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Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2011

FO	cale	endar year 2011 or tax year beginning	//1/2011 , an	nd ending	6	/30/2012	
Na	me of	foundation			AE	mployer identification nu	ımber
		nd Matthew Pincus Foundation				27-6641	409
Nu	mber a	and street (or P O box number if mail is not delivered to street a	address)	Room/suite	ВТ	elephone number (see inst	ructions)
MS	Pino	cus and Co , 307 7th Avenue		2104		(212) 255-	6972
Cit	y or to	wn, state, and ZIP code			C If	exemption application is pe	ending, check here
Ne	w Yo	rk	NY	10001			
G	Che	ck all that apply 💢 Initial return 🔲 Init	ial return of a former p	ublic charity	D 1.	. Foreign organizations, che	eck here
		☐ Final return ☐ Am	nended return		_ ا	. Foreign organizations med	eting the 85% test
		Address change Na	me change			check here and attach cor	
Н	Che	ck type of organization X Section 501(c)(3) ex	empt private foundatio	n	ا _{- ب}		
			Other taxable private t			private foundation status with the provided in provide	
$\overline{}$	Fair	market value of all assets at end J Accounting			 	the foundation is in a 60-m	onth termination
•	of ye	ear (from Part II, col (c),	specify)	// //остаат		nder section 507(b)(1)(B), o	_
			(d) must be on cash basi	ıs)			_
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equa	expenses per	(b) Net investm income	ent	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions))	books	licome		iii wiii e	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		* %	. X	43 1	
	2	Check ►X if the foundation is not required to attach Sch B	8	85 V.			
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					()
	5 a	Gross rents					
<u>o</u>	ŀ	Net rental income or (loss)	<i>(</i>			· #:	
ř	6 a	Net gain or (loss) from sale of assets not on line 10	V3.00 / A		Na.	\$ 30 ·	14
Revenue	_ t	Gross sales price for all assets on line 6a				* X	****
ž		Capital gain net income (from Part IV, line 2)			<u>, 0</u>	****	
	8	Net short-term capital gain			·		<u> </u>
	9	Income modifications					* .
		d Gross sales less returns and allowances D Less Cost of goods sold		*\$48* ## A * * * * * * * * * * * * * * * * *	<u> </u>		"
		Gross profit or (loss) (attach schedule)		<u> </u>		***	
	11	Other income (attach schedule)				†	ź Š
	12	Total. Add lines 1 through 11	0		0		() () () () () ()
<u></u>	13	Compensation of officers, directors, trustees, etc					
Expenses	14	Other employee salaries and wages				RECE	11/21)
e	15	Pension plans, employee benefits					
Σ	16 a	Legal fees (attach schedule)				MAY o	
		Accounting fees (attach schedule)				101 10	20.3
tive	(Other professional fees (attach schedule)					- 1931
<u>ra</u>	17	Interest				OGDE	V 117 -
isi	18	Taxes (attach schedule) (see instructions)					0, 01
Administra	19	Depreciation (attach schedule) and depletion					
Pla	20	Occupancy					
		Travel, conferences, and meetings					
and	22	Printing and publications					
Ď	23	Other expenses (attach schedule)					
Operating	24	Total operating and administrative expenses.					
ers	25	Add lines 13 through 23	0		0		0
Ö	25 26	Contributions, gifts, grants paid		. **	3	. "	
_	26	Total expenses and disbursements. Add lines 24 and 25	0	 	0		0
	27	Subtract line 26 from line 12					
	_	Excess of revenue over expenses and disbursements	0				
1		Net investment income (if negative, enter -0-)	* 8/%/		0	ī ķ,	
		Adjusted net income (if negative, enter -0-)	1 .				

