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Form 990-PF

Return of Private Foundation

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

Name of foundation THE KANDELL FUND
A Employer identification number 13-6117648
B Telephone number (see instructions) (212) 755-3063
C If exemption application is pending, check here
G Check all that apply
H Check type of organization
I Fair market value of all assets at end of year
J Accounting method

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), ending with Excess of revenue over expenses and disbursements (-30,278).

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

<b>Part II Balance Sheets</b>		Beginning of year			End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	(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 . . . . .	124,309	94,031	94,031		
	<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</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	124,309	94,031	94,031			
<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</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	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	-161,135	-191,413				
<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	124,309	94,031				
<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	124,309	94,031				

**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>	124,309
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-30,278
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	94,031
<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>	94,031

**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 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))
2013	284,085	145,742	1.949232
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

<b>2</b>	Total of line 1, column (d).	<b>2</b>	9.281918
<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	<b>3</b>	1.856384
<b>4</b>	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	<b>4</b>	103,279
<b>5</b>	Multiply line 4 by line 3.	<b>5</b>	191,725
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>	0
<b>7</b>	Add lines 5 and 6.	<b>7</b>	191,725
<b>8</b>	Enter qualifying distributions from Part XII, line 4.	<b>8</b>	269,890

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)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	0
<b>c</b>	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	<b>5</b>	0
<b>6</b>	Credits/Payments		
<b>a</b>	2014 estimated tax payments and 2013 overpayment credited to 2014	<b>6a</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments Add lines 6a through 6d. . . . .	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ <u>0</u> <b>(2)</b> On foundation managers <input type="checkbox"/> \$ <u>0</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ <u>0</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>		No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NY _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	Yes	
<b>9</b> 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .		No

**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 2014, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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>1b</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 instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>		
<b>1c</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 2014?	<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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <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 2014 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 2014.</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 2014?	<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 4945(d)(4)(A)? (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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 checked="" type="checkbox"/> No 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<b>5b</b>		
	<b>6b</b>		<b>No</b>
	<b>7b</b>		

**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 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>	104,852
<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>	104,852
<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>	104,852
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	1,573
<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>	103,279
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	5,164

**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>	5,164
<b>2a</b>	Tax on investment income for 2014 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2014 (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>	5,164
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	5,164
<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>	5,164

**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>	269,890
<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>	269,890
<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>	269,890

**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 2013	(c) 2013	(d) 2014
<b>1</b> Distributable amount for 2014 from Part XI, line 7				5,164
<b>2</b> Undistributed income, if any, as of the end of 2014				
<b>a</b> Enter amount for 2013 only. . . . .			0	
<b>b</b> Total for prior years 20__ , 20__ , 20__		0		
<b>3</b> Excess distributions carryover, if any, to 2014				
<b>a</b> From 2009. . . . .	544,269			
<b>b</b> From 2010. . . . .	405,018			
<b>c</b> From 2011. . . . .	327,495			
<b>d</b> From 2012. . . . .	271,776			
<b>e</b> From 2013. . . . .	276,698			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	1,825,256			
<b>4</b> Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ <u>269,890</u>				
<b>a</b> Applied to 2013, 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 2014 distributable amount. . . . .				5,164
<b>e</b> Remaining amount distributed out of corpus	264,726			
<b>5</b> Excess distributions carryover applied to 2014 <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	2,089,982			
<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 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				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) (Election may be required - see instructions) . . . . .	0			
<b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .	544,269			
<b>9 Excess distributions carryover to 2015.</b> Subtract lines 7 and 8 from line 6a . . . . .	1,545,713			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2010. . . . .	405,018			
<b>b</b> Excess from 2011. . . . .	327,495			
<b>c</b> Excess from 2012. . . . .	271,776			
<b>d</b> Excess from 2013. . . . .	276,698			
<b>e</b> Excess from 2014. . . . .	264,726			

**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 2014, 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			<b>(e) Total</b>
	<b>(a) 2014</b>	<b>(b) 2013</b>	<b>(c) 2012</b>	<b>(d) 2011</b>	
<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 or email address of the person to whom applications should be addressed

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**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> 268,200
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>▶ 3b</b> 0





