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Form **990-PF**

Department of the Treasury  
Internal Revenue Service

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

▶ **Do not enter Social Security numbers on this form as it may be made public. By law, the IRS cannot redact the information on the form.**

▶ **Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).**

OMB No 1545-0052

**2013**

**Open to Public Inspection**

**For calendar year 2013, or tax year beginning 01-01-2013 , and ending 12-31-2013**

Name of foundation THE KANDELL FUND		<b>A Employer identification number</b> 13-6117648
Number and street (or P O box number if mail is not delivered to street address) Room/suite 59 EAST 54TH STREET		<b>B Telephone number (see instructions)</b> (212) 755-3063
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 124,309	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule)	220,000			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	225	225		
	<b>4</b> Dividends and interest from securities. . . . .				
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a _____				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . .			0	
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold . . . . .					
<b>c</b> Gross profit or (loss) (attach schedule) . . . . .					
<b>11</b> Other income (attach schedule) . . . . .					
<b>12 Total.</b> Add lines 1 through 11 . . . . .	220,225	225	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0	0	0
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule) . . . . .				
	<b>b</b> Accounting fees (attach schedule) . . . . .	2,000	500	0	1,500
	<b>c</b> Other professional fees (attach schedule) . . . . .				
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions)				
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings . . . . .				
	<b>22</b> Printing and publications . . . . .	135	0	0	135
	<b>23</b> Other expenses (attach schedule) . . . . .	50	0	0	50
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	2,185	500	0	1,685
	<b>25</b> Contributions, gifts, grants paid . . . . .	282,400			282,400
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	284,585	500	0	284,085	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-64,360				
<b>b Net investment income</b> (if negative, enter -0-)		0			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .					
	<b>2</b> Savings and temporary cash investments . . . . .	188,569	124,309	124,309		
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>5</b> Grants receivable . . . . .					
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .					
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>8</b> Inventories for sale or use . . . . .					
	<b>9</b> Prepaid expenses and deferred charges . . . . .					
	<b>10a</b> Investments—U S and state government obligations (attach schedule)					
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .					
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .					
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	<b>12</b> Investments—mortgage loans . . . . .					
	<b>13</b> Investments—other (attach schedule) . . . . .					
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
<b>15</b> Other assets (describe ▶ _____)						
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	188,569	124,309	124,309			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .					
	<b>18</b> Grants payable . . . . .					
	<b>19</b> Deferred revenue . . . . .					
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons					
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .					
	<b>22</b> Other liabilities (describe ▶ _____)					
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0			
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/>		<b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .					
	<b>25</b> Temporarily restricted . . . . .					
	<b>26</b> Permanently restricted . . . . .					
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/>		<b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	285,444	285,444			
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds	-96,875	-161,135			
	<b>30 Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	188,569	124,309			
<b>31 Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	188,569	124,309				

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

<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	188,569
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-64,360
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	100
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	124,309
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	124,309

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1a</b>			

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

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

<b>2</b>	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			
	If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	}	<b>3</b>	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2012	282,280	210,082	1.343666
2011	340,477	259,863	1.310217
2010	414,330	186,408	2.222705
2009	555,567	226,199	2.456098
2008	410,059	236,985	1.730316

<b>2</b>	Total of line 1, column (d).		9.063002	
<b>3</b>	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		1.812600	
<b>4</b>	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.		145,742	
<b>5</b>	Multiply line 4 by line 3.		264,172	
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b).		0	
<b>7</b>	Add lines 5 and 6.		264,172	
<b>8</b>	Enter qualifying distributions from Part XII, line 4.		284,085	

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

Table with 11 rows for excise tax calculations. Rows include: 1a Exempt operating foundations, 1 Domestic foundations, 2 Tax under section 511, 3 Add lines 1 and 2, 4 Subtitle A (income) tax, 5 Tax based on investment income, 6 Credits/Payments (6a-6d), 7 Total credits and payments, 8 Enter any penalty, 9 Tax due, 10 Overpayment, 11 Enter the amount of line 10 to be credited to 2014 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Rows include: 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year for political purposes? 1c Did the foundation file Form 1120-POL for this year? 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws? 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) satisfied either by language in the governing instrument, or by state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? 8a Enter the states to which the foundation reports or with which it is registered (see instructions) 8b 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? 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 2013 or the taxable year beginning in 2013? 10 Did any persons become substantial contributors during the tax year?