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2011)

SCANNED WAY 3 1

Pa	rt 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
— —		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	·		
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable ▶	-		
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10 a	A Investments—U S and state government obligations (attach schedule)			
	ı	nvestments—corporate stock (attach schedule)			
	(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)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)	y u===		
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	0	0	0
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable			
æ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ľ.	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe Tatal liabilities (add lines 17 through 22)			
_	23	Total liabilities (add lines 17 through 22)	0	0	
Ś		Foundations that follow SFAS 117, check here			
Balances	l	and complete lines 24 through 26 and lines 30 and 31.			
<u>a</u>	24	Unrestricted .			·
Ва	25	Temporarily restricted			
Þ	26	Permanently restricted			
Net Assets or Fun		Foundations that do not follow SFAS 117, check here			
7	27	and complete lines 27 through 31.			
Ś	27	Capital stock, trust principal, or current funds		. .	
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
ΑS	29 30	Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions)	0	0	
et.	31	Total liabilities and net assets/fund balances (see			
Ž	"'	instructions)	0	o	
Рa	rt III	Analysis of Changes in Net Assets or Fund Balances		<u> </u>	
		net assets or fund balances at beginning of year—Part II, column (a), line	: 30 (must agree with		
		of-year figure reported on prior year's return)	, 9.22	1	0
2		r amount from Part I, line 27a		2	0
3				3	
4		ines 1, 2, and 3		4	0
5		eases 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, o	olumn (b), line 30	6	0
					

Part IV Capital Gains and	a Losses for lax on inve	estment incor	ne			
(a) List and describe the	kınd(s) of property sold (e g , real es e, or common stock, 200 shs MLC 0	tate,	(b) How acquired P—Purchase D—Donation	(c) Date acc		(d) Date sold (mo , day, yr)
1a						
b						
<u>C</u>	 					<u> </u>
_ d						
<u>e</u>						
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	,-,	r other basis ense of sale	ı		n or (loss) f) minus (g)
a					_	·
b						
_c d						
e						
	ng gain in column (h) and owne	d by the foundate	on on 12/31/69	W.C	aine (Col	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (ı)	col (k	(), but not	: less than -0-) or rom col (h))
а			- 		ζ	
b	, , ··· , ··· ·					
С			· • • · · · · · · · · · · · · · · · · ·			
d						
e						
2 Capital gain net income or (also enter in Pa , enter -0- in Pa		2		
3 Net short-term capital gain of	or (loss) as defined in section	ns 1222(5) and	(6)			
If gain, also enter in Part I, li in Part I, line 8	ine 8, column (c) (see instruc	ctions) If (loss),	enter -0-	3		
Part V Qualification Und	er Section 4940(e) for Re	educed Tax o	n Net Investm	ent Income	e	
(For optional use by domestic p						
	·		ro(a) tax orr riot ii	TVOOLITIONE III	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
If section 4940(d)(2) applies, lea						N/A - 1ST YEAR
Was the foundation liable for the If "Yes," the foundation does no				the base pe	riod?	Yes X No
	unt in each column for each	• •	•	making any	entries	
(a)	(b)	7	(c)			(d)
Base period years	Adjusted qualifying distribution	ons Net value	of nonchantable-use a	ssets		tribution ratio
Calendar year (or tax year beginning in 2010	7				(601 (6) (divided by col (c)) 0 000000
2009						0 000000
2008					_	0 000000
2007						0 000000
2006						0 000000
					1	
2 Total of line 1, column (d)				2		0 000000
3 Average distribution ratio fo the number of years the fou	r the 5-year base period—di ndation has been in existend			3		0 000000
4 Enter the net value of nonch	nantable-use assets for 2011	from Part X, lir	ne 5	4		O
5 Multiply line 4 by line 3		·		5		O
6 Enter 1% of net investment	uncome (1% of Bort Libra 27	7b)		6		0
	moome (170 of Fait i, little 27	<i>.,</i>				
7 Add lines 5 and 6				7		C
8 Enter qualifying distributions If line 8 is equal to or greate the Part VI instructions	s from Part XII, line 4 er than line 7, check the box	ın Part VI, lıne 1	b, and complete	that part usi	l ing a 19	% tax rate See