**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 AVE NEW YORK, NY 10128	NONE	501 (C)(3)	CHARITABLE	1,000
AARP FOUNDATION 601 E STREET NW WASHINGTON, DC 20049	NONE	501 (C)(3)	CHARITABLE	250
ALZHEIMER'S ASSOCIATION PO BOX 96011 WASHINGTON, DC 20090	NONE	501 (C)(3)	CHARITABLE	3,500
AMERICAN CANCER SOCIETY MANHATTAN OFFICE NEW YORK, NY 101010910	NONE	501 (C)(3)	CHARITABLE	3,000
AMERICAN FOLK ART MUSEUM 49 EAST 52ND STREET NEW YORK, NY 100225905	NONE	501 (C)(3)	CHARITABLE	1,000
AMERICAN FRIENDS OF HEBREW UNIVERSITY PO BOX 2035 NEW YORK, NY 100210051	NONE	501 (C)(3)	CHARITABLE	500
AMERICAN HEART ASSOCIATION PO BOX 1 UNION ST 301 ROBBINSVILLE, NJ 086914183	NONE	501 (C)(3)	CHARITABLE	2,500
AMERICAN JEWISH COMMITTEE PO BOX 170800 MILWAUKEE, WI 53217	NONE	501 (C)(3)	CHARITABLE	3,000
AMERICAN LUNG ASSOCIATION PO BOX 7000 ALBERT LEA, MN 560078000	NONE	501 (C)(3)	CHARITABLE	1,000
AMERICAN MUSEUM OF NATURAL HISTORY 15 WEST 77TH STREET NEW YORK, NY 101320013	NONE	501 (C)(3)	CHARITABLE	5,000
AMERICAN RED CROSS PO BOX 4002018 DES MOINES, IA 505402018	NONE	501 (C)(3)	CHARITABLE	1,500
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 069070921	NONE	501 (C)(3)	CHARITABLE	500
ANTI DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 101583560	NONE	501 (C)(3)	CHARITABLE	1,000
ANTI DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 101583560	NONE	501 (C)(3)	CHARITABLE	1,000
ARIEL'S LEGACY C/O LYNN E TESHER 219 E 69TH STREET SUITE 11E NEW YORK, NY 10021	NONE	501 (C)(3)	CHARITABLE	1,000
<b>Total . . . . .</b>				268,200

**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>				
ARTHUR M SACKLER GALLERY SMITHSONIAN 1050 INDEPENDENCE AVE SW PO BOX 37012 MCR 707 WASHINGTON,DC 200137012	NONE	501 (C)(3)	CHARITABLE	20,000
BANK STREET EDUCATIONAL ANNUAL FUND 610 W 112TH ST OFFICE OF INSTITUTIO AL ADVANCEMENT NEW YORK,NY 10025	NONE	501 (C)(3)	CHARITABLE	1,000
BEN-GURION UNIVERSITY OF THE NEGEV 1001 AVE OF THE AMERICAS 19TH FL NEW YORK,NY 100185460	NONE	501 (C)(3)	CHARITABLE	1,000
BERKSHIRE THEATRE GROUP 111 SOUTH STREET PITTSFIELD,MA 01201	NONE	501 (C)(3)	CHARITABLE	4,000
BERKSHIRE THEATRE GROUP 111 SOUTH STREET PITTSFIELD,MA 01201	NONE	501 (C)(3)	CHARITABLE	7,000
BIDE A WEE 410 EAST 38TH ST NEW YORK,NY 10016	NONE	501 (C)(3)	CHARITABLE	350
B'NAI BRITH INTERNATIONAL 1640 RHODE ISLAND AVE NW WASHINGTON,DC 20036	NONE	501 (C)(3)	CHARITABLE	1,500
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVE BOSTON,MA 021154511	NONE	501 (C)(3)	CHARITABLE	10,000
BROOKLYN MUSEUM 200 EASTERN PARKWAY BROOKLYN,NY 112389982	NONE	501 (C)(3)	CHARITABLE	1,000
CALVARY FUND INC 1740 EASTCHESTER ROAD BRONX,NY 10461	NONE	501 (C)(3)	CHARITABLE	500
CAMERA PO BOX 35040 BOSTON,MA 02135	NONE	501 (C)(3)	CHARITABLE	500
CANCER CARE 275 SEVENTH AVE FLR 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
CITY & COUNTRY SCHOOL 146 WEST 13TH STREET NEW YORK,NY 10011	NONE	501 (C)(3)	CHARITABLE	1,000
CITY HARVEST 575 EIGHTH AVENUE 4TH FLR NEW YORK,NY 100183069	NONE	501 (C)(3)	CHARITABLE	2,500
<b>Total . . . . .</b>				268,200