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>DEBRA FECHTER</b> Telephone no <b>(212) 755-3063</b> Located at <b>59 EAST 54TH STREET NEW YORK NY</b> ZIP+4 <b>10022</b>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>15</b>			
<b>16</b>	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country	<b>16</b>	<b>Yes</b>	<b>No</b>

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>20</b> , <b>20</b> , <b>20</b> , <b>20</b>			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions).	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>20</b> , <b>20</b> , <b>20</b> , <b>20</b>			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.</i> )	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	<b>4b</b>		<b>No</b>

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

<p><b>5a</b> During the year did the foundation pay or incur any amount to</p> <p><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . <b>5b</b></p> <p>Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/></p> <p><b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</p> <p><b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>6b</b> <span style="float:right"><b>No</b></span></p> <p>If "Yes" to 6b, file Form 8870.</p> <p><b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . <b>7b</b></p>	
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**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DONALD GORDON 59 EAST 54TH STREET NEW YORK, NY 10022	PRES ,TREAS , 0 10	0	0	0
ALICE KANDELL 59 EAST 54TH STREET NEW YORK, NY 10022	DIRECTOR 0 10	0	0	0
LESLIE KANDELL 59 EAST 54TH STREET NEW YORK, NY 10025	DIRECTOR 0 10	0	0	0
DEBRA FECHTER 59 EAST 54TH STREET NEW YORK, NY 10022	SECRETARY 0 10	0	0	0

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

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

**Total** number of other employees paid over \$50,000. . . . . **0**

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

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount	
<b>1</b>		
<b>2</b>		
All other program-related investments. See page 24 of the instructions		
<b>3</b>		
<b>Total.</b> Add lines 1 through 3 . . . . .		0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	147,961
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	147,961
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	147,961
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	2,219
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	145,742
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	7,287

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	7,287
<b>2a</b>	Tax on investment income for 2013 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2013 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	7,287
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	100
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	7,387
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	7,387

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	284,085
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	284,085
<b>5</b>	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). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	284,085

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

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7				7,387
<b>2</b> Undistributed income, if any, as of the end of 2013				
<b>a</b> Enter amount for 2012 only. . . . .			0	
<b>b</b> Total for prior years 20__ , 20__ , 20__		0		
<b>3</b> Excess distributions carryover, if any, to 2013				
<b>a</b> From 2008. . . . .	398,260			
<b>b</b> From 2009. . . . .	544,269			
<b>c</b> From 2010. . . . .	405,018			
<b>d</b> From 2011. . . . .	327,495			
<b>e</b> From 2012. . . . .	271,776			
<b>f</b> Total of lines 3a through e. . . . .	1,946,818			
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ <u>284,085</u>				
<b>a</b> Applied to 2012, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2013 distributable amount. . . . .				7,387
<b>e</b> Remaining amount distributed out of corpus	276,698			
<b>5</b> Excess distributions carryover applied to 2013 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>	0			0
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,223,516			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions). . . . .	398,260			
<b>9 Excess distributions carryover to 2014.</b> Subtract lines 7 and 8 from line 6a . . . . .	1,825,256			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2009. . . . .	544,269			
<b>b</b> Excess from 2010. . . . .	405,018			
<b>c</b> Excess from 2011. . . . .	327,495			
<b>d</b> Excess from 2012. . . . .	271,776			
<b>e</b> Excess from 2013. . . . .	276,698			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling. . . . .

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly 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 4942(j)(3)(B)(i)

**b** "Endowment" 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 organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3) Largest amount of support from an exempt organization

(4) Gross investment income

**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 Information Regarding Foundation Managers:**

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

See Additional Data Table

**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

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**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  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

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

**Part XV** **Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for 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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3a</b> 282,400
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>▶ 3b</b> 0



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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash.
(2) Other assets.
b Other transactions
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

b If "Yes," complete the following schedule
Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship

Sign Here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge
Signature of officer or trustee: \*\*\*\*\*
Date: 2014-05-08
Title: \*\*\*\*\*
May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Paid Preparer Use Only
Print/Type preparer's name: HAROLD MOEHRINGER
Preparer's Signature
Date
Check if self-employed
PTIN: P00082583
Firm's name: MARKS PANETH LLP
Firm's EIN: 11-3518842
Firm's address: 685 THIRD AVENUE NEW YORK, NY 10017
Phone no: (212) 503-8800

