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Form 990-PF

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

2012

Open to Public Inspection

For	calen	ndar year 2012 or tax year beginning			2012, and end	ding	, 20	
N	ame o	of foundation MAI VILMS CHARITA	מום פותות מידו	ON TNO	ı	A Employer identification number 38-3353877		
N	umbei	r and street (or P O box number if mail is			Room/suite	ļ	umber (see instructions)	
•		620 5TH AVENUE 6T				·	•	
С	ity or t	town, state, and ZIP code NEW YORK NY 10020		C If exemption applicheck here	ication is pending,			
G	Chool	k all that apply Initial return	Initial return of a fo	rmor public	charity	D 1 Foreign organ	nyzations, check here	
G	Ciled	Final return	Amended return	inter public	Charty	2 Foreign organ	nizations meeting the 85% ere and attach computation	
		Address change	Name change			E If private foundati	on status was	
	Chec	<u>l_L</u>	(c)(3) exempt private four	ndation		terminated under 507(b)(1)(A), che		
П		on 4947(a)(1) nonexempt charitable trust	Other taxable priva		on		· · · ·	
L E		•	Accounting method X		Accrual	F If the foundation		
		om Part II, col (c), line 16)	Other (specify)	L	,	termination under 507(b)(1)(B), che		
▶ \$		'	(Part I, column (d) must	be on cash I	basis)			
Pa		Analysis of Revenue and Expenses	(a) Revenue and	(l=)		(a) Adv	(d) Disbursements	
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		vestment ome	(c) Adjusted ne	for charitable purposes	
	t	the amounts in column (a) (see instr.)	books	10	50		(cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)				· ·		
	2	Check ► ☐ if the foundation is not required to attach Sch B	<u> </u>					
	3	Interest on savings and temp cash investments	1.		1.			
	4	Dividends and interest from securities	3,014.	3	,014.			
	5a	Gross rents (Net rental						
	b	income or (loss)					:	
Revenue	6a	Net gain/(loss) from sale of assets not on line 10 Gross sales price for	16.					
	_b	all assets on line 6a			16			
æ	7	Capital gain net income (from Part IV, line 2)			16.		6.	
	8	Net short-term capital gain				Τ'	3 •	
	9 10a	Income modifications Gross sales less						
	b	rtns & allowances Less Cost of						
		Gross profit or (loss) (attach schedule)			+			
	11	Other income (attach schedule)					1	
	12	Total. Add lines 1 through 11	3,031.	3	,031.	10	6.	
	13	Compensation of officers,	, , , , ,					
	14	directors, trustees, etc Other employee salaries and wages						
es	15	Pension plans, employee benefits						
ens	16a	Legal fees (attach schedule)	565.		565.			
Exp	b	Accounting fees (attach schedule) Other professional fees (attach schedule)	500.		500.			
Ve	c	Other professional fees (attach schedule)	IJ					
rati	17	Interest NOV 1 9 2012						
ilst	18	Taxes (attach schedule) (see Instructions) 2013	47.		47.			
ij	19	Depreciation (attach scb.) and depletion Occupancy						
¥a	20	Occupancy RS CAP Travel, conferences, and meetings	A H					
E =	21		79-4					
g-	22	Printing and publications	95.		95.			
幫	23	Other expenses (attach schedule)	35.	<u> </u>	95.			
Operating and Administrative Expenses	24	Total operating and administrative expenses Add lines 13 through 23	1,207.	1	.,207.			
ij	25	Contributions, gifts, grants paid	1,207.		.,201.			
4	226	Total exp & disbursements Add lines 24 and 25	1,207.	1	,207.			
	(27	Subtract line 26 from line 12		_	, = - , -			
4	§ a	Excess of revenue over expenses and disbursements	1,824.				'	
(ψЪь	Net investment income (if neg , enter -0-)		1	.,824.	-		
	c	Adjusted net income (if neg , enter -0-)				1	6.	

For Paperwork Reduction Act Notice, see instructions.