**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>				
COALITION FOR THE HOMELESS 129 FULTON STREET NEW YORK, NY 10038	NONE	501 (C)(3)	CHARITABLE	500
COMPASSIONATE FRIENDS NYC CHAPTER 370 FIRST AVENUE NEW YORK, NY 10010	NONE	501 (C)(3)	CHARITABLE	1,000
COMPASSIONATE FRIENDS NYC CHAPTER 370 FIRST AVENUE NEW YORK, NY 10010	NONE	501 (C)(3)	CHARITABLE	1,000
COVENANT HOUSE TIMES SQUARE STATION NEW YORK, NY 101080900	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 2ND FLOOR NEW YORK, NY 10001	NONE	501 (C)(3)	CHARITABLE	500
ELLIS ISLAND 17 BATTERY PLACE SUITE 210 NEW YORK, NY 100043507	NONE	501 (C)(3)	CHARITABLE	1,000
FEED THE CHILDREN PO BOX 16 OKLAHOMA CITY, OK 731010036	NONE	501 (C)(3)	CHARITABLE	1,000
FOOD BANK FOR NEW YORK CITY 355 FOOD CENTER DRIVE BRONX, NY 104749939	NONE	501 (C)(3)	CHARITABLE	1,000
FRIENDS OF HIGH LINE 529 WEST 20TH STREET SUITE 8W NEW YORK, NY 100112800	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
GMHC 119 WEST 24 STREET NEW YORK, NY 10011	NONE	501 (C)(3)	CHARITABLE	500
GOOD SHEPHERD SERVICES 305 SEVENTH AVENUE NEW YORK, NY 10001	NONE	501 (C)(3)	CHARITABLE	200
HABITAT FOR HUMANITY 111 JOHN STREET 23RD FLR NEW YORK, NY 100383109	NONE	501 (C)(3)	CHARITABLE	1,000
HELEN KELLER INTERNATIONAL 352 PARK AVENUE SOUTH STE 1200 NEW YORK, NY 10010	NONE	501 (C)(3)	CHARITABLE	500
<b>Total . . . . .</b>			<b>▶ 3a</b>	268,200

**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>				
HILLEL 800 EIGHTH STREET NW WASHINGTON,DC 200013724	NONE	501 (C)(3)	CHARITABLE	1,000
HISTORIC HOUSE TRUST OF NYC 830 5TH AVE RM 203 NEW YORK,NY 101310069	NONE	501 (C)(3)	CHARITABLE	1,000
HOSPITAL FOR SPECIAL SURGERY PO BOX 30610 NEW YORK,NY 100870610	NONE	501 (C)(3)	CHARITABLE	1,000
HUMANE SOCIETY OF NYC 306 E 59TH STREET NEW YORK,NY 10022	NONE	501 (C)(3)	CHARITABLE	300
JAMES LENOX HOUSE ASSOCIATION INC 49 EAST 73RD STREET NEW YORK,NY 10021	NONE	501 (C)(3)	CHARITABLE	500
JEWISH BRAILLE INSTITUTE 110 E 30TH STREET NEW YORK,NY 100167375	NONE	501 (C)(3)	CHARITABLE	500
JEWISH FOUNDATION FOR THE RIGHTEOUS 480 PARK AVENUE NEW YORK,NY 10022	NONE	501 (C)(3)	CHARITABLE	2,000
JEWISH NATIONAL FUND 42 EAST 69TH ST NEW YORK,NY 10021	NONE	501 (C)(3)	CHARITABLE	1,000
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 RANDELL AVENUE BRONX,NY 10473	NONE	501 (C)(3)	CHARITABLE	300
LEARNING ALLY INC 20 ROSZEL ROAD PRINCETON,NJ 085409983	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 102750430	NONE	501 (C)(3)	CHARITABLE	500
LINCOLN CENTER FOR PERFORMING 70 LINCOLN CENTER PLAZA 9TH FL NEW YORK,NY 100236585	NONE	501 (C)(3)	CHARITABLE	5,000
LOWER EAST SIDE TENEMENT MUSEUM 91 ORCHARD STREET NEW YORK,NY 10002	NONE	501 (C)(3)	CHARITABLE	500
<b>Total . . . . .</b>				268,200