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

ALICE KANDELL

LESLIE KANDELL

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for 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)				
<b>a</b> <i>Paid during the year</i>				
92ND STREET Y 1395 LEXINGTON AVENUE NEW YORK, NY 10128	NONE	501 (C)(3)	CHARITABLE	1,000
AARP FOUNDATION PO BOX 93207 LONG BEACH, CA 90809	NONE	501 (C)(3)	CHARITABLE	250
ACTION ON SMOKING AND HEALTH 701 4TH STREET NW WASHINGTON, DC 20001	NONE	501 (C)(3)	CHARITABLE	1,000
ALZHEIMER'S ASSOCIATION PO BOX 96011 WASHINGTON, DC 20090	NONE	501 (C)(3)	CHARITABLE	3,500
AMERICAN CANCER SOCIETY PO BOX 910 NEW YORK, NY 10101	NONE	501 (C)(3)	CHARITABLE	3,000
AMERICAN FOLK ART MUSEUM 1865 BROADWAY 11TH FLOOR NEW YORK, NY 10023	NONE	501 (C)(3)	CHARITABLE	1,000
AMERICAN FOUNDATION FOR THE BLIND 2 PENN PLAZA SUITE 1102 NEW YORK, NY 10121	NONE	501 (C)(3)	CHARITABLE	1,000
AMERICAN HEART ASSOCIATION PO BOX 78851 PHOENIX, AZ 85062	NONE	501 (C)(3)	CHARITABLE	2,500
AMERICAN HUMANE ASSOCIATION 1400 16TH STREET NW WASHINGTON, DC 20036	NONE	501 (C)(3)	CHARITABLE	500
AMERICAN JEWISH COMMITTEE PO BOX 170800 MILWAUKEE, WI 53217	NONE	501 (C)(3)	CHARITABLE	3,000
AMERICAN LUNG ASSOCIATION IN NY PO BOX 7000 ALBERT LEA, MN 56007	NONE	501 (C)(3)	CHARITABLE	1,000
AMERICAN MUSEUM OF NATURAL HISTORY 15 WEST 77TH STREET NEW YORK, NY 10132	NONE	501 (C)(3)	CHARITABLE	5,000
AMERICAN RED CROSS IN GREATER NY 520 WEST 49TH STREET NEW YORK, NY 10019	NONE	501 (C)(3)	CHARITABLE	1,500
AMERICAN SOCIETY FOR YAD VASHEM INC PO BOX 170305 MILWAUKEE, WI 53217	NONE	501 (C)(3)	CHARITABLE	500
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06907	NONE	501 (C)(3)	CHARITABLE	500
<b>Total . . . . .</b>				282,400

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for 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)				
<b>a</b> <i>Paid during the year</i>				
AMFAR THE FOUNDATION FOR AIDS RESEARCH PO BOX 96635 WASHINGTON,DC 20090	NONE	501 (C)(3)	CHARITABLE	500
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK,NY 10158	NONE	501 (C)(3)	CHARITABLE	1,000
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 9TH FLOOR NEW YORK,NY 10158	NONE	501 (C)(3)	CHARITABLE	1,000
ARTHUR M SACKLER GALLERY SMITHSONIAN 1050 INDEPENDENCE AVE SW WASHINGTON,DC 20013	NONE	501 (C)(3)	CHARITABLE	10,000
ASPHALT GREEN INC 555 EAST 90TH STREET NEW YORK,NY 10128	NONE	501 (C)(3)	CHARITABLE	1,000
BIDE A WEE PO BOX 185 CALVERTON,NY 11933	NONE	501 (C)(3)	CHARITABLE	350
B'NAI BRITH INTERNATIONAL PO BOX 170305 MILWAUKEE,WI 53217	NONE	501 (C)(3)	CHARITABLE	1,500
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTES AVENUE BOSTON,MA 02115	NONE	501 (C)(3)	CHARITABLE	10,000
BOY SCOUTS OF AMERICA 350 FIFTH AVENUE NEW YORK,NY 10118	NONE	501 (C)(3)	CHARITABLE	600
BROOKLYN MUSEUM 200 EASTERN PARKWAY BROOKLYN,NY 11238	NONE	501 (C)(3)	CHARITABLE	1,000
BRYN MAWR COLLEGE 101 NORTH MERION AVENUE BRYN MAWR,PA 19010	NONE	501 (C)(3)	CHARITABLE	1,000
BRYN MAWR COLLEGE 101 NORTH MERION AVENUE BRYN MAWR,PA 19010	NONE	501 (C)(3)	CHARITABLE	4,000
CALVARY FUND INC PO BOX 5173 TOMS RIVER,NJ 08754	NONE	501 (C)(3)	CHARITABLE	500
CAMERA PO BOX 35040 BOSTON,MA 02135	NONE	501 (C)(3)	CHARITABLE	500
CAMP HILL SPECIAL SCHOOL 1784 FAIRVIEW ROAD GLENMOORE,PA 19343	NONE	501 (C)(3)	CHARITABLE	1,000
<b>Total . . . . .</b>				<b>282,400</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for 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)				
<b>a</b> <i>Paid during the year</i>				
CANCER CARE 275 SEVENTH AVENUE FLOOR 22 NEW YORK, NY 10001	NONE	501 (C)(3)	CHARITABLE	2,500
CARE 151 ELLIS STREET NE ATLANTA, GA 30303	NONE	501 (C)(3)	CHARITABLE	600
CENTRAL PARK CONSERVANCY 14 EAST 60TH STREET 8TH FLOOR NEW YORK, NY 10022	NONE	501 (C)(3)	CHARITABLE	3,000
CITY & COUNTRY SCHOOL 146 WEST 13TH STREET NEW YORK, NY 10011	NONE	501 (C)(3)	CHARITABLE	1,000
CITY HARVEST INC 575 EIGHTH AVENUE 4TH FLOOR NEW YORK, NY 10018	NONE	501 (C)(3)	CHARITABLE	2,500
CIVIL WAR PRESERVATION TRUST PO BOX 17686 BALTIMORE, MD 21297	NONE	501 (C)(3)	CHARITABLE	1,000
COALITION FOR THE HOMELESS 129 FULTON STREET NEW YORK, NY 12073	NONE	501 (C)(3)	CHARITABLE	500
COMMUNITY ACCESS INC 2 WASHINGTON STREET 9TH FLOOR NEW YORK, NY 10004	NONE	501 (C)(3)	CHARITABLE	1,500
COMMUNITY SERVICE SOCIETY 105 EAST 22ND STREET NEW YORK, NY 10010	NONE	501 (C)(3)	CHARITABLE	500
COMPASSIONATE FRIENDS NYC CHAPTER 370 FIRST AVENUE NEW YORK, NY 10010	NONE	501 (C)(3)	CHARITABLE	1,000
COVENANT HOUSE PO BOX 731 NEW YORK, NY 10108	NONE	501 (C)(3)	CHARITABLE	300
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD BETHESDA, MD 20814	NONE	501 (C)(3)	CHARITABLE	500
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE NEW YORK, NY 10001	NONE	501 (C)(3)	CHARITABLE	500
ELLIS ISLAND FOUNDATION INC PO BOX 5202 NEW YORK, NY 10275	NONE	501 (C)(3)	CHARITABLE	1,000
ELLIS ISLAND FOUNDATION INC PO BOX 5202 NEW YORK, NY 10275	NONE	501 (C)(3)	CHARITABLE	1,000
<b>Total . . . . .</b>				282,400