Pa	Balance Sheets description column should be for		Beginning of year		End of year		
		end-of-year amounts only (See Inst.)	(a) Book Value	(b) Book Valu	е	(c) Fair Market Value	
ļ	1	Cash - non-interest-bearing		12 50		12 500	
	2	Savings and temporary cash investments .	12,009.	13,79	2.	13,792.	
	3	Accounts receivable ▶				<u> </u>	
i		Less allowance for doubtful accts ▶					
	4	Pledges receivable ▶				· · · · · · · · · · · · · · · · · · ·	
ļ		Less allowance for doubtful accts ▶				<u></u>	
	5	Grants receivable				l	
- 1							
	6	Receivables due from officers, directors, trustees, and other					
	_	disqualified persons (attach schedule) (see the instructions)				İ	
	7	Other notes and loans receivable (attach schedule)					
		Less allowance for doubtful accounts					
g	8	Inventories for sale or use .	-				
Assets	9	Prepaid expenses and deferred charges					
As	-	Investments - U S and state govt obligations (attach schedule)					
		, , , , , , , , , , , , , , , , , , ,	113,680.	113,68	_	139,478.	
		Investments - corporate stock (attach schedule)	113,660.	113,00	٠	139,470.	
į		Investments - corporate bonds (attach schedule)					
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation		·		<u>'</u>	
		(attach schedule)					
	12	Investments - mortgage loans					
	13	Investments - other (attach schedule)					
ŀ	14	Land, buildings, and equipment basis				I	
ļ		Less accumulated depreciation (attach schedule)					
- 1	15	Other assets (describe ▶)					
İ	16	Total assets (to be completed by all filers - see the					
		instructions Also, see page 1, item I)	125,689.	127,47	2.	153,270.	
	17	Accounts payable and accrued expenses .					
	18	Grants payable				,	
,,	19	Deferred revenue					
Ęį	20	Loans from officers, directors, trustees, and other					
Liabilities		disqualified persons					
Lia	21	Mortgages and other notes payable (attach schedule)				'	
1	22	Other liabilities (describe ▶)					
		Tatal Habilities (add base 47 thereach 20)					
\rightarrow	23	Total liabilities (add lines 17 through 22)					
		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26 and lines 30 and 31.					
es	24	Unrestricted					
Net Assets or Fund Balances	25	Temporarily restricted				1	
38	26	Permanently restricted				,	
뒫		Foundations that do not follow SFAS 117, ck. here ▶ 🏻					
Ē		and complete lines 27 through 31.					
<u></u>	27	Capital stock, trust principal, or current funds					
ş	28	Paid-in or capital surplus, or land, bldg , and equipment fund				,	
SS	29	Retained earnings, accumulated income, endowment, or other funds	125,689.	127,47	2.		
Ť.		•		· · · · · · · · · · · · · · · · · · ·			
ž	30	Total net assets or fund balances (see instructions)	125,689.	127,47	2.		
	31	Total liabilities and net assets/fund balances (see	,	, _ .			
		instructions)	125,689.	127,47	2		
Pa	rt III			22/,1/	•		
		net assets or fund balances at beginning of year - Part II, column		with	1	<u> </u>	
		of-year figure reported on prior year's return)	(w), mile de (mest agree (1	125,689.	
					2	1,824.	
		r amount from Part I, line 27a				1,024.	
		r increases not included in line 2 (itemize)			3	107 513	
		lines 1, 2, and 3			4	127,513.	
		eases not included in line 2 (itemize)			5	107 513	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - F	Part II, column (b), line 30	<u>) </u>	6	127,513.	