**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>				
MACCABI USA 1926 ARCH STREET 4R PHILADELPHIA,PA 19103	NONE	501 (C)(3)	CHARITABLE	500
MADD 511 EJOHN CARPENTER FREEWAY STE 700 IRVING,TX 75062	NONE	501 (C)(3)	CHARITABLE	500
MAKE A WISH FOUNDATION OF METRO 1111 MARCUS AVE STE LL22 LAKE SUCESS,NY 11042	NONE	501 (C)(3)	CHARITABLE	1,000
MARCH OF DIMES PO BOX 8972 TOPEKA,KS 666088972	NONE	501 (C)(3)	CHARITABLE	500
MEMORIAL SLOAN KETTERING CANCER CENTER PO BOX 27105 NEWYORK,NY 101172504	NONE	501 (C)(3)	CHARITABLE	2,500
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVE NEWYORK,NY 100280198	NONE	501 (C)(3)	CHARITABLE	13,000
MHAUS PO BOX 1069 SHERBURNE,NY 134601069	NONE	501 (C)(3)	CHARITABLE	1,000
MULTIPLE SCLEROSIS ASSOCIATION PO BOX 96219 WASHINGTON,DC 200906219	NONE	501 (C)(3)	CHARITABLE	1,500
MUSCULAR DYSTROPHY ASSOCIATION 3300 EAST SUNRISE DRIVE TUCSON,AZ 857183299	NONE	501 (C)(3)	CHARITABLE	1,000
MUSEUM AT ELDRIDGE STREET 12 ELDRIDGE STREET NEWYORK,NY 10002	NONE	501 (C)(3)	CHARITABLE	500
MUSEUM OF AMER JEWISH HISTORY 101 S INDEPENDENCE MALL EAST PHILADELPHIA,PA 191062515	NONE	501 (C)(3)	CHARITABLE	500
MUSEUM OF ARTS DESIGN 2 COLUMBUS CIRCLE NEWYORK,NY 100191800	NONE	501 (C)(3)	CHARITABLE	2,000
MUSEUM OF JEWISH HERITAGE 36 BATTERY PLACE NEWYORK,NY 10004	NONE	501 (C)(3)	CHARITABLE	500
MUSEUM OF THE CITY OF NEW YORK 1220 FIFTH AVENUE NEWYORK,NY 10029	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
<b>Total . . . . .</b>				268,200