Form	990-PF (2011)	Sarah and Matthew Pincus Foundation			27-664	1409	Pa	ge 4
Pa	rt VI	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940	(e), or 4948-	-see	instruc	tions	s)	
1 a	Exempt operat	ing foundations described in section 4940(d)(2), check here and enter "N/A"	on line 1					
		or determination letter (attach copy of letter if necessary—see instr						
b		dations that meet the section 4940(e) requirements in Part V, check	}	1			0	
		and enter 1% of Part I, line 27b						
C	All other dome	stic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	J		_			
	of Part I, line 1	2, col (b)						
2	Tax under sect	tion 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others ente	r -0-)	2			0	
3	Add lines 1 and	d 2		3			0	
4	Subtitle A (inco	ome) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others ente	r -0-)	4				
5	Tax based on	investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5			이	
6	Credits/Payme	ents						
а	2011 estimated	d tax payments and 2010 overpayment credited to 2011 6a	0					
b	Exempt foreigr	n organizations—tax withheld at source 6b						
C	Tax paid with a	application for extension of time to file (Form 8868)	0					
d	· ·	olding erroneously withheld . 6d						
7		nd payments Add lines 6a through 6d		7			0	
8		alty for underpayment of estimated tax. Check here if Form 2220 is attached		8			0	
9		e total of lines 5 and 8 is more than line 7, enter amount owed	•	9			0	
10		If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			0	
11		unt of line 10 to be Credited to 2012 estimated tax	Refunded ►	11			0	
Pa	rt VII-A Stat	ements Regarding Activities						
1 a	During the tax	year, did the foundation attempt to influence any national, state, or local legislation or	did it				Yes	No
	participate or ii	ntervene ın any political campaign?				1a		Х
b	Did it spend m	ore than \$100 during the year (either directly or indirectly) for political purposes (see page 1	age 19 of the					
	instructions for	r definition)?				1b		X
	If the answer is	s "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any m	aterials					
	published or di	istnbuted by the foundation in connection with the activities						
C	Did the founda	ation file Form 1120-POL for this year?				1c		Х
d		unt (if any) of tax on political expenditures (section 4955) imposed during the year						
		oundation ► \$ (2) On foundation managers ► \$						
€		bursement (if any) paid by the foundation during the year for political expenditure tax ir	nposed					
_		managers > \$						
2		ation engaged in any activities that have not previously been reported to the IRS?				2		Х
_		n a detailed description of the activities						
3		ation made any changes, not previously reported to the IRS, in its governing instrumen				<u> </u>		
4.		in, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha	anges			3		X
		ation have unrelated business gross income of \$1,000 or more during the year?				4a	NI/A	Х
_	•	filed a tax return on Form 990-T for this year?					N/A	
5		quidation, termination, dissolution, or substantial contraction during the year? In the statement required by General Instruction T				5		Х
6	•	ements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
J		e in the governing instrument, or						
		gislation that effectively amends the governing instrument so that no mandatory directiv	200					
	-	th the state law remain in the governing instrument?	JIIS			6	Х	
7		ation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Pa</i>	artil col (c) a	nd Ps	rt YV	7	\vdash	Х
		es to which the foundation reports or with which it is registered (see instructions)	an ii, cor (c), e	11016	V	- <u>'</u>		^
	NY	22 1						
ł		s "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney						
•		esignate) of each state as required by General Instruction G? If "No," attach explanation	n			8b	х	
9		ion claiming status as a private operating foundation within the meaning of section 494.						
-		or calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part X	•					
	complete Part		, 100,			9		х
10	_ •	ns become substantial contributors during the tax year? If "Yes," attach a schedule listi	ına					<u> </u>
-	their names ai		•			10		Ιx