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for 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)				
<b>a</b> <i>Paid during the year</i>				
EMERSON COLLEGE 120 BOYLSTON STREET 7TH FLOOR BOSTON,MA 02116	NONE	501 (C)(3)	CHARITABLE	100
FEED THE CHILDREN PO BOX 36 OKLAHOMA CITY,OK 73101	NONE	501 (C)(3)	CHARITABLE	1,000
FISH FLORIDA 615 WEST 21ST AVENUE HOLLYWOOD,FL 33020	NONE	501 (C)(3)	CHARITABLE	500
FOOD BANK FOR NEW YORK CITY 39 BROADWAY 10TH FLOOR NEW YORK,NY 10006	NONE	501 (C)(3)	CHARITABLE	1,000
FRIENDS OF THE HIGH LINE 529 WEST 20TH STREET SUITE 8W NEW YORK,NY 10011	NONE	501 (C)(3)	CHARITABLE	1,500
FRIENDS OF THE UPPER EAST SIDE 20 EAST 69TH STREET NEW YORK,NY 10021	NONE	501 (C)(3)	CHARITABLE	1,000
GIRLS SCOUT COUNCIL OF GREATER NY INC 43 WEST 23RD STREET NEW YORK,NY 10010	NONE	501 (C)(3)	CHARITABLE	500
GMHC 446 WEST 33RD STREET NEW YORK,NY 10001	NONE	501 (C)(3)	CHARITABLE	500
GOOD SHEPHERD SERVICES 305 SEVENTH AVENUE NEW YORK,NY 10117	NONE	501 (C)(3)	CHARITABLE	200
GUIDE DOG FOUNDATION FOR THE BLIND INC 371 EAST MAIN STREET SMITHTOWN,NY 11787	NONE	501 (C)(3)	CHARITABLE	500
HABITAT FOR HUMANITY NYC 11 JOHN STREET 23RD FLOOR NEW YORK,NY 10038	NONE	501 (C)(3)	CHARITABLE	1,000
HEBREW UNIVERSITY PO BOX 2035 NEW YORK,NY 10021	NONE	501 (C)(3)	CHARITABLE	500
HELEN KELLER INTERNATIONAL 352 PARK AVENUE SOUTH NEW YORK,NY 10010	NONE	501 (C)(3)	CHARITABLE	500
HILLEL 800 EIGHTH ST NW WASHINGTON,DC 20001	NONE	501 (C)(3)	CHARITABLE	1,000
HISTORIC HOUSE TRUST OF NYC 830 FIFTH AVENUE ROOM 203 NEW YORK,NY 10131	NONE	501 (C)(3)	CHARITABLE	1,000
<b>Total . . . . .</b>				282,400