**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>				
NATIONAL PARKS CONSERVATION ASSOCIATION 777 6TH ST NW SUITE 700 WASHINGTON,DC 200013723	NONE	501 (C)(3)	CHARITABLE	500
NATIONAL TRUST FOR HISTORIC PRESERVATION 1785 MASSACHUSETTS AVENUE NW WASHINGTON,DC 20036	NONE	501 (C)(3)	CHARITABLE	500
NATIONAL TRUST FOR HISTORIC PRESERVATION 1785 MASSACHUSETTS AVENUE NW WASHINGTON,DC 20036	NONE	501 (C)(3)	CHARITABLE	600
NEW MUSIC USA INC 90 JOHN STREET 312 NEW YORK,NY 10038	NONE	501 (C)(3)	CHARITABLE	1,000
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK,NY 10024	NONE	501 (C)(3)	CHARITABLE	500
NEW YORK RESTORATION PROJECT 254 WEST 31ST STREET FLR 10 NEW YORK,NY 100212813	NONE	501 (C)(3)	CHARITABLE	1,250
NEW YORK UNIVERSITY 726 BROADWAY 2ND FLR NEW YORK,NY 100039580	NONE	501 (C)(3)	CHARITABLE	4,000
NEW YORK UNIVERSITY 726 BROADWAY 2ND FLR NEW YORK,NY 100039580	NONE	501 (C)(3)	CHARITABLE	3,000
NON TRADITONAL EMPLOYMENT FOR WOMEN 243 W 20TH STREET NEW YORK,NY 10011	NONE	501 (C)(3)	CHARITABLE	500
NON TRADITONAL EMPLOYMENT FOR WOMEN 243 W 20TH STREET NEW YORK,NY 10011	NONE	501 (C)(3)	CHARITABLE	500
NY WEILL CORNELL MEDICAL CENTER 525 E 68TH STREET NEW YORK,NY 101310051	NONE	501 (C)(3)	CHARITABLE	1,000
NYC POLICE FOUNDATION 555 FIFTH AVE 15TH FLOOR NEW YORK,NY 10017	NONE	501 (C)(3)	CHARITABLE	7,500
NYC POLICE FOUNDATION 555 FIFTH AVE 15TH FLOOR NEW YORK,NY 10017	NONE	501 (C)(3)	CHARITABLE	7,500
PARK AVENUE ARMORY 643 PARK AVE NEW YORK,NY 10065	NONE	501 (C)(3)	CHARITABLE	1,000
PARKINSONS DISEASE FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK,NY 10018	NONE	501 (C)(3)	CHARITABLE	500
<b>Total . . . . .</b>				268,200
<b>3a</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>				
PARKINSONS DISEASE FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	501 (C)(3)	CHARITABLE	750
PLANNED PARENTHOOD OF NEW YORK CITY 26 BLEECKER STREET NEW YORK, NY 100122413	NONE	501 (C)(3)	CHARITABLE	500
PROJECT HOPE 255 CARTER HALL LANE MILWOOD, VA 22646	NONE	501 (C)(3)	CHARITABLE	350
PROSTATE CANCER FOUNDATION PO BOX 7015 ALBERT LEA, MN 560078015	NONE	501 (C)(3)	CHARITABLE	2,500
REALTY FOUNDATION OF NY 551 FIFTH AVENUE SUITE 415 NEW YORK, NY 101760166	NONE	501 (C)(3)	CHARITABLE	6,000
RIVERSIDE SYMPHONY 225 WEST 99TH ST NEW YORK, NY 100255014	NONE	501 (C)(3)	CHARITABLE	1,000
SEPT 11 MEMORIAL & MUSEUM PO BOX 96126 WASHINGTON, DC 200906126	NONE	501 (C)(3)	CHARITABLE	1,000
SHARE OUR STRENGTH PO BOX 75475 BALTIMORE, MD 212755475	NONE	501 (C)(3)	CHARITABLE	500
SOLOMON R GUGGENHEIM MUSEUM 1071 FIFTH AVE NEW YORK, NY 10128	NONE	501 (C)(3)	CHARITABLE	5,000
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 141035632	NONE	501 (C)(3)	CHARITABLE	1,000
SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 123042290	NONE	501 (C)(3)	CHARITABLE	500
ST JUDES CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	501 (C)(3)	CHARITABLE	2,500
SYMPHONY SPACE 2537 BROADWAY NEW YORK, NY 10025	NONE	501 (C)(3)	CHARITABLE	2,500
THE ACTORS FUND 729 SEVENTH AVENUE 10TH FLOOR NEW YORK, NY 200906126	NONE	501 (C)(3)	CHARITABLE	1,000
THE ANIMAL MEDICAL CENTER 510 E 62ND ST NEW YORK, NY 10065	NONE	501 (C)(3)	CHARITABLE	500
<b>Total . . . . .</b>				268,200