Form	1990-P	F (20	11)	Sarah and Matthew	Pincus Fo	und	ation						27-66	41409	P	age 6
Pa	rt VII	-В	Sta	tements Regarding	Activitie	es fo	or Which Forn	n 47	20 May Be R	equi	red (co	ontinued)			
				did the foundation pay o												
				propaganda, or otherwise	-			secti	on 4945(e))?			Yes	X No			
	(2)	Influ	ence i	the outcome of any spec	ific public e	electr	on (see section 4	955),	or to carry			_	_			
	` '			y or indirectly, any voter					,			Yes	X No			
	(2)	Danie					46		-0			Ħ	=			
				grant to an individual for		-						Yes	X No			
	(4)			grant to an organization												1
				509(a)(1), (2), or (3), or			• • •					Yes	X No			
	(5)			r any purpose other than	_				•							
		educ	ation	al purposes, or for the pr	revention of	t crue	elty to children or	anım	ials?			Yes	X No			
b	If any	ansv	wer is	"Yes" to 5a(1)-(5), did a	any of the ti	ransa	actions fail to qual	ıfy ur	nder the exception	ns de	scribed	in				
	Regu	latior	ns sec	ction 53 4945 or in a curr	ent notice i	regar	ding disaster assi	stan	ce (see instructio	ns)?				5b	N/A	
	Orga	nızatı	ons re	elying on a current notice	e regarding	dısa	ster assistance ch	neck	here			•	• 📙			
С	If the	ansv	ver is	"Yes" to question 5a(4),	does the fo	ounda	ation claim exemp	tion	from the			_				
	tax b	ecaus	se it n	naintained expenditure re	esponsibility	y for	the grant?					Yes	No			
	If "Ye	s," a	ttach	the statement required b	y Regulatio	ons s	ection 53 4945–5	(d)								
6a	Did th	ne foi	undati	on, during the year, rece	eive any fur	nds, d	directly or indirect	y, to	pay							
	prem	iums	on a	personal benefit contract	t?		•	-				Yes	X No			
b	Did th	ne foi	undati	on, during the year, pay	premiums,	dire	ctly or indirectly, o	n a r	personal benefit	contra	ict?		_	6b		Х
				le Form 8870	•			•								
7a	At an	v tım	e duri	ng the tax year, was the	foundation	a pa	arty to a prohibited	tax	shelter transaction	on?		Yes	X No			
		-		foundation receive any p		•	•				ion?		ш	7b	N/A	
	art V			nformation About C								Highly	Paid F			Ь
	α			nd Contractors	J.1110010,		octoro, rruoti	.00,	· oundution	iiiaii	ugo.o	,g ,	· u.u L	p.oy	000,	
1	List	all o		rs, directors, trustee	s founda	tion	managers and	1 the	air companeat	ion (see ins	truction	e)			
						LUVII										
					3, rounde		Title, and average) Compensation			inbutions to		e) Evnen	50 2000	unt.
				Name and address	s, rounde	(b)	Title, and average hours per week	(c) Compensation not paid, enter	e	(d) Con employee	inbutions to benefit plan	ıs (e) Expen other al		
SE			(a)	Name and address	3, 1041146	(b)	Title, and average	(c) Compensation	e	(d) Con employee	inbutions to	ıs (
ŞE	E AT		(a)	Name and address		(b)	Title, and average hours per week	(c) Compensation not paid, enter	e	(d) Con employee	inbutions to benefit plan	ıs (
SE			(a)	Name and address		(b)	Title, and average hours per week	(c) Compensation not paid, enter	e	(d) Con employee	inbutions to benefit plan	ıs (
SE			(a)	Name and address		(b)	Title, and average hours per week	(c) Compensation not paid, enter	e	(d) Con employee	inbutions to benefit plan	ıs (
SEI			(a)	Name and address		(b)	Title, and average hours per week	(c) Compensation not paid, enter	e	(d) Con employee	inbutions to benefit plan	ıs (
SEI			(a)	Name and address		(b)	Title, and average hours per week	(c) Compensation not paid, enter	e	(d) Con employee	inbutions to benefit plan	ıs (
SEI			(a)	Name and address		(b)	Title, and average hours per week	(c) Compensation not paid, enter	e	(d) Con employee	inbutions to benefit plan	ıs (
SEI			(a)	Name and address		(b)	Title, and average hours per week	(c) Compensation not paid, enter	e	(d) Con employee	inbutions to benefit plan	ıs (
	E AT	Γ <u>Α</u> CΙ	(a)	Name and address		(b)	Title, and average hours per week evoted to position	(c (lf) Compensation f not paid, enter -0-)	e	(d) Con employee d deferred	inbutions to benefit plan d compensa	is (other al		
	E AT	TACL	(a)	Name and address NT on of five highest-pai		(b)	Title, and average hours per week evoted to position	(c (lf) Compensation f not paid, enter -0-)	e	(d) Con employee d deferred	inbutions to benefit plan d compensa	is (other al		
	E AT	TACL	(a)	Name and address NT on of five highest-pai		(b)	Title, and average hours per week evoted to position	(c) (lif) Compensation f not paid, enter -0-)	e	(d) Con employee d deferred	inbutions to benefit plan d compensa	ns). If no	other al		