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for 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)				
<b>a</b> <i>Paid during the year</i>				
HOSPITAL FOR SPECIAL SURGERY PO BOX 30610 NEW YORK, NY 10087	NONE	501 (C)(3)	CHARITABLE	1,000
HUMANE SOCIETY OF NYC 306 EAST 59TH STREET NEW YORK, NY 10022	NONE	501 (C)(3)	CHARITABLE	300
INTERNATIONAL CHILDREN'S FUND PO BOX 97191 WASHINGTON, DC 20090	NONE	501 (C)(3)	CHARITABLE	500
INTERNATIONAL RESCUE COMMITTEE PO BOX 98152 WASHINGTON, DC 20090	NONE	501 (C)(3)	CHARITABLE	1,000
JAMES LENOX HOUSE ASSOCIATION INC 49 EAST 73RD STREET NEW YORK, NY 10021	NONE	501 (C)(3)	CHARITABLE	500
JEWISH BRAILLE INSTITUTE INTERNATIONAL 110 EAST 30TH STREET NEW YORK, NY 10016	NONE	501 (C)(3)	CHARITABLE	500
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021	NONE	501 (C)(3)	CHARITABLE	1,000
JOY IN SINGING 260 WEST 72ND STREET SUITE 60 NEW YORK, NY 10023	NONE	501 (C)(3)	CHARITABLE	500
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	501 (C)(3)	CHARITABLE	1,500
KIPS BAY BOYS & GIRLS CLUB 1930 RANDALL AVENUE BRONX, NY 10473	NONE	501 (C)(3)	CHARITABLE	300
LAMBDA LEGAL PO BOX 5070 HAGERSTOWN, MD 21741	NONE	501 (C)(3)	CHARITABLE	250
LEARNING ALLY INC 20 ROSZEL ROAD PRINCETON, NJ 08540	NONE	501 (C)(3)	CHARITABLE	1,000
LENOX HILL NEIGHBORHOOD HOUSE 331 EAST 70TH STREET NEW YORK, NY 10021	NONE	501 (C)(3)	CHARITABLE	1,000
LIGHTHOUSE INTERNATIONAL PO BOX 17 NEW YORK, NY 10275	NONE	501 (C)(3)	CHARITABLE	500
LINCOLN CENTER FOR THE PERFORMING ARTS 70 LINCOLN CENTER PLAZA 9TH FLOOR NEW YORK, NY 10023	NONE	501 (C)(3)	CHARITABLE	5,000
<b>Total . . . . .</b>				282,400

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for 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)				
<b>a</b> <i>Paid during the year</i>				
LOWER EASTSIDE TENEMENT MUSEUM 91 ORCHARD STREET NEW YORK, NY 10002	NONE	501 (C)(3)	CHARITABLE	500
MACCABI USA PO BOX 96462 WASHINGTON, DC 20090	NONE	501 (C)(3)	CHARITABLE	500
MADD PO BOX 758521 TOPEKA, KS 66675	NONE	501 (C)(3)	CHARITABLE	500
MAKE A WISH FOUNDATION OF METRO NY 1111 MARCUS AVENUE SUITE LL22 LAKE SUCCESS, NY 11042	NONE	501 (C)(3)	CHARITABLE	1,000
MARCH OF DIMES PO BOX 8972 TOPEKA, KS 66608	NONE	501 (C)(3)	CHARITABLE	500
MCA EDUCATIONAL ACTIVITIES INC 722 DULANEY VALLEY ROAD TOWSON, MD 21204	NONE	501 (C)(3)	CHARITABLE	1,000
MEMORIAL & MUSEUM PO BOX 96126 WASHINGTON, DC 20090	NONE	501 (C)(3)	CHARITABLE	1,000
MEMORIAL SLOAN-KETTERING CANCER CENTER PO BOX 27105 NEW YORK, NY 10117	NONE	501 (C)(3)	CHARITABLE	2,500
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	NONE	501 (C)(3)	CHARITABLE	5,000
MHAUS PO BOX 1069 SHERBURNE, NY 13460	NONE	501 (C)(3)	CHARITABLE	1,000
MULTIPLE SCLEROSIS ASSOC OF AMERICA PO BOX 96219 WASHINGTON, DC 20090	NONE	501 (C)(3)	CHARITABLE	1,500
MUSCULAR DYSTROPHY ASSOCIATION PO BOX 78960 PHOENIX, AZ 85062	NONE	501 (C)(3)	CHARITABLE	1,000
MUSEUM AT ELDRIDGE STREET 12 ELDRIDGE STREET NEW YORK, NY 10002	NONE	501 (C)(3)	CHARITABLE	500
MUSEUM OF AMERICAN JEWISH HISTORY 101 SOUTH INDEPENDENCE MALL EAST PHILADELPHIA, PA 19106	NONE	501 (C)(3)	CHARITABLE	500
MUSEUM OF ARTS AND DESIGN 2 COLUMBUS CIRCLE NEW YORK, NY 10019	NONE	501 (C)(3)	CHARITABLE	2,000
<b>Total . . . . .</b>				<b>282,400</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for 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)				
<b>a</b> <i>Paid during the year</i>				
MUSEUM OF JEWISH HERITAGE 36 BATTERY PLACE NEW YORK, NY 10280	NONE	501 (C)(3)	CHARITABLE	500
MUSEUM OF THE CITY OF NEW YORK 1220 FIFTH AVENUE NEW YORK, NY 10029	NONE	501 (C)(3)	CHARITABLE	1,000
NATIONAL HEART COUNCIL PO BOX 1039 ENGLEWOOD, MD 21040	NONE	501 (C)(3)	CHARITABLE	1,000
NATIONAL OSTEOPOROSIS FOUNDATION 1150 17TH STREET NW SUITE 850 WASHINGTON, DC 20036	NONE	501 (C)(3)	CHARITABLE	500
NATIONAL PARKS CONSERVATION ASSOCIATION PO BOX 97202 WASHINGTON, DC 20077	NONE	501 (C)(3)	CHARITABLE	500
NATIONAL TRUST FOR HISTORIC PRESERVATION PO BOX 5043 HAGERSTOWN, MD 21741	NONE	501 (C)(3)	CHARITABLE	500
NATIONAL TRUST FOR HISTORIC PRESERVATION PO BOX 5043 HAGERSTOWN, MD 21741	NONE	501 (C)(3)	CHARITABLE	600
NEW VISIONS FOR PUBLIC SCHOOLS 320 WEST 13TH STREET NEW YORK, NY 10014	NONE	501 (C)(3)	CHARITABLE	500
NEW YORK CITY RESCUE MISSION PO BOX 275 CANAL STREET STATION NEW YORK, NY 10013	NONE	501 (C)(3)	CHARITABLE	500
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024	NONE	501 (C)(3)	CHARITABLE	500
NEW YORK PUBLIC LIBRARY 476 FIFTH AVENUE NEW YORK, NY 10138	NONE	501 (C)(3)	CHARITABLE	3,000
NEW YORK RESTORATION PROJECT 254 WEST 31ST STREET H10 NEW YORK, NY 10001	NONE	501 (C)(3)	CHARITABLE	1,250
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10112	NONE	501 (C)(3)	CHARITABLE	4,000
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10112	NONE	501 (C)(3)	CHARITABLE	3,000
NONTRADITIONAL EMPLOYMENT FOR WOMEN 243 WEST 20TH STREET NEW YORK, NY 10011	NONE	501 (C)(3)	CHARITABLE	500
<b>Total . . . . .</b>				282,400