Part IV Capital Gains	and Losses for Tax on I	nvestment	Income)			- Tage o
	ne kind(s) of property sold (e.g., use, or common stock, 200 shs			(b)How acquired P - Purchase D - Donation	(mo , c	acquired ay, yr)	(d) Date sold (mo , day, yr)
1 a FRACTIONAL SHA	ARES KRAFT FOODS	GROUP	INC	P	10/22	/2012	10/22/2012
b	<u> </u>			1			
С							
<u>d</u>							
<u>e</u>		1				/b) O	(1)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	Cost or o	ther basis se of sale			n or (loss) f) minus (g)
a 16.					<u> </u>		16.
b				· · · · · · · · · · · · · · · · · · ·			
<u>c</u>	.				-		
<u>d</u>					+		_
Complete only for coasts sho	uung gain in calumn (h) and aus	nod by the form	adation or	12/21/60	/I)	Coine (Co	t (b) gain minus
(i) F M V as of 12/31/69	wing gain in column (h) and owi (j) Adjusted basis as of 12/31/69	(k	Excess	of col (ı)	- ' '	(), but not	t (h) gain minus less than -0-) or rom col (h))
	as 01 12/3 1/09		vei wi (,, ii aiiy		105565 (1	,
a							16.
_ b							
d d				· · · · · · · · · · · · · · · · · · ·	 		
e							
2 Capital gain net income or (n		ın, also enter ır			1 1	 	
	_ If (los	ss) enter -0- in	Part I, Iır	ne 7	2		16.
, ,	(loss) as defined in sections 12			_			
	ne 8, column (c) (see instructions	s)		>			1.0
If (loss), enter -0- in Part I, lin	le 8 Jnder Section 4940(e) fo	Doducad	T	Not Investment	3		16.
If section 4940(d)(2) applies, leave Was the foundation liable for the If "Yes," the foundation does not	section 4942 tax on the distribu			•	riod?		Yes 🗓 No
1 Enter the appropriate amoun	t in each column for each year,	see the instruc	tions befo	ore making any e	entries		
(a) Base period years	(b)		N	(c) let value of		Dist	^(d) ribution ratio
Calendar year (or tax year beg				itable-use asset		(col (b) d	ivided by col (c))
2011		951.		139,76			0.0211
2010		995. 174.		134,13			0.0820
2009		161.		128,16			0.0872 0.1457
2008		998.		692,09			0.0491
2007		330.		0,52,03			0.0191
2 Total of line 1, column (d)					2		0.3851
	the 5-year base period - divide to been in existence if less than 5 y		e 2 by 5, c	or by the number	3		0.0770
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5					4		142,823.
5 Multiply line 4 by line 3					5		10,997.
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)				6	 	18.
7 Add lines 5 and 6					7		11,015.
	8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1%						e the Part VI
instructions						-	F 000 PF (2012)

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Form 990-PF (2012) MAI VILMS CHAR	TABLE FOUND	ATION INC		38-3 <u>35</u>	3877	Page 6
Part VII-B Statements Regarding Act			equired (c	ontinue	d)	
5a During the year did the foundation pay or incu						1
(1) Carry on propaganda, or otherwise attem	pt to influence legislation	(section 4945(e))?		Yes 🗓 N	lo	
(2) Influence the outcome of any specific pub				_	4	1 1
on, directly or indirectly, any voter registra	ition drive?				lo i	
(3) Provide a grant to an individual for travel,	study, or other similar po	urposes?	\	Yes 🛚 🖽 N	lo	
(4) Provide a grant to an organization other the	nan a charitable, etc , or	ganization described				
in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instruc	ctions)	□ ,	Yes 🔀 N	lo	1 1
(5) Provide for any purpose other than religio	us, charitable, scientific,	literary, or				
educational purposes, or for the prevention	on of cruelty to children o	r anımals?	[] ,	Yes 🛛 N	lo	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to q	ualify under the exception	s described i	n		1 . 1
Regulations section 53 4945 or in a current no	otice regarding disaster a	assistance (see the instruc	ctions)?		5b	
Organizations relying on a current notice rega	irding disaster assistance	e check here		▶ [_]		1
c If the answer is "Yes" to question 5a(4), does	the foundation claim exe	emption from the				
tax because it maintained expenditure respon	sibility for the grant?		□ '	Yes 📙 l	ło	1 1
If "Yes," attach the statement required by Reg	julations section 53 494	5-5(d)				
6a Did the foundation, during the year, receive a	ny funds, directly or indir	rectly, to pay		E-3		
premiums on a personal benefit contract?				Yes 🗓 I	۱o۱	الـــ [اك
b Did the foundation, during the year, pay prem	iums, directly or indirect	ly, on a personal benefit c	ontract?		6b	X
If "Yes" to 6b, file Form 8870				E-1		
7a At any time during the tax year, was the found				Yes 🛚 🖽 I		4 4
b If "Yes," did the foundation receive any proce					7b	<u> </u>
Part VIII Information About Officers	s, Directors, Truste	es, Foundation Ma	nagers, H	igniy Pa	ia Empi	oyees,
and Contractors						
1 List all officers, directors, trustees, foundation			(d) Contrib	outions to	14.5	
(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee b	enefit plan		ense account, allowances
MAI V HALLINGBY	PRESIDENT	(II Hot paid, enter -0-)	and deferr	ea comp	Other	allowallocs
620 5TH AVENUE 6TH FLOO	PRESIDENT 1	0				
STEPHANIE E COLEMAN	TREASURER					
620 5TH AVENUE 6TH FLOO	1 TREASURER	0				
CORNELIA M ERCKLENTZ	SECRETARY	0			+	
620 5TH AVENUE 6TH FLOO		-	ļ			
- 020 3111 AVENUE 0111 FECO					1	
2 Compensation of five highest-paid employe	es (other than those in	cluded on line 1 - see in	structions).			
If none, enter "NONE."	00 (01110) 1111111 111000 111		• · · · · · · · · · · · · · · · · · · ·			
	(b) Title, and average		(d) Contri	butions to	T	
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employe plans and			ense account allowances
more than \$50,000	devoted to position		compe		Other	allowarices
NONE		····				
				<u> </u>		
	.					
			<u> </u>			
Total number of other employees paid over \$50,00	0					
BCA					Form 99	0-PF (2012)