	Com	ΓACI	(a)	Name and address NT on of five highest-pai	id employ	(b)	Title, and average hours per week evoted to position (other than the	(c) (lift	included on li	e and	(d) Conimployee dideferred	nstructio ontributions oloyee benefit	ns). If no	one,	lowance	punt,
	Com	ΓACI	(a)	Name and address NT on of five highest-pai	id employ	(b)	Title, and average hours per week evoted to position	(c (lif) Compensation f not paid, enter -0-)	e and	—see i (d) Con mployee d deferred (d) Co emp	nstructio ontributions loyee benefit and deferre	ns). If no	one,	lowance	punt,
2 (a)	Comente	ΓACI	(a)	Name and address NT on of five highest-pai	id employ	(b)	Title, and average hours per week evoted to position (other than the (b) Title, and average hours per week evoted to position)	(c (lif	included on li	e and	—see i (d) Con mployee d deferred (d) Co emp	nstructio ontributions oloyee benefit	ns). If no	one,	lowance	punt,
	Comente	ΓACI	(a)	Name and address NT on of five highest-pai	id employ	(b)	Title, and average hours per week evoted to position (other than the (b) Title, and average hours per week evoted to position)	(c (iff	included on li	e and	—see i (d) Con mployee d deferred (d) Co emp	nstructio ontributions loyee benefit and deferre	ns). If no	one,	lowance	punt,
2 (a)	Comente	ΓACI	(a)	Name and address NT on of five highest-pai	id employ	(b)	Title, and average hours per week evoted to position (other than the (b) Title, and average hours per week evoted to position)	(c (lif	included on li	e and	—see i (d) Con mployee d deferred (d) Co emp	nstructio ontributions loyee benefit and deferre	ns). If no	one,	lowance	punt,
2 (a)	Comente	ΓACI	(a)	Name and address NT on of five highest-pai	id employ	(b)	Title, and average hours per week evoted to position (other than the (b) Title, and average hours per week evoted to position)	ose	included on li	e and	—see i (d) Con mployee d deferred (d) Co emp	nstructio ontributions loyee benefit and deferre	ns). If no	one,	lowance	punt,
2 (a)	Comente	ΓACI	(a)	Name and address NT on of five highest-pai	id employ	(b)	Title, and average hours per week evoted to position (other than the (b) Title, and average hours per week evoted to position)	(c (iff	included on li	e and	—see i (d) Con mployee d deferred (d) Co emp	nstructio ontributions loyee benefit and deferre	ns). If no	one,	lowance	punt,
2 (a)	Comente	ΓACI	(a)	Name and address NT on of five highest-pai	id employ	(b)	Title, and average hours per week evoted to position (other than the (b) Title, and average hours per week evoted to position)	(c) (lif	included on li	e and	—see i (d) Con mployee d deferred (d) Co emp	nstructio ontributions loyee benefit and deferre	ns). If no	one,	lowance	punt,
2 (a)	Comente	ΓACI	(a)	Name and address NT on of five highest-pai	id employ	(b)	Title, and average hours per week evoted to position (other than the (b) Title, and average hours per week evoted to position)	ose	included on li	e and	—see i (d) Con mployee d deferred (d) Co emp	nstructio ontributions loyee benefit and deferre	ns). If no	one,	lowance	punt,
2 (a)	Comente	ΓACI	(a)	Name and address NT on of five highest-pai	id employ	(b)	Title, and average hours per week evoted to position (other than the (b) Title, and average hours per week evoted to position)	(c) (lf	included on li	e and	—see i (d) Con mployee d deferred (d) Co emp	nstructio ontributions loyee benefit and deferre	ns). If no	one,	lowance	punt,
2 (a)	Comente	ΓACI	(a)	Name and address NT on of five highest-pai	id employ	(b)	Title, and average hours per week evoted to position (other than the (b) Title, and average hours per week evoted to position)	(c) (lif	included on li	e and	—see i (d) Con imployee d deferred (d) Co emp	nstructio ontributions loyee benefit and deferre	ns). If no	one,	lowance	punt,
2 (a)	Comente	ΓACI	(a)	Name and address NT on of five highest-pai	id employ	(b)	Title, and average hours per week evoted to position (other than the (b) Title, and average hours per week evoted to position)	00 00 00 00	included on li	e and	—see i (d) Con imployee d deferred (d) Co emp	nstructio ontributions loyee benefit and deferre	ns). If no	one,	lowance	punt,
(a) NO	Commente NE	npen r "N	(a)	Name and address NT on of five highest-pai	id employ	(b) de	Title, and average hours per week evoted to position (other than the (b) Title, and average hours per week evoted to position)	(c) (lf	included on li	e and	—see i (d) Con imployee d deferred (d) Co emp	nstructio ontributions loyee benefit and deferre	ns). If no	one,	lowance	punt,

