparer has Date	the best of my knowledge and belief, it is true, is any knowledge Check if if PTIN
b If 'Yes, N/A Sign Here	r penalties of perjury, I declar ct, and complete Declaration M. J. J. Signature of officer or trustee Print/Type preparer's nar WEISERMAZARS	e that I have exam of preparer (other the state of the st	(b) Type of organization (b) Type of organization (c) Type of organizat	schedules and statements, and to II information of which preparer has Date	the best of my knowledge and belief, it is true, any knowledge Description of relationship Title

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2010

Name of the organization		Employer identification number
EQUINOX FOUNDATION INC		22-3109260
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated	as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as	a private foundation
	501(c)(3) taxable private foundation	
Charle for an arrange to a second built	Comparing to the control of the cont	
Check if your organization is covered by the Note. Only a section 501(c)(7), (8), or (10) o	General Rule or a Special Rule. rganization can check boxes for both the General Rule ai	nd a Special Rule See instructions
General Rule		
X For an organization filing Form 990, 990-contributor (Complete Parts I and II)	EZ, or 990-PF that received, during the year, \$5,000 or r	nore (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and receive	g Form 990 or 990-EZ, that met the 33-1/3% support test ved from any one contributor, during the year, a contribu art VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Par	ition of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) orgal aggregate contributions of more than \$1, the prevention of cruelty to children or an	nization filing Form 990 or 990-EZ, that received from an 000 for use <i>exclusively</i> for religious, charitable, scientific inmals. Complete Parts I, II, and III	y one contributor, during the year, , literary, or educational purposes, or
contributions for use exclusively for religi	nization filing Form 990 or 990-EZ, that received from an ous, charitable, etc, purposes, but these contributions dial contributions that were received during the year for an ts unless the General Rule applies to this organization be	d not aggregate to more than \$1,000 exclusively religious, charitable, etc.
religious, charitable, etc, contributions of	\$5,000 or more during the year	► \$
990-PF) but it must answer 'No' on Part IV.	by the General Rule and/or the Special Rules does not f line 2 of their Form 990, or check the box on line H of its ling requirements of Schedule B (Form 990, 990-EZ, or 9	Form 990 FZ, or on line 2 of its Form
BAA For Paperwork Reduction Act Notice, 990EZ, or 990-PF.	see the Instructions for Form 990,	thedule B (Form 990, 990-EZ, or 990-PF) (2010)

	B (Form 990, 990-EZ, or 990-PF) (2010)		ge 1 of 1 of Part I
Name of org	DX FOUNDATION INC		Employer Identification number 22–3109260
Partl	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
1	KMP CLT I	6 07	Person X Payroll
	20 CORPORATE WOODS BLVD. ALBANY, NY 12211,	\$97 <i>,</i> 	(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
DAA	TEF A07001 1000110	0.5 1.1 5.5	orm 990, 990 FZ, or 990 PE) (2010)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	 <u></u>	Page_	1	- of 1	of Part II
Name of organization	 		Emp	loyer identificatio	n number
EOUINOX FOUNDATION INC			22-	-3109260	

Rancilla Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(0)	(1)	(4)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u>-</u>	
		ss	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2010)	·-	Pa	age 1 -	of 1	of Part III
Name of organ	nzation		· · · · · · · · · · · · · · · · · · ·		Employer identifica	
	FOUNDATION INC				22-310926	
Partill	Exclusively religious, charitable, e	tc, individual contribution	ns to sectio	n 501(c)	(7), (8), or (10))
	organizations aggregating more th			through (e) and the followi	ng line entry
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of exclusively religious, ch (Enter this information once S	naritable, etc, ee instructions)	► \$	N/A
(a)	(b)	(c)		<u>/</u>	(d)	
No. from Part I	Purpose of gift	Use of gift		Des	cription of how gi	ift is held
<u> </u>	N/A				·	
		(e)				
	_	Transfer of gift				
	Transferee's name, addres	ss, and ZIP + 4	Relati	onship of	transferor to tran	isferee
						
