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Form 990-PF

EXTENDED THROUGH 11/15/16 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.

Department of the 17easury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2015 or tax year beginning and ending Name of foundation A Employer identification number THE GIANTS FOUNDATION, INC. C/O JOHN K. MARA 22-3183916 Number and street (or P O box number if mail is not delivered to street address) Room/suite **B** Telephone number 1925 GIANTS DRIVE 201-935-8111 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here EAST RUTHERFORD, NJ 07073 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 230, 677. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) aritable purpos expenses per books income income (cash basis only) 437,143 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 25 25 STATEMENT Dividends and interest from securities SCANNED NOV 17 5a Gross rents b Net rental income or (loss) 62 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Ö (0) 0. Capital gain net income (from Part IV, line 2) Net short-term capital gain OGDEN. UT Income modifications Gross sales less returns and allowances D Less Cost of goods sold c Gross profit or (loss) 11 Other income -4.3690. STATEMENT 432,799 25 Total. Add lines 1 through 11 0 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 11,528 11,528. **b** Accounting fees c Other professional fees Operating and Administrative 17 Interest 250 0 STMT 4 250. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 5<u>68</u> 568. STMT 5 0 23 Other expenses 24 Total operating and administrative 12,346. 12,346 0 expenses. Add lines 13 through 23 395,000 395,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 407,346 407,346. 0 Add lines 24 and 25 27 Subtract line 26 from line 12: 25,453 2 Excess of revenue over expenses and disbursements 25. b Net investment income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-)

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N/A

1 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Paggange part included in line 2 (itemize) ▶ 5 Paggange part included in line 2 (itemize) ▶

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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Part IV	Capital Gains a	and Lo	sses for Tax on In	vestment	Income						
			nd(s) of property sold (e.g. or common stock, 200 shs			(b) D	How ac - Purcl - Dona	quired (d hase ation	Date ac (mo., day		(d) Date sold (mo., day, yr.)
1a ·											
b	NOI	NE				ļ					
<u>c</u>			<u></u>								
_d						Ļ					
<u>e</u>							_				
(e)	Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					n or (loss) (f) minus (
<u>a</u>											
<u>b</u>							_				
<u>d</u>		_					-		_		
Comple	ate only for accets chowing	0 0310 10	column (h) and owned by t	he foundation	on 12/31/69			(1) (Poino (Co	/h) aain	minus
Соль	ste only for assets showing				cess of col. (i)					l. (h) gaın ot less thaı	
(i) F.I	VI.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		col. (j), if any				Lösses (f	rom col. (h))
<u>a</u>											
<u>b</u>											
<u>d</u>											
_e											
2 Capital (gain net income or (net ca	pıtal loss	If gain, also enter If (loss), enter -0-	ın Part I, line - ın Part I, line	7 7	}	2				
3 Net sho	rt-term capital gain or (los	s) as def	ined in sections 1222(5) an	d (6):		_					
If gain, a	also enter in Part I, line 8, o , enter -0- in Part I, line 8	•		, ,		}	3				
		nder S	Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inco	me		
Was the for	foundation does not quali	ion 4942 ify under	tax on the distributable am section 4940(e). Do not co mn for each year; see the ir	mplete this pa	ırt.						Yes X No
I Cillei II	(a)	acii colu		istructions be	Tore making any e				·		(d)
Calendar	Base periód years year (or tax year beginnir	ng in)	Adjusted qualifying dist		Net value of no	(c) ncha	rıtable-			col. (b) div	oution ratio rided by col. (c))
				9,317.				4,721.			1.813130
	2013			1,498.				<u>9,300.</u>			1.610501
	2012			0,363.	**			$\frac{3,021}{4,027}$			1.536965
	2011			0,096.				<u>4,837.</u>			1.311057
	2010	1	<u>4</u> /	1,617.				<u>3,054.</u>	 		.822989
	line 1, column (d)	S-voor ho	se period - divide the total o	on line 2 by 5	or by the number	ofw	are		2		7.094642
•	dation has been in exister	-	•	лт шіс 2 Uy Э ,	or by the Humber	ui yt	.a. 3		3		1.418928
4 Enter th	e net value of noncharitab	le-use as	sets for 2015 from Part X,	line 5					4		252,937.
5 Multiply	line 4 by line 3			•					5		358,899.
6 Enter 19	% of net investment incom	ne (1% of	Part I, line 27b)						6		0.
7 Add line	es 5 and 6								7		358,899.
8 Enter qu	ualifying distributions from	n Part XII	, line 4						8		407,346.
	is equal to or greater than Part VI instructions.	line 7, cl	heck the box in Part VI, line	1b, and comp	olete that part usir	ıg a 1	1% tax	rate.			
523521 11-2	24-15					_				,	Form 990-PF (2015

THE GIANTS FOUNDATION, INC.

	1990-PF (2015) C/O JOHN K. MARA 22-318 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se			Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			0.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u>0.</u>
6	Credits/Payments:			
	2015 estimated tax payments and 2014 overpayment credited to 2015			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c			
	Backup withholding erroneously withheld Ed Gd Ed The state of t			_
_	Total credits and payments. Add lines 6a through 6d			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	.		0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ► Refunded ► 11 Int VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	-	Yes	No
,,,	any political campaign?	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1.0		
	distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	"		
Ī	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		_X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1		
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	_6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	_		
	NJ	_		
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)	8b	Х	
	of each state as required by General Instruction G? If "No," attach explanation			<u> </u>
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	-	X
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	<u> </u>	<u>X</u>

X

3Ь

4a

Yes X No

N/A

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

b If "Yes," did it have excess business holdings in 2015 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? (Use Schedule C.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

during the year?