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for 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)				
<b>a</b> <i>Paid during the year</i>				
NY WEILL CORNELL MEDICAL CENTER 525 EAST 68TH STREET NEW YORK, NY 10131	NONE	501 (C)(3)	CHARITABLE	1,000
NYC POLICE FOUNDATION INC 555 FIFTH AVENUE 15TH FLOOR NEW YORK, NY 10017	NONE	501 (C)(3)	CHARITABLE	7,500
NYC POLICE FOUNDATION INC 555 FIFTH AVENUE 15TH FLOOR NEW YORK, NY 10017	NONE	501 (C)(3)	CHARITABLE	7,500
ONEFAMILY FUND PO BOX 822732 PHILADELPHIA, PA 19182	NONE	501 (C)(3)	CHARITABLE	500
PARK AVENUE ARMORY 643 PARK AVENUE NEW YORK, NY 10065	NONE	501 (C)(3)	CHARITABLE	1,000
PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY STE 1509 NEW YORK, NY 10138	NONE	501 (C)(3)	CHARITABLE	750
PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY 1509 NEW YORK, NY 10138	NONE	501 (C)(3)	CHARITABLE	500
PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10138	NONE	501 (C)(3)	CHARITABLE	750
PLANNED PARENTHOOD OF NYC 26 BLEEKER STREET NEW YORK, NY 10012	NONE	501 (C)(3)	CHARITABLE	500
PROJECT HOPE PO BOX 96340 WASHINGTON, DC 20090	NONE	501 (C)(3)	CHARITABLE	350
PROSTATE CANCER FOUNDATION PO BOX 7015 ALBERT LEA, MN 56007	NONE	501 (C)(3)	CHARITABLE	2,500
RABIN MEDICAL CENTER 636 BROADWAY SUITE 218 NEW YORK, NY 10012	NONE	501 (C)(3)	CHARITABLE	1,000
REALTY FOUNDATION OF NY 551 FIFTH AVENUE SUITE 415 NEW YORK, NY 10176	NONE	501 (C)(3)	CHARITABLE	3,000
REALTY FOUNDATION OF NY 551 FIFTH AVENUE SUITE 415 NEW YORK, NY 10176	NONE	501 (C)(3)	CHARITABLE	2,000
RIVERSIDE SYMPHONY 225 WEST 99TH STREET NEW YORK, NY 10025	NONE	501 (C)(3)	CHARITABLE	1,000
<b>Total . . . . .</b>				282,400