Form **990-PF** (2011)

Form 990-PF (2011) Sarah and Matthew Pincus Foundation		27-6641409 Page /
Part VIII Information About Officers, Directors, Trustee	s, Foundation Managers, Highly Pai	d Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (
(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 chantable activities during the tax year. Include reletithe number of organizations and other beneficiaries served, conferences convened, resear.		Expenses
1		
2		
3		
A		
7		
•••••		
Part IX-B Summary of Program-Related Investments (se	ee instructions)	
Describe the two largest program-related investments made by the foundation during the ta		Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	. •	0

D	Program-related investments—total from Part IX-B	[10]	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		

6 Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

income Enter 1% of Part I, line 27b (see instructions)

qualifies for the section 4940(e) reduction of tax in those years

0

Pal	Œ.	XIII Undistributed Incon	ne (see instructions)	<u> </u>			
1		Distributable amount for 2011 fr	om Part XI,	(a) Corpus	(b) Years pnor to 2010	(c) 2010	(d) 2011
2		-	of the and of 2011				
		Undistributed income, if any, as Enter amount for 2010 only	of the end of 2011				
		•	20 20	· · · · · · · · · · · · · · · · · · ·	0		•
3	U	Total for prior years 20,			0		
	_	Excess distributions carryover,	l 'l				
		From 2006	0				
		From 2007	0				
	_	From 2008	0				
•		From 2009	0				
9		From 2010	0				
١	t	Total of lines 3a through e		0			
4		Qualifying distributions for 2011	from Part				
		XII, line 4	0				
		Applied to 2010, but not more th				0	·
	b	Applied to undistributed income	· •				
		(Election required—see instruct	ions)		0		
(С	Treated as distributions out of c	orpus (Election				
		required—see instructions)		0			
(d	Applied to 2011 distributable an	nount				0
(е	Remaining amount distributed of	out of corpus	0			
5		Excess distributions carryover a	applied to 2011	0			0
		(If an amount appears in column same amount must be shown in					
6		Enter the net total of each col indicated below:	lumn as				
	а	Corpus Add lines 3f, 4c, and 4e	e Subtract line 5	0			
	b	Prior years' undistributed incom	e Subtract				
		line 4b from line 2b			l o		
	С	Enter the amount of prior years'	' undistributed	_			
		income for which a notice of de					
		been issued, or on which the se	•				
		tax has been previously assess	• •				
	d	Subtract line 6c from line 6b Ta					
	_	amount—see instructions			l o		
	e	Undistributed income for 2010	Subtract line		<u> </u>	- · -	
	_	4a from line 2a Taxable amour					
		instructions	II—300			0	
	f	Undistributed income for 2011	Subtract				
	•	lines 4d and 5 from line 1. This					
		be distributed in 2012	amount mast				0
7		Amounts treated as distribution	s out of				
•		corpus to satisfy requirements (
		section 170(b)(1)(F) or 4942(g)	•				
8		Excess distributions carryover f					
J		•		0			
9		not applied on line 5 or line 7 (s Excess distributions carryove		-			
3		•		۱ ,	J .		
40		Subtract lines 7 and 8 from line	Da	0	1		
10	_	Analysis of line 9	I ^				
		Excess from 2007	0				
	b	Excess from 2008	0				
	c	Excess from 2009	0	i			
	d	Excess from 2010	0	1			
	e	Excess from 2011					