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Total Add lines 1 through 3

All other program-related investments. See instructions

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	131,958.
b	Average of monthly cash balances	1b	13,040.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	144,998.
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)]]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	144,998.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,		
	see instructions)	4	2,175.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	142,823.
6	Minimum investment return. Enter 5% of line 5	6	7,141.
E	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ns	
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	7,141.
2	a Tax on investment income for 2012 from Part VI, line 5	_	
	b Income tax for 2012 (This does not include the tax from Part VI)	_	
	c Add lines 2a and 2b	2c	18.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	7,123.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	7,123.
6	Deduction from distributable amount (see instructions)	6	 -
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	7,123.
j	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		-
	a Expenses, contributions, gifts, etc -total from Part I, column (d), line 26	1a	
	b Program-related investments-total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	⁻ .	
	a Suitability test (prior IRS approval required)	3a	
	b Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
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)	5	18.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	oundat	ion
	qualifies for the section 4940(a) radication of tax in those years		

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	Olidistributed illedille (see ills	1		·-·	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
	line 7				7,123.
2	Undistributed income, if any, as of the end of 2012				1
а	Enter amount for 2011 only				
b	Total for prior yrs 20, 20, 20				
3	Excess distribs carryover, if any, to 2012				
а	From 2007				
b	From 2008 19,215.				1
С	From 2009 4,778.				t
d	From 2010 4,399.				
е	From 2011 3,939.				•
f	Total of lines 3a through e	32,331.			
4	Qualifying distributions for 2012 from Part XII,				
	line 4 ▶\$				
а	Applied to 2011, but not more than line 2a				
	Applied to undistributed income of prior				····
_	years (Election required - see instructions)				
_	Treated as distributions out of corpus				
·	(Election required - see instructions)				
4	Applied to 2012 distributable amount				
	• •				
_	Remaining amt distributed out of corpus	7,123.			7,123.
5	Excess distribs carryover applied to 2012	1,123.			7,123,
	(If an amount appears in column (d), the				
_	same amount must be shown in col (a))				1
6	Enter the net total of each column as				
	indicated below:	25 200			
	Corpus Add lines 3f, 4c, & 4e Subtract line 5	25,208.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency				,
	has been issued, or on which the section				1
	4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				i
	amount - see instructions				[
е	Undistributed income for 2011 Subtract				
	line 4a from line 2a Taxable amount -				
	see instructions				
f	Undistributed income for 2012 Subtract				
	lines 4d and 5 from line 1. This amount				
	must be distributed in 2013				
7	Amounts treated as distributions out of				,
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see				
	instructions)				
8	Excess distributions carryover from 2007				
	not applied on line 5 or line 7 (see				w .
	instructions)				
9	Excess distributions carryover to 2013.				
	Subtract lines 7 and 8 from line 6a	25,208.			
10	Analysis of line 9				
	Excess from 2008 12,092.		1		
b	4 770	1			
c	4 300	1			
d	2 020	1			
_	Excess from 2012	1			
			i .	4	i

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Grants and Contributions Paid I	During the Year or A	pproved fo	r Future Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	Ci Substantial Contributor			
a Paid during the year				
		,		
	ĺ			
		1 1		
		Ì		
		İ		
		-		
Total			▶ 3a	
b Approved for future payment			-	
		İ		
		1		
			1	
		1		
			1	
Total			> 3t	o i