				-		
(a)	(b)	(c)			(d)	
No. from Part I	Purpose of gift	Use of gift		Des	cription of how g	ift is held
					_	
		(e)				
		Transfer of gift				
	Transferee's name, addres	ss, and ZIP + 4	Relati	onship of	transferor to tran	nsferee
						<u> </u>
		<u>-</u>				
(a) No. from	(b) Purpose of gift	(c) Use of gift		Dan	(d)	:44 !- b-l-l
Part I	r dipose oi giit	Use of gift		Desc	cription of how g	
				 :-	 :	
						· · · · · · · · · · · · · · · · · · ·
		(e)				
	Transferee's name, addres	Transfer of gift	Relatio	onshin of	transferor to trai	nsferee
(a)	(b)	(c)			(d)	
No. from	Purpose of gift	Use of gift		Des	cription of how gi	ift is held
Part I			-			_ -·
						
						- · · · · · · · · · · · · · · · · · · ·
		(e) Transfer of gift				
	Transferee's name, addres		Relation	onship of	transferor to trai	nsferee
					-	
DAA	<u> </u>					

2010	Federal Statements	Page 1
	EQUINOX FOUNDATION INC	22-3109260
Statement 1 Form 990-PF, Part I, Line 11 Other Income		
	(a) (b) Net Revenue Investment <u>per Books Income</u>	(c) Adjusted Net Income
Other Investment Income TAX REFUND	\$ 439.\$ 439. 6,509. Total \$ 6,948.\$ 439.\$	0.
Statement 2 Form 990-PF, Part I, Line 16b Accounting Fees		
WEISER	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 600. \$ 600. \$ 600. \$ 600. \$ 600. \$ 600.	
Statement 3 Form 990-PF, Part I, Line 18 Taxes		
FOREIGN TAXES	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 8,852. \$ 8,852. \$ 0.	(d) Charitable Purposes \$ 0.
Statement 4 Form 990-PF, Part I, Line 23 Other Expenses		
COMMUNITY FOUNDATION INTEREST EXPENSE INVESTMENT EXPENSES LAW JOURNAL MELLON CUSTODY FEE MJP HOLDINGS NYS DEPT OF LAW	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 15,008.	(d) Charitable Purposes \$ 15,008. 7,383. 125. 2,449. 18,905. 750. \$ 44,620.

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010	Federal Statements	Page 2
	EQUINOX FOUNDATION INC	22-310926
Statement 5 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks		
Corporate Stocks	Valuation Book Method Value	Fair Market Value
LONGLEAF SMALL CAP FUND INTERNATIONAL ETFS LARGE CAP MUTUAL FUNDS WILSHIRE FUND CYCLICS PREFERRED VANGUARD MID CAP EMERGING MARKETS DODGE AND COX JENSEN I LARGE GROWTH FUND NEWPORT ASIA	Cost \$ 576,267. Cost 0. Cost 314,515. Cost 1,000,000. Cost 675,887. Cost 675,887. Cost 3,250,334. Cost 2,534,702. Cost 613,284. Total \$ 8,964,989.	\$ 771,426. 0. 0. 394,324. 437,636. 0. 794,511. 3,681,958. 2,840,137. 613,285.
Statement 6 Form 990-PF, Part II, Line 10c Investments - Corporate Bonds	Valuation Book	Fair Market
Corporate Bonds	Method Value	<u>Value</u>
PIMPCO SHORT TERM FUND PIMPCO TOTAL RETURN	Cost \$ 1,810,752. Cost 1,347,869. Total \$ 3,158,621.	1,368,026.
Statement 7 Form 990-PF, Part II, Line 15 Other Assets		
GUARDIAN LIFE POLICY KMP PROPERTIES KNIGHTS OF COLUMBUS POLICY MASS MUTUAL POLICY	Book Value \$ 35,762. 72,034. 34,294. 74,058. Total \$ 216,148.	387,500. 34,294. 74,058.

Statement 8
Form 990-PF, Part III, Line 3
Other Increases

COST ADJ
DECREASE GRANTS PAYABLE
DEPRECIATION ADJUSTMENT
TAX EXEMPT INCOME
U/A NEWPORT ASIA

\$ 771. 112,000. 7,500. 2. 109,834. Total \$ 230,107.