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for 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)				
<b>a</b> <i>Paid during the year</i>				
RUBIN MUSEUM OF ART 150 WEST 17TH STREET NEW YORK, NY 10011	NONE	501 (C)(3)	CHARITABLE	1,500
SING FOR HOPE 575 EIGHTH AVENUE SUITE 1812 NEW YORK, NY 10018	NONE	501 (C)(3)	CHARITABLE	1,000
SOLOMON R GUGGENHEIM MUSEUM 1071 FIFTH AVENUE NEW YORK, NY 10128	NONE	501 (C)(3)	CHARITABLE	5,000
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36103	NONE	501 (C)(3)	CHARITABLE	1,000
SPECIAL OLYMPICS NEW YORK PO BOX 768 SCHENECTADY, NY 12301	NONE	501 (C)(3)	CHARITABLE	500
ST MICHAEL'S CHURCH 225 WEST 99TH STREET NEW YORK, NY 10025	NONE	501 (C)(3)	CHARITABLE	1,000
SYMPHONY SPACE 2537 BROADWAY NEW YORK, NY 10025	NONE	501 (C)(3)	CHARITABLE	2,500
THE ACTORS FUND 729 SEVENTH AVENUE FLOOR 10 NEW YORK, NY 10102	NONE	501 (C)(3)	CHARITABLE	1,000
THE ALPHA WORKSHOPS 245 WEST 29TH STREET FLOOR 14 NEW YORK, NY 10001	NONE	501 (C)(3)	CHARITABLE	250
THE ANIMAL MEDICAL CENTER 510 EAST 62ND STREET NEW YORK, NY 10065	NONE	501 (C)(3)	CHARITABLE	500
THE BOYS' CLUB OF NEW YORK 287 EAST 10TH STREET NEW YORK, NY 10009	NONE	501 (C)(3)	CHARITABLE	1,000
THE CARNEGIE HALL SOCIETY INC 881 SEVENTH AVENUE NEW YORK, NY 10019	NONE	501 (C)(3)	CHARITABLE	2,500
THE DOE FUND INC 232 EAST 84TH STREET NEW YORK, NY 10028	NONE	501 (C)(3)	CHARITABLE	1,000
THE FRESH AIR FUND 633 THIRD AVENUE 14TH FLOOR NEW YORK, NY 10017	NONE	501 (C)(3)	CHARITABLE	1,000
THE FRICK COLLECTION 1 EAST 70TH STREET NEW YORK, NY 10021	NONE	501 (C)(3)	CHARITABLE	2,500
<b>Total . . . . .</b>			<b>▶ 3a</b>	282,400