-nter	gross amounts unless otherwise indicated	*	ed business income	Excluded by s	ection 512, 513, or 514	(e)
_11161	g. 000 amounts unless otherwise indicated	(a)	(b)	(c)	(d)	Related or exempt
		Business	Amount	Excl	Amount	function income
	D		Amount		Amount	(See instructions)
1	Program service revenue	code		code		
а						
b						
С						
d				1		
е			•			
f			-			-
	Fees and contracts from government agencies					
	Membership dues and assessments					
	'			14	1.	
3	Interest on savings and temporary cash investments			14		
4	Dividends and interest from securities			14	3,014.	
5	Net rental income or (loss) from real estate					
а	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	16.	
9	Net income or (loss) from special events			 		
10	Gross profit or (loss) from sales of inventory			+		
11	Other revenue a					
þ						
С						
d						
е						
40	0.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				3,031.	
12	Subtotal Add columns (b), (d), and (e)				3,031.	
	Subtotal Add columns (b), (d), and (e) Total, Add line 12, columns (b), (d), and (e)					3,031.
13	Total. Add line 12, columns (b), (d), and (e)	ns)	<u>L</u>		. 13	3,031.
13 See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation		nplishment of Ex	empt Pur	. 13	3,031.
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the state of the state	he Accor			. 13	
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t Explain below how each activity for wh	he Accor	s reported in column (e) of Part XVI-	. 13 poses A contributed importa	antly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e) of Part XVI-	. 13 poses A contributed importa	antly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t Explain below how each activity for wh	he Accor	s reported in column (e) of Part XVI-	. 13 poses A contributed importa	antly to the
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13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t Explain below how each activity for wh	he Accor	s reported in column (e) of Part XVI-	. 13 poses A contributed importa	antly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t Explain below how each activity for wh	he Accor	s reported in column (e) of Part XVI-	. 13 poses A contributed importa	antly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t Explain below how each activity for wh	he Accor	s reported in column (e) of Part XVI-	. 13 poses A contributed importa	antly to the
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Part XVII	Informat	ion Rega	rding Transfers	To and Transaction	ons and	Relationships With Noncharitable	
	_	Organiza	. •			•	

1	Did the	orgar	nzation directly or	indirectly engage	e in any of the	following with any	other org	anization de:	scribed in sect	ion	Yes	No
	501(c)	of the	Code (other than	section 501(c)(3)) organization:	s) or in section 527	7, relating	to political or	ganizations?	-1	1	:
а	Transfe	ers fro	m the reporting fo	undation to a nor	ncharitable ex	empt organization	of			- 4		
	(1) (Cash								1a(1)		X
	(2) (Other a	assets							1a(2)		X
b	Other t	transac	ctions							_ ,		
	(1) 5	Sales	of assets to a non-	charitable exemp	t organization					1b(1)		Х
			ses of assets fron	•	-					1b(2)		X
			of facilities, equip							1b(3)		Х
			ursement arrange		30010					1b(4)		X
			or loan guarantee							1b(5)		X
			nance of services		or fundraising	collectations				1b(6)		X
_	• •		cilities, equipment	•						1c		X
		-			- ·			منتصيناهم الماريمي	ahaw tha fair		<u> </u>	
u						wing schedule Col		=				
				-	_	ation If the founda				liue in any trans	action	
	or shar	ring ar	rangement, show	in column (d) the	value of the	goods, other asset	s, or servi	ces received				
		45.4					L					
(a)	Line no	(D) A	Amount involved	(c) Name of non	icharitable exe	empt organization	(a)Desc	of transfers,	transactions,	and sharing arra	ingem	ents_
												
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2a	le th	o foun	dation directly or i	Indirectly affiliated	d with or rolat	ed to, one or more	tay ayam	nt organizati	one docaribad	ın.		
2a			1(c) of the Code (tax-exem	ipi oiganizati	ons described		es 🏻	l No
h			mplete the follow		11 30 1(0)(3)) 01	illi section 527				니 '	C3 K1	1 140
_ <u>b</u>	11 11		Name of organization		(b) T	ype of organizatio			(c) Description	n of relationship		
		(a) I	varile of organiza	1011	(6) 1	ype of organizatio			(c) Descriptio	ii oi reiationsiiip		
			 				 					