010	Federal Sta	tements	•	-	P	age 3
	EQUINOX FOUN	DATION INC			22-3	10926
Statement 9 Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trustees	s, and Key Employees	5				
Name and Address	Title Average Per Week D	Hours (Contri- bution to EBP & DC	Acco	
JOHN D PICOTTE 624 BRIDGEWAY LANE NAPLES, FL 34108	PRESIDENT 0	<u>*************************************</u>	sation 0.		\$	<u>ner</u> 0.
MARGARET HINES PICOTTE 624 BRIDGEWAY LANE NAPLES, FL 34108	Director 0		0.	0		0
JOHN D PICOTTE JR 20 CORPORATE WOODS BLVD ALBANY, NY 12211	DIRECTOR 0		0.	0		0
BROOKE A PICOTTE 20 CORPORATE WOODS BLVE ALBANY, NY 12211	DIRECTOR 0		0.	0		0
MARGARET P. MACCLARENCE 20 CORPORATE WOODS BLVD ALBANY, NY 12211	Treasurer 0		0.	0	•	0
MICHELLE R. LECLAIR 20 CORPORATE WOODS BLVD ALBANY, NY 12211	Secretary 0		0.	0		0
		Total \$	0.	\$ 0	\$	0
Statement 10 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year						
Name and Address	Donee Relationship	Found- ation Status	Purpo Gra		Ато	unt
Siena College 515 Loudon Road Loudonville, NY 12211			4th payme 5-year pl the Fathe E. Mackin Scholarsh	edge to er Kevin , OFM	\$	2,000

1,000.

JDP/MHP-2010

gift to the 2010-2011 Annual Fund.

Maple Street School 322 Maple Street Manchester, VT 05255

2010	Federal State	ements		_	Page 4
	EQUINOX FOUND	ATION INC		2	2-3109260
Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year					
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Aı	mount
Paul Robert Carey Foundation 20 Corporate Woods Blvd. Albany, NY 12211	_		2010 contribution to the Shining Spirit Breakfast (10.19.2010.).	\$	2,000
Convent of the Sacred Heart 1 East 91st Street New York, NY 10129			BAP-2010 annual gift, supporting early to higher educations (pre K through 12th grades).		1,500
The Nature Conservancy 195 New Karner Road, Suite 201 Albany, NY 12205			4th and final payment on 4-year pledge; supporting land and marine conservation.		10,000
Siena College 515 Loudon Road Loudonville, NY 12211			Donation to the 2009/2010 Annual Fund.		5,000
St. Scholastica Priory 271 North Main Street/PO Box 606 Petersham, MA 01366			JDP/MHP-2010 donation in support of the Priory in the upcoming year.		500
Village Community School 272 West 10th Street New York, NY 10014			BAP-2010 gift to the Annual Fund.		12,500
The Albany Academies 140 Academy Road Albany, NY 12208			MPM-Donation to the 2010-2011 Annual Fund.		1,00
Albany Medical Center Foundation 43 New Scotland Avenue/MC 119 Albany, NY 12208			MPM-2010 gift to the Unrestricted Annual Fund.		1,000
Capital Region Youth Tennis Foundation 785 Washington Avenue Albany, NY 12206			MPM-Donation to the 15Love program for the year 2010.		1,000
Emma Willard School 285 Pawling Avenue Troy, NY 12180			MPM-Support of the 2010-2011 Annual Fund.		50