**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 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 AVE NEW YORK, NY 10019	NONE	501 (C)(3)	CHARITABLE	2,500
THE DOE FUND 232 EAST 84TH STREET NEW YORK, NY 10028	NONE	501 (C)(3)	CHARITABLE	1,000
THE EDUCATIONAL FUND OF THE WOMEN'S FORUM 59 E 54TH STREET SUITE 81 NEW YORK, NY 10022	NONE	501 (C)(3)	CHARITABLE	500
THE FOUNDATION OF AIDS RESEARCH PO BOX 96635 WASHINGTON, DC 200906635	NONE	501 (C)(3)	CHARITABLE	500
THE FRESH AIR FUND 633 THIRD AVE 14TH FLR 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
THE FUND FOR PARK AVE 445 PARK AVENUE SUITE 1000 NEW YORK, NY 10022	NONE	501 (C)(3)	CHARITABLE	5,000
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 012402310	NONE	501 (C)(3)	CHARITABLE	500
THE METROPOLITAN OPERA LINCOLN CENTER NEW YORK, NY 10023	NONE	501 (C)(3)	CHARITABLE	10,000
THE MORGAN LIBRARY 225 MADISON AVE NEW YORK, NY 10016	NONE	501 (C)(3)	CHARITABLE	2,000
THE MUSEUM OF MODERN ART PO BOX 3948 NEW YORK, NY 100083948	NONE	501 (C)(3)	CHARITABLE	3,000
THE NEW YORK BOTANICAL GARDEN 200TH STREET KAZIMOFF BRONX, NY 104585126	NONE	501 (C)(3)	CHARITABLE	1,500
THE NEW YORK POPS 333 W 52ND STREET SUITE 600 NEW YORK, NY 100196238	NONE	501 (C)(3)	CHARITABLE	1,000
<b>Total . . . . .</b>				268,200

**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 USO PO BOX 96860 WASHINGTON,DC 200777677	NONE	501 (C)(3)	CHARITABLE	500
THIRTEEN ASSOCIATES 450 WEST 33RD STREET NEW YORK,NY 100012605	NONE	501 (C)(3)	CHARITABLE	1,500
UJA FEDERATION OF NEW YORK PO BOX 4056 NEW YORK,NY 102614056	NONE	501 (C)(3)	CHARITABLE	7,000
UJA FEDERATION OF NEW YORK PO BOX 4056 NEW YORK,NY 102614056	NONE	501 (C)(3)	CHARITABLE	1,000
UJA FEDERATION OF NEW YORK PO BOX 4056 NEW YORK,NY 102614056	NONE	501 (C)(3)	CHARITABLE	10,000
UNION FOR REFORM JUDAISM 633 THIRD AVENUE NEW YORK,NY 10017	NONE	501 (C)(3)	CHARITABLE	1,000
UNITED STATES HOLOCAUST MEMORIAL MUSEUM POBOX 7022 ALBERT LEA,MN 560078022	NONE	501 (C)(3)	CHARITABLE	450
UNITED STATES OLYMPIC COMMITTEE PO BOX 7010 ALBERT LEA,MN 560078010	NONE	501 (C)(3)	CHARITABLE	5,000
URJRAC 2027 MASSACHUSETTS AVE NW WASHINGTON,DC 20036	NONE	501 (C)(3)	CHARITABLE	2,500
VITAL VOICES GLOBAL PARTNERSHIP 1625 MASSACHUSETTS AVE NW SUITE 850 WASHINGTON,DC 20036	NONE	501 (C)(3)	CHARITABLE	1,200
WHITNEY MUSEUM OF AMERICAN ART 945 MADISON AVE NEW YORK,NY 10131	NONE	501 (C)(3)	CHARITABLE	1,000
WNYC 160 VARICK STREET NEW YORK,NY 10013	NONE	501 (C)(3)	CHARITABLE	2,000
WORLD JEWISH CONGRESS PO BOX 90400 WASHINGTON,DC 200900400	NONE	501 (C)(3)	CHARITABLE	5,000
WORLD WILDLIFE FUND 1250 TWENTY-FOURTH ST NW WASHINGTON,DC 20090	NONE	501 (C)(3)	CHARITABLE	300
YOUNG PEOPLE'S LEADERSHIP FOUNDATION FDR STATION PO BOX 7764 NEW YORK,NY 101507764	NONE	501 (C)(3)	CHARITABLE	5,000
<b>Total . . . . .</b>				268,200

**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.**

**2014**

**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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 990PF, 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	\$ 90,000	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 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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 2014 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 2014 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