								<u> </u>		 		
						including accompanying nan taxpayer) is based o						
5	Sign			1	_				. ,			
	Here			11-1111	0	1///	1,2			May the IRS discuss	this retu	ırn
•		V	Mail. 9	Hilling)	ζ	1/1/14	<u> </u>	PRESI	DENT	with the preparer she		_
		Sış	gnature of officer	or trustee 0	,	Date	1	Title		(see instructions)?	X Yes	No
Pa	aid		Print/Type prepa	arer's name	IP eparers	s signature () —	<i> </i> -	Date	Check	☑ f PTIN		
	epare		HARRY SCH	OCHAT	Track	Exporting	<u> </u>	1/14/2017	self-emplo	yed P0132	<u>754</u>	3
	se Onl		Firm's name	▶HARRY S	СНОСНЯТ	AND COMP	YNA	''/	Firm's EIN ▶	11-26744	60	
U	.e OIII	'J	Firm's address	▶8 LUNAR	DRIVE		<u> </u>		Phone no 2	03-397-0	052	;
				WOODBRI	DGE CT	06525-						
BC	Α						····			Form 990	-PF (2	012)

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

BCA

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Schedule of Contributors

OMB No 1545-0047

2012

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

38-3353877 MAI VILMS CHARITABLE FOUNDATION INC 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2).2% of the amount on (i).Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) Schedule B (Form 990, 990-EZ, or 990-PF) (2012) For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

vame or organization
MAI VILMS CHARITABLE FOUNDATION INC

Employer identification number 38-3353877

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is needed	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	NONE		Person Payroll Noncash
			(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audiess, and zir + 4	\$	Person Payroll Noncash (Complete Part II If there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II If there is a noncash contribution)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II If there is a
			noncash contribution)

Description Book value FMV	200 ABB LTD	US 990 Investments: Corporate Stock as of Year End					
200 ABB LTD	200 ABB LTD		Description	Book value	FMV		
		100 ABBOTT LABORATOR 400 ACTIVISION BLIZZ 150 AECOM TECHNOLOGY 50 AGNICO EAGLE MINE 100 BANK OF NEW YORK 50 C R BARD INC 200 CISCO SYSTEMS 100 CONOCOPHILLIPS 200 CORNING INC 100 CVS CAREMARK COR 50 DEVON ENERGY CORP 20 FIRST SOLAR INC 200 HUDSON CITY BANC 826 JP MORGAN CHASE 33 KRAFT FOODS GROUP 50 MC DONALDS CORP 100 MONDELEZ INTERNA 100 MORGAN STANLEY 50 NATIONAL-OILWELL 50 PEPSICO INC 50 PHILLIPS 66 50 ROPER INDUSTRIES 50 SCOTTS MIRACLE-GR 302 TAIWAN SEMICONDU 100 TEREX CORP 50 TEVA PHARMACEUTIC 100 TRACTOR SUPPLY C	IES ARD INC CORP S LTD MELLON CORP PORATION ORP INC & CO INC TIONAL-W/I VARCO INC INC O COMPANY CTOR MANUFACTURING AL INDUSTRIES LTD O	3,672. 4,889. 4,606. 4,299. 2,944. 2,830. 4,129. 3,123. 4,137. 3,000. 3,094. 3,116. 2,513. 2,602. 35,873. 1,072. 1,553. 1,982. 2,778. 1,847. 2,378. 1,229. 2,097. 2,067. 2,715. 1,974. 2,282. 2,571. 2,308.	4,158. 6,550. 4,248. 3,570. 2,623. 2,570. 4,887. 3,930. 5,799. 2,524. 4,835. 2,602. 617. 1,626. 36,318. 1,501. 4,410. 2,545. 1,912. 3,427. 3,427. 3,422. 2,655. 5,574. 2,203. 5,182. 2,811. 1,867. 8,836. 6,286.		