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EQUINOX FOUNDATION INC

22-3109260

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	 Amount
New York State Ski Foundation PO Box 300 Wilminton, NY 12997			MPM-2010 support of the NYS Ski Education program.	\$ 1,000.
North Country Ministry PO Box 111 North Creek, NY 12853			MPM-Support of the ministry for the year 2010.	500.
Robert C. Parker School 4254 NY Route 43 Wynantskill, NY 12198			MPM-Support for the Parker 20th Anniversary Fund.	1,000.
Trinity College 300 Summit Street Hartford, CT 06106			MPM-2010 donation to the Alumni Fund.	2,000.
University at Albany Foundation 1400 Washington Avenue/UAB 226 Albany, NY 12222			MPM-2010 support to the University at Albany Foundation Annual Fund.	10,000.
Foundation for AIDS Research 120 Wall Street/13th Floor New York, NY 10005			JAY-2010 support for AIDS research, HIV prevention, treatment education, and advocacy initiatives.	1,000.
International Yacht Restoration School/M 449 Thames Street Newport, RI 02840			JAY-2010 annual support to the International Yacht Restoration School and the Museum of Yachting.	4,000.
Landmark College River Road South/PO Box 820 Putney, VT 05346			JAY-Donation to the Annual Fund for the year 2010.	3,500.
Martin Luther King Center 20 Dr. Marcus F. Wheatland Blvd. Newport, RI 02840			JAY-2010 gift in support of the Martin Luther King Center.	1,500.

2010	Federal State	ements			Page 6
	EQUINOX FOUND	ATION INC		2:	2-3109260
Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year					
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	An	nount _
Mystic Seaport Museum 75 Greenmanville Avenue/PO Box 6000 Mystic, CT 06355			JAY-Donation to the 2010-2011 Annual Fund.	\$	500
Norman Bird Sanctuary 583 Third Beach Road Middletown, RI 02842			JAY-Support for the protection of wildlife and environmental education programs.		250
Pennfield School 110 Sandy Point Avenue Portsmouth, RI 02871			JAY-Support for the Pennfield School's 2010-2011 Annual Fund.		1,000
Capital City Rescue Mission 259 South Pearl Street/PO			CF-2010 grant for the Windows		5,000

to Hope/A

tion to

Fund 2010.

Supportive Housing Project.

JDP/MHP-Contribu

Hildene's Annual

JDP/MHP-Annual

JDP/MHP-2010 support for the

Olana historic

JDP/MHP-2010

advocacy programs.

the Annual

Giving Fund Drive for 2010.

gift in support

of health care, education, and

JDP/MHP-Gift to

site.

gift to the **B**otanical Garden.

1,500.

1,000.

500.

1,000.

1,500.

Box 1999

Albany, NY 12202

Friends of Hildene PO Box 377

Manchester, VT 05254

4820 Bayshore Drive Naples, FL 34112

The Olana Partnership

Planned Parenthood of

PO Box 617/West Road

Manchester, VT 05254

Southern Vermont Art Center

PO Box 199 Hudson, NY 12534

Collier County

1425 Creech Road Naples, FL 34103

Naples Botanical Garden

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EQUINOX FOUNDATION INC

22-3109260

Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	 Amount
Southwestern Vermont Medical Center 100 Hospital Drive Bennington, VT 05201			JDP/MHP-2010 contribution to the Bennington Hospital at the SVMC.	\$ 1,000.
Washington Park Conservancy PO Box 1145 Albany, NY 12201			JDP/MHP-2010 donation in support of the restoration and regular maintenance of Washington Park.	500.
The Gregorian University Foundation 106 West 56th Street New York, NY 10019			BAP-2010 contribution in support of raising the urgently needed funds for scholarships, academic chairs, libraries and capital improvements for the Pontifical Gregorian University Consortium.	1,000.
Guadalupe Center of Development 509 Hope Circle Immokalee, FL 34142			JDP/MHP-2010 donation to the Taste of Spain Fund.	2,000.
Naples Community Hospital Healthcare Fou PO Box 234 Naples, FL 34106			JDP/MHP-Gift to the Healthcare Foundation for the year 2010.	5,000.
The Nature Conservancey of Vermont 27 State Street, Suite 4 Montpelier, VT 05602			JDP/MHP-Donation in support of the Equinox Highlands project challenge grant.	1,500.