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for 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)				
<b>a</b> <i>Paid during the year</i>				
THE FUND FOR PARK AVENUE 445 PARK AVENUE SUITE 1000 NEW YORK, NY 10022	NONE	501 (C)(3)	CHARITABLE	5,000
THE JEWISH FOUNDATION FOR THE RIGHTEOUS 305 SEVENTH AVENUE 19TH FLOOR NEW YORK, NY 10001	NONE	501 (C)(3)	CHARITABLE	2,000
THE JEWISH MUSEUM 1109 FIFTH AVENUE NEW YORK, NY 10128	NONE	501 (C)(3)	CHARITABLE	3,000
THE LENOX LIBRARY 18 MAIN STREET LENOX, MA 02140	NONE	501 (C)(3)	CHARITABLE	500
THE METROPOLITAN OPERA PATRONS OFFICE LINCOLN CENTER NEW YORK, NY 10023	NONE	501 (C)(3)	CHARITABLE	10,000
THE MORGAN LIBRARY & MUSEUM 225 MADISON AVENUE NEW YORK, NY 10016	NONE	501 (C)(3)	CHARITABLE	2,000
THE MUSEUM OF MODERN ART PO BOX 3948 NEW YORK, NY 10008	NONE	501 (C)(3)	CHARITABLE	3,000
THE NATURE CONSERVANCY 322 EIGHTH AVENUE 16TH FLOOR NEW YORK, NY 10001	NONE	501 (C)(3)	CHARITABLE	500
THE NEW YORK BOTANICAL GARDEN 200TH STREET KAZIMIROFF BLVD BRONX, NY 10458	NONE	501 (C)(3)	CHARITABLE	1,500
THE USO PO BOX 96860 WASHINGTON, DC 20077	NONE	501 (C)(3)	CHARITABLE	500
THIRTEEN 825 EIGHTH AVENUE NEW YORK, NY 10019	NONE	501 (C)(3)	CHARITABLE	1,500
TREES NEW YORK 35 EAST 64TH STREET 3RD FLOOR NEW YORK, NY 10065	NONE	501 (C)(3)	CHARITABLE	1,750
UJA-FEDERATION OF NY PO BOX 4056 NEW YORK, NY 10261	NONE	501 (C)(3)	CHARITABLE	7,000
UJA-FEDERATION OF NY PO BOX 4056 NEW YORK, NY 10261	NONE	501 (C)(3)	CHARITABLE	10,000
UNION FOR REFORM JUDAISM 933 THIRD AVENUE NEW YORK, NY 10164	NONE	501 (C)(3)	CHARITABLE	1,000
<b>Total . . . . .</b>				<b>282,400</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for 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)				
<b>a</b> <i>Paid during the year</i>				
UNITED STATES HOLOCAUST MEMORIAL MUSEUM PO BOX 7022 ALBERT LEA, MN 56007	NONE	501 (C)(3)	CHARITABLE	450
UNITED STATES OLYMPIC COMMITTEE PO BOX 7010 ALBERT LEA, MN 56007	NONE	501 (C)(3)	CHARITABLE	5,000
URJRAC 2027 MASSACHUSETTES AVENUE NW WASHINGTON, DC 20036	NONE	501 (C)(3)	CHARITABLE	2,500
VISITING NURSE SERVICE OF NY PO BOX 6445 NEW YORK, NY 10277	NONE	501 (C)(3)	CHARITABLE	500
VITAL VOICES GLOBAL PARTNERSHIP 1625 MASS AVENUE NW SUITE 300 WASHINGTON, DC 20036	NONE	501 (C)(3)	CHARITABLE	5,000
WELLNESS FOUNDATION PO BOX 96070 WASHINGTON, DC 20077	NONE	501 (C)(3)	CHARITABLE	500
WHITNEY MUSEUM OF AMERICAN ART 945 MADISON AVENUE NEW YORK, NY 10131	NONE	501 (C)(3)	CHARITABLE	1,000
WNYC PO BOX 1550 NEW YORK, NY 10116	NONE	501 (C)(3)	CHARITABLE	1,200
WORLD JEWISH CONGRESS FOUNDATION PO BOX 90400 WASHINGTON, DC 20090	NONE	501 (C)(3)	CHARITABLE	7,000
WORLD JEWISH CONGRESS FOUNDATION PO BOX 90400 WASHINGTON, DC 20090	NONE	501 (C)(3)	CHARITABLE	5,000
WORLD WILDLIFE FUND 1250 TWENTY-FOURTH STREET NW WASHINGTON, DC 20077	NONE	501 (C)(3)	CHARITABLE	300
YOUNG PEOPLE'S LEADERSHIP FOUNDATION FDR STATION PO BOX 7764 NEW YORK, NY 10150	NONE	501 (C)(3)	CHARITABLE	5,000
BANK ST COLLEGE OF EDUCATION ANNUAL FUND 610 WEST 112TH ST NEW YORK, NY 10025	NONE	501 (C)(3)	CHARITABLE	1,000
REALTY FOUNDATION OF NY 551 FIFTH AVENUE SUITE 415 NEW YORK, NY 10176	NONE	501 (C)(3)	CHARITABLE	5,000
ST JUDE'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	501 (C)(3)	CHARITABLE	2,500
<b>Total . . . . .</b>				282,400

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

**Schedule of Contributors**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990, 990-EZ, or 990-PF.**  
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Name of the organization**

THE KANDELL FUND

**Employer identification number**

13-6117648

**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**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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 for 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 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 does 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Name of organization**  
THE KANDELL FUND

**Employer identification number**  
13-6117648

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALICE KANDELL 130 E 75TH STREET NY, NY 10021	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	ANDREW JOSEPH C/O DIGBY MGMT 59 E 54TH STREET NY, NY 10022	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3	BENJAMIN JOSEPH C/O DIGBY MGMT 59 E 54TH STREET NY, NY 10022	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
4	CYNTHIA MARVELL BROWN C/O DIGBY MGMT 59 E 54TH STREET NY, NY 10022	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
5	LESLIE KANDELL 395 RIVERSIDE DRIVE NY, NY 10025	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization  
THE KANDELL FUND

Employer identification number  
13-6117648

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization  
THE KANDELL FUND

Employer identification number  
13-6117648

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry  
For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions.) \$  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

## TY 2013 Accounting Fees Schedule

**Name:** THE KANDELL FUND

**EIN:** 13-6117648

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,000	500	0	1,500

## TY 2013 Other Expenses Schedule

**Name:** THE KANDELL FUND

**EIN:** 13-6117648

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS ATTORNEY GENERAL - FILING FEE	50	0	0	50

## TY 2013 Other Increases Schedule

**Name:** THE KANDELL FUND

**EIN:** 13-6117648

Description	Amount
PRIOR YEAR CHECK VOIDED IN 2013	100