38-3353877

S 990	Legal Fees			2012		
	Expenses	Net investment	Adjusted net	Charitable		
Description	per books	ıncome	ıncome	purposes		
GL FEES	per books 565.	565.				
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38-3353877

US 990	Accounting Fees Expenses	Net investment	Adjusted net	201 Charitable
Description	per books	income	income	purposes
CCOUNTING FEES	500.	500.		F 3- F 2- 2- 3- 3
	500.	500.		
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US 990	Taxes			201
	Expenses	Net investment	Adjusted net	Charitable
Description OREIGN TAXES	per books 47.	income 47.	ıncome	purposes
	47.	47.		
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				1
		1		

70 000	90 Other Expenses			
	Expenses	Net investment	Adjusted net	Charitable
Description	per books	ıncome	income	purposes
STODIAL FEES	95.	95.		
	95.	95.		
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Form **8868**

(Rev January 2013)

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

OMB No. 1545-1709

Internal Revenue		File a separate a	pplication for each return.			
 If you are 	e filing for an Automatic 3-Mont	h Extension, complete only	Part I and check this box			▶ 🛛
•	~	· · · · · · · · · · · · · · · · · · ·	n, complete only Part II (on page 2 of this fo	orm)		, 0
•	•	•	atic 3-month extension on a previously filed I	•		
	•	· -	a 3-month automatic extension of time to file		for a co	orporation
	- · · ·	•	nsion of time. You can electronically file Forn			•
	•		Form 8870, Information Return for Transfer		•	
	· · · · · · · · · · · · · · · · · · ·	•	(see instructions) For more details on the el			
	ww irs gov/efile and click on e-file	• •	(· • · · · · ·	
Part I	Automatic 3-Month Ext		submit original (no copies needed)	•		
			onth extension - check this box and complet	e Part I only	,	$\overline{}$
•	·	• •	trusts must use Form 7004 to request an ex	-		, ,
	e tax returns	,,,	,			
Type or	Name of exempt organization		l E	Employer ic	lentific	ation number
print	MAI VILMS CHARITABLE FOUNDATION INC 38-3353877					
File by the due date for Number, street, and room or suite no If a P O box, see instructions						
filing your	620 5TH AVENUE 6TH FLOOR					
retum See instructions	City, town or post office, state,	and ZIP code For a foreign a	address, see instructions			
man detterio	NEW YORK NY 10	•				
Enter the Return code for the return that this application is for (file a separate application for each return)						04
			,			<u> </u>
Application	Application Return Application				Return	
Is For		Code				Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-B		02				08
Form 4720 (03 Form 4720			09
Form 990-PI	·	04				10
	(sec 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06			.	12
1 01111 000 1	(Hast other than above)	00	1 51111 5575			
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	ne No ▶	FAX No ▶				
•	ganization does not have an office	······	Inited States, check this hox			▶ □
	for a Group Return, enter the or	•	•	his is for the	whole	aronn
		- <u>-</u>	nd attach a list with the names and EINs of a			• , ,
Oncor una b	ox P	oup, check this box	id attach a list with the hames and Lines of a	iii iiiciiibci3	the ext	21131011 13 101
1 I reques	t an automatic 3-month (6 month	ns for a cornoration required to	file Form 990-T) extension of time until			
i iicques			anization return for the organization named	ahove The	evtens	ion is for the
Organiza	ation's return for	, to me the exempt org	anization return for the organization number t	above 111c	CALCIIS	ion is for the
> ⊠	calendar year 201 2					
LA:	eav year beginning	20	and ending			, 20
	ax year beginning	, , 20	, and ending			
	year entered in line 1 is for less					
	nge in accounting period	s than 12 months, theth least	ii. Illiniarietuiii Filiarietuiii			
☐ Cha	nge in accounting period					
2 n If this	polication in for Form 000 BL 00	0 DE 000 T 4700 6060	ntor the tentative toy less any named a let			
-		U-FF, 99U-1, 47ZU, 01 0U09, 8	nter the tentative tax, less any nonrefundable		¢	10
credits. See instructions. 3a \$ If this application is far Form 900 PE or 900 T. 4770, or 6060, onter any refundable credits and estimated tax neglection.				18.		
b If this application is for Form 990-PF or 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments			.			
made Include any prior year overpayment allowed as a credit 3b			Þ			
	c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,			•	10	
by using	EFTPS (Electronic Federal Tax	Payment System) See instru	ctions	3c		18.
Caution. If	ou are going to make an electro	nic fund withdrawal with this F	orm 8868, see Form 8453-EO and Form 88	79-EO for p	ayment	instructions