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EQUINOX FOUNDATION INC

22-3109260

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
St. Matthew's House 2001 Airport Road South Naples, FL 34112			JDP/MHP-2010 donation to the St. Matthew's House; provides housing for the homeless, food for the needy, and an opportunity to change lives in a spiritual environment that is both compassionate and disciplined.	\$ 1,000.
Albany Medical Center Foundation 43 New Scotland Avenue, MC-119 Albany, NY 12208			10th and final payment on 10-year pledge in support of the Albany Medical Center Pillars Campaign.	50,000.
Christian Brothers Acadmey 12 Airline Drive Albany, NY 12205			3rd payment on 5-year pledge, to the Brother Aloysius Myers, FSC Scholarship Fund.	5,000.
St. Peter's Hospital Foundation 319 South Manning Blvd./Suite 309 Albany, NY 12208			3rd payment on 5-year pledge supporting the Cornerstone Campaign.	50,000.
Capital Region Youth Tennis 785 Washington Avenue Albany, NY 12206			CF-2010 donation to support the 15-LOVE Program.	15,000.
Capital Region Sponsor A Scholar Pine West Plaza, Building 3 Albany, NY 12205			CF-2010 grant for the Homework/Tutorin g Sessions Program.	5,000.

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EQUINOX FOUNDATION INC

22-3109260

-				
Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	Amount
Cystic Fibrosis Foundation 432A New Karner Road Albany, NY 12205			CF-Contribution to the Milestones to a Cure Campaign restricted to the Therapeutics Development Center at Albany Medical College.	\$ 8,500
West Village Nursery School 73 Horatio Street New York, NY 10014			BAP-2010 gift to the Annual Fund.	1,000
The Museum of Yachting Fort Adams State Park Newport, RI 02840			JAY-2010 support assisting the programs provided by the museum to preserve the culture of yachting.	4,000
Historic Cherry Hill 523 1/2 South Pearl Street Albany, NY 12202			CF-2010 grant for the Historic Cherry Hill Restoration/Tell ing a Bigger Story Campaign.	12,500
Dana Farber Hospital 10 Brookline Place West, 6th Floor Brookline, MA 02445			JDP/MHP-Gift for 2010 supporting cancer research.	500
Community Foundation of Collier County 2400 Tamiami Trail North, Suite 300 Naples, FL 34103			JDP/MHP-2010 gift to the John and Maggie Picotte Donor Advised Fund.	7,000.
Immokalee Child Care Center 3775 Airport Pulling Road North Naples, FL 34105			JDP/MHP-2010 support for the work done for the children in the Naples Community.	500.
Dorset Theatre Festival Box 510 Dorset, VT 05251			JDP/MHP-2010 support to the theatre for the season.	500.

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EQUINOX FOUNDATION INC

22-3109260

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	 Amount
Senior Services of Albany 25 Delaware Avenue Albany, NY 12210			CF-2010 support for the Meals on Wheels program.	\$ 12,000.
Bethesda House of Schenectady 834 State Street Schenectady, NY 12307			CF-2010 grant for the General Operating Budget.	12,500.
Catholic Relief Services 228 W. Lexington Street Baltimore , MD 21201			Donation to the Haiti Earthquake Emergency Fund.	10,000.
Troy Boys & Girls Club 1700 7th Avenue Troy, NY 12180			Matching donation for the 2009-2010 Challenge Grant. (CF)	5,000.
Mount Sinai Medical Center 36 Seventh Avenue New York, NY 10011			BAP-Support of the Community Medicine Program.	2,000.
St. Joseph's Church 371 6th Avenue New York, NY 10014			BAP-2010 gift to the church.	2,000.
Boys & Girls Clubs of Newport County 95 Church Street Newport, RI 02840			JAY-2010 gift to the Boys and Girls Clubs of Newport County.	500.
Lucy's Health 913 West Main Road Middletown, RI 02842			JAY-Donation assisting homeless women and their children.	250.
Rose Island Lighthouse Foundation PO Box 1419 Newport, RI 02840			JAY-2010 supporting the preservation of Rose Island and the various educational, historical, and educational programs on the Island.	3,500.