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Pa	t XIV Private Operating Foundations (s	see instructions a	and Part VII-A, q	uestion 9)		N/A
1 a	If the foundation has received a ruling or determin foundation, and the ruling is effective for 2011, ent			•		
b	Check box to indicate whether the foundation is a	private operating for	ındation described ii	n section	4942(J)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	investment return from Part X for each year listed		(8) 2010	(0) 2000	(d) 2000	
h	85% of line 2a	0	0			0
	Qualifying distributions from Part XII,	<u> </u>	0	0	0	0
·	line 4 for each year listed	o				0
d	Amounts included in line 2c not used directly			· · · ·	-	0
	for active conduct of exempt activities					0
е	Qualifying distributions made directly			-		<u>u</u> .
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying		·			
	under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					<u>U</u>
	of minimum investment return shown in					
_	Part X, line 6 for each year listed	0				0
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					0
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	***************************************					0
	(3) Largest amount of support from an exempt organization					•
	(4) Gross investment income					<u>0</u> 0
Pa	rt XV Supplementary Information (Co	mnlete this nar	only if the four	ndation had \$5	000 or more in	
	assets at any time during the ye			iluation nau \$5,	ooo or more in	
1	Information Regarding Foundation Manag			<u> </u>		···
	List any managers of the foundation who have co		2% of the total contri	butions received by	the foundation	
	before the close of any tax year (but only if they ha			•	and roundation	
NO	NE					
	List any managers of the foundation who own 10%				ortion of the	
	ownership of a partnership or other entity) of which	h the foundation has	a 10% or greater in	terest		
_	NE					
2	Information Regarding Contribution, Grar		• • •			
	Check here ► X if the foundation only makes	contributions to pre	selected charitable	organizations and do	oes not accept	
	unsolicited requests for funds. If the foundation months other conditions, complete items 2a, b, c, and d	akes gifts, grants, et	c (see instructions)	to individuals or orga	anızatıons under	
_		nornan ta utam an	aliantiana abauld ba	addrasad		
a	The name, address, and telephone number of the	herson to muoni abl	piications snould be	auuresseu		
_						
b	The form in which applications should be submitted	d and information ar	nd materials they sh	ould include		
	Any submission deadlines			· · · · · · · · · · · · · · · · · · ·		
C	. Any submission deadmies					
_						
C	Any restrictions or limitations on awards, such as	by geographical area	as, charitable fields,	kınds of institutions,	or other	
	factors					

3	Grants and Contributions Paid During t		for Future I	Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
a	Paid during the year				
	Total	· - -	1	▶ 3a	. 0
b	Approved for future payment				
	Total			▶ 3b	0

-ter green emerged will be offered with a state of			Fueluded by seeks	- 540 540 544	, , <u> </u>
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue					(See instructions)
a					_
b	.				
c				,	
d					
e		-			
†					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate a Debt-financed property	-				
b Not debt-financed property		<u> </u>			
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		-			
(2) Cubtatal Add calumna (b) (d) and (c)		C		0	0
12 Subtotal Add columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)			1	13	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations)					
 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac 		of Exempt P	urposes	13	
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	C
 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac 	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	C
See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Action No. Explain below how each activity for which income	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	C
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	C
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	C
See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Actione No. Explain below how each activity for which income	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Actione No. Explain below how each activity for which income	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	C
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	C
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
I3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	e is reported in col	of Exempt P	urposes VI-A contributed ii	13	0