2010	Federal State	ements	_	Page 1
	EQUINOX FOUNDATION INC			22-310926
Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
Community Fund for the Gore Mountain Reg PO Box 217 North Creek, NY 12853			MPM-Gift supporting the Community Fund for the Gore Mountain Region, through the Adirondack Community Trust; establishes permanent and pass-through funds which are invested together and distributed back to the community.	\$ 500
Hazelden 15251 Pleasant Valley Road/Box 11 Center City , MN 55012			MPM-2010 support to the programs offered through Hazelden.	500
Proctor Academy PO Box 389 Andover, NH 03216			MPM-2010 donation to the Unrestricted Fund.	1,000
Neighborhood Health Clinic 121 Goodlette Road North Naples, FL 34102			JDP/MHP-Gift for the Wm. P. Lascheid M.D. Endowment.	1,500
Christian Brothers Academy 12 Airline Drive Albany, NY 12205			JDP/MHP-2010 donation to the CBA Big Brothers for Education Program.	10,000
Children's Hospital at Albany Medical Ce 43 New Scotland Avenue, MC119 Albany NY 12208			JDP/MHP-2010 gift in memory of Donald R. Led Duke.	2 ,0 00

CF-2010 grant for the Healthcare

Opportunities Project.

Career

12,000.

Albany, NY 12208

Albany Community Action Partnership 333 Sheridan Avenue Albany, NY 12206

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EQUINOX FOUNDATION INC

22-3109260

Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	Amo	ount _
Brighter Choice Charter Middle School fo 116 North Lake Avenue Albany, NY 12206	-		CF-2010 grant for the BCMS for Boys Band Program.		10,000.
Brighter Choice Charter Middle School fo 250 Central Avenue Albany, NY 12206			CF-2010 grant for the BCMS for Girls Band Program.		15,000.
Capital District Habitat for Humanity 454 North Pearl Street Albany, NY 12204			CF-2010 donation in support of the South End Construction Project.		8,000.
Capital District Women's Bar Association Stuyvesant Plaza Albany, NY 12203			CF-2010 grant for the Affordable Housing Attorney Assistance Program (AHAA); Foreclosure Prevention Legal Clinics; Legally Speaking Workshops.		8,000.
CAPTAIN Youth and Family Services, Inc. 5 Municipal Plaza Clifton Park, NY 12065			CF-2010 grant for the CAPTAIN Runaway and Homeless Youth Emergency Shelter.		12,000.
City School District of Albany 700 Washington Avenue Albany, NY 12203			CF-2010 grant for the Keep on Dancing! Program.		1,900.
Colonie Senior Service Centers, Inc. 6 Winners Circle Albany, NY 12205			CF-Grant for the Umbrella of Colonie Program in 2010.		6,500.
Colonie Youth Center, Inc. 21 Aviation Road Colonie, NY 12205			CF-2010 grant to the Family Assistance Program.		8,000.

2010	Federal Stat	ements		Page 13
	EQUINOX FOUND	EQUINOX FOUNDATION INC		
Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
Compassion in Action 553 Clinton Avenue Albany, NY 12206	-		CF-2010 grant to sthe Article 28 Capital Campaign.	12,500
Food Pantries for the Capital District 32 Essex Street Albany, NY 12206			CF-2010 grant to the Food Express Program.	10,000
League of Women's Voters of NYS Educatio 31 Lincoln Mall Niskayuna, NY 12309			CF-2010 support for the Third Annual Girls' Day Out Program.	5,000
Literacy Volunteers Of Rensselaer County 1915 Fifth Avenue Troy, NY 12180			CF-2010 grant for the Waiting List Reduction Project (WLRP).	6,000
New York Library Association 6021 State Farm Road Guilderland, NY 12084			CF-2010 grant for the Empire State Book Festival.	5,000
Palace Performing Arts Center 19 Clinton Avenue Albany, NY 12207			CF-2010 grant supporting the International Family Series-Arts in Education Initiative.	10,000
Parsons Child and Family Center 60 Academy Road Albany, NY 12208			CF-Grant for the Child and Adolescent Mobil Crisis Team (CAMT) Evaluation Project.	12,000

CF-Grant in support of the Support of Executive

Director Position.

10,000.

Rensselaer County Historical Society 57 Second Street Troy, NY 12180

)10	Federal State	Page 1		
	EQUINOX FOUND	22-31092		
Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
The Center for Law and Justice Pine West Plaza, Building 2 Albany, NY 12205	<u> </u>	<u> </u>		\$ 10,00
The Salvation Army 20 South Ferry Street Albany, NY 12201			CF-2010 grant for the Fit For a King After School Program.	10,00
Trinity Alliance of the Capital Region 15 Trinity Place Albany, NY 12202			CF-2010 grant for General Operations.	8,50
Troy City School District 2920 5th Avenue Troy, NY 12180			CF-2010 grant for the Ready to Learn Program.	7,00
Umbrella of the Capital District 509 A Union Street Schenectady, NY 12305			CF-2010 grant for the Umbrella Support Program.	5,00
Unity House of Troy 33 Second Street Troy, NY 12180			CF-2010 grant for the Front Door, a Family Resource Center.	12,50
Upper Hudson Planned Parenthood 855 Central Avenue Albany, NY 12206			CF-2010 support for the UHPP Teen Space Project.	12,00
Schenectady Free Health Clinic 600 Franklin Street, Suite 205 Schenectady, NY 12305			CF-2010 grant for the Schenectady Free Health Clinic.	12,00

Total \$ 538,400.

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(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545 1709

Department of the Treasury

Internal Revenue Service File a sepa				cation for each return.					
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							► 🛛		
• If you are	e filing for an A	Additional (Not Automatic) 3-Month	Extension,	complete only Part II (on page 2 of this for	orm).				
Do not comp	olete Part II un	less you have already been granted	an automa	itic 3-month extension on a previously file	d Forn	n 8868.			
corporation r request an e Associated V	required to file extension of tim With Certain Pe	Form 990-T), or an additional (not a se to file any of the forms listed in P	utomatic) art I or Par st be sent I	a 3-month automatic extension of time to 3-month extension of time. You can elect it il with the exception of Form 8870, Info to the IRS in paper format (see instruction Charities & Nonprofits.	ronica matio	lly file Form 8 n Return for	8868 to Transfers		
Dart O A	utomatic 3.	Month Extension of Time (Only subr	nit original (no copies needed).					
				month extension - check this box and co	mnlete	Part Lonly			
•		. •			•	•			
income tax r	eturns.		CMICS, an	nd trusts must use Form 7004 to request a					
_	Name of exempt	ame of exempt organization				Employer Identification number			
Type or print									
•						22-3109260			
File by the due date for	Number, street, and room or suite number. If a P.O. box, see instructions.								
filing your return, See	20 CORPORATE WOODS BLVD SUITE 600								
instructions.	City, town or post office, state, and ZiP code. For a foreign address, see instructions								
.=	ALBANY,	NY 12211							
Enter the Re	eturn code for t	he return that this application is for	(file a sepa	arate application for each return)			04		
Application Is For			Return Code	Application Is For			Return Code		
Form 990			01	Form 990-T (corporation)			07		
Form 990-BL			02	Form 1041-A			08		
Form 990-EZ			03	Form 4720			09		
Form 990-PF			04	Form 5227			10		
Form 990-T (section 401(a) or 408(a) trust)			05	Form 6069			111		
Form 990-T (trust other than above)			06	Form 8870			12		
Telephone If the org If this is check this the exter I reque until _ The ex	e No > 518 ganization doe for a Group Ri is box . > nsion is for. est an automat 8/15 tension is for if calendar yea tax year begi	eturn, enter the organization's four d . If it is for part of the group, check	ligit Group this box. ion required anization re	Exemption Number (GEN)	this is	for the whole is of all mem	e group,		
	ange in accou		0 or 6069		<u> </u>	[
nonrefi	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						4,986.		
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							3,680.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions									
payment ins	tructions.		al with this	Form 8868, see Form 8453-EO and Form	8879-	EO for			
BAA For Pa	perwork Redu	ction Act Notice, see Instructions.				Form 8868 ((Rev 1-2011)		