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

					ngage in any of the fo					٠,	Yes	No		
		nızatı	` '	(otner than s	ection 501(c)(3) orga	nizations) or	in sect	ion 527, relating	to political	<u>ب</u> ا	-			
	-			foundation to	a noncharitable even	ant organizat	ion of					1		
 Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 									1a(1)		X			
			assets							1a(2)		Х		
			sactions	tes to a noncharitable exempt organization f assets from a noncharitable exempt organization 1b(1) X 1b(2) X										
			thases of assets from a noncharitable exempt organization .											
						tion	•				 			
			ans or loan guarantees 1b(4) 1b(5)								<u> </u>	X		
		Loans or loan guarantees									 	x		
	(6) Performance of services or membership or fundraising solicitations								1b(6)		Х			
C	Shai	aring of facilities, equipment, mailing lists, other assets, or paid employees								1c		Х		
	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received lune in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received lune in any transaction or sharing arrangement. Show in column (d) the value of the goods, other assets, or services received lune in any transaction or sharing arrangement.											l 		
(a) L	ine n	<u> </u>	(b) Amount involved	(c) Name	of nonchantable exempt org	ganization	(d) De	scription of transfers,	transactions, and s	haring ari	angen	nents		
		+						·						
		+		. <u></u>										
		\top												
		-												
		+		·										
		1								•				
								 						
		+												
		-							_					
1	desc	ribed		of the Code (o	ated with, or related to ther than section 501				cions	res X] No			
(a) Name of organization (b) Type of organization (c) Description of rel							Description of relation	onship						
										· ·				
					 									
			-								-			
	\neg	Under p	enalties of perjury, I declare t	that I have examined	this return, including accompanyi	ng schedules and s	tatements.	and to the best of my kno	wledge and belief, it is to	ue,				
Sig	. l				taxpayer) is based on all information	-		•			ne reti:			
He				25	1/24/3 / Kesident				May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No					
		Sign	Print/Type preparer's na		Date / Preparer's signature	Title		Date		PTIN				
Pai	d		a min Type preparer S file	ame	, ,			Date	Check f	- 1018				
Pre		er	Jeffrey D Haskell		Jeffrey D. Haskell 3/4/2013			3/4/2013	self-employed	P0134	5770	l		
	-		Firm's name ► Fo		1-0398									
Use Only			Firm's address ► 55 Walls Drive, Fairfield, CT 06824							Phone no (800) 839-1754				

Form 990-PF, Part VIII, Line 1 - Compensation of Officers, Directors, Trustees and Foundation Managers

		T	_	Zın			0	0	0 Expense
Name	Street	City	State	Code	Title	Hrs	Comp	Benefits	Acct
	307 7th Avenue,								
Sarah Min	Suite 2104	New York	NY	10001	Trustee	1	0	0	0
	•								
Matthew Pincus		New York	NY	10001	Trustee	1	_	_	0
I i i i i i i i i i i i i i i i i i i i	Salle 2104	INCW TOIR		10001	Trustee	'			
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	+	 				+			
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		<u> </u>			<u> </u>	_			
<u>, </u>									
	Name Sarah Min Matthew Pincus	Sarah Min Suite 2104 307 7th Avenue, Suite 2104 Matthew Pincus Suite 2104	Sarah Min Suite 2104 New York 307 7th Avenue, Suite 2104 New York New York	Sarah Min Suite 2104 New York NY Matthew Pincus Suite 2104 New York NY	Sarah Min Suite 2104 New York NY 10001 Matthew Pincus Suite 2104 New York NY 10001	Name Street City State Zip Code Title 307 7th Avenue, Suite 2104 New York NY 10001 Trustee Matthew Pincus Suite 2104 New York NY 10001 Trustee	Name Street City State Zip Code Tritle Avg Hrs Sarah Min 307 7th Avenue, Sutte 2104 New York NY 10001 Trustee 1 Matthew Pincus Suite 2104 New York NY 10001 Trustee 1	Name	Name