THE GIANTS FOUNDATION, INC. Form 990-PF (2015) C/O JOHN K. MARA 22-3183916 Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 🗌 Yes 🗶 No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any 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)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No expenditure responsibility for the grant? N/AIf "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b. If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b 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. (d) Contributions to employee benefit plans and deferred (c) Compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (a) Name and address (If not paid, compensation enter -0-) allowances LAURIE TISCH CHAIRMAN OF BOARD OF TRUST LOEWS CORP, 655 MADISON AVENUE NEW YORK, NY 10021 0.00 0 0 0. JONATHAN TISCH VICE PRESIDENT LOEWS CORP, 655 MADISON AVENUE NEW YORK, NY 10021 0.00 0 0 0. JOHN K. MARA PRESIDENT 1925 GIANTS DRIVE EAST RUTHERFORD, NJ 07073 0.00 0 0 0. SECRETARY & TREASURER FRANCIS X. MARA 1925 GIANTS DRIVE EAST RUTHERFORD, NJ 07073 0.00 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation allowances NONE

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

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must	complete this part. Foreign four	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc	., purposes:		
a	Average monthly fair market value of securities		1a	0.
b	Average of monthly cash balances		1b	0. 256,789.
C	Fair market value of all other assets		1c	
đ	Total (add lines 1a, b, and c)		1d	256,789.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	256,789.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	nstructions)	4	3,852.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part	V, line 4	5	252,937.
6_	Minimum investment return Enter 5% of line 5		6	12,647.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(foreign organizations check here	(5) private operating foundations ar	nd certain	
1	Minimum investment return from Part X, line 6	,	1	12,647.
2a	Tax on investment income for 2015 from Part VI, line 5			
b	Income tax for 2015. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		20	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	12,647.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	12,647.
6	Deduction from distributable amount (see instructions)		6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	line 1	7	12,647.
P	Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	:		405 246
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	407,346.
Ь	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, et	c., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
b	·· ,		3b	105.016
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Pa		4	407,346.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investme	nt		•
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	407,346.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when a	calculating whether the foundation (qualifies for th	e section

4940(e) reduction of tax in those years.

Part XIII .Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				12,647.
<u> </u>				12,047.
2 Undistributed income, if any, as of the end of 2015			0.	
a Enter amount for 2014 only			U•	
b Total for prior years:		۱ ،		
3 Excess distributions carryover, if any, to 2015:		0.		<u> </u>
a From 2010 442,965.				
b From 2011 548,354.				
c From 2012 435,712.			İ	
d From 2013 389,033.				
e From 2014 378,581.				
f Total of lines 3a through e	2,194,645.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 407,346.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				····
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				12,647.
e Remaining amount distributed out of corpus	394,699.			<u> </u>
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u></u>
6 Enter the net total of each column as indicated below:			,	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,589,344.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c 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.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				,
lines 4d and 5 from line 1. This amount must			İ	
be distributed in 2016				0.
7 Amounts treated as distributions out of	·			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
	0.			
may be required - see instructions)		· -		
8 Excess distributions carryover from 2010	442 065			
not applied on line 5 or line 7	442,965.			
9 Excess distributions carryover to 2016	0 146 353			
Subtract lines 7 and 8 from line 6a	2,146,379.			
10 Analysis of line 9:				
a Excess from 2011 548, 354.				
b Excess from 2012 435,712.				
c Excess from 2013 389,033.				
d Excess from 2014 378,581.				
e Excess from 2015 394,699.			[, <u>.</u>	

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Part XV | Supplementary Information (continued)

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Part XV	Supplementary Information	(continued)			_
3 Grants	and Contributions Paid During the	ear or Approved for Future	Payment		
•	Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Nan	ne and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid d	lunng the year				
180 TURNI	NG LIVES AROUND, INC.	N/A	PUBLICLY	GENERAL PURPOSES	
1 BETHANY	ROAD, BUILDING 3, SUITE 42		SUPPORTED	ŀ	
HAZLET, N	J 07730				2,500.
A LITTLE	EASIER RECOVERY	N/A	PUBLICLY	GENERAL PURPOSES	
43 HIGH S	TREET SUITE 120		SUPPORTED		
ANDOVER, 1	MA_01845				10,000.
A PARTNER	SHIP FOR CHANGE, INC.	N/A	PUBLICLY	GENERAL PURPOSES	
419 BERGE	N BOULEVARD		SUPPORTED		
ORADELL, 1	NJ 07649				2,500.
ADLER APH	ASIA CENTER	N/A	PUBLICLY	GENERAL PURPOSES	
60 WEST H	UNTER AVENUE		SUPPORTED		
MAYWOOD, I	NJ 07607				5,000.
AMERICAN (CANCER SOCIETY	N/A	PUBLICLY	GENERAL PURPOSES	
	E ONE NORTH	,,,,,,	SUPPORTED	SMANUE TONIONE	
NORTH BRU	NSWICK NJ 08902	<u></u>			10,000.
Tota!		NTINUATION SHEE	T(S)	▶ 3a	395 000
b Appro	ved for future payment				
]	NONE				
Total_	····			<u>▶ 3b</u>	m 990-PF (2015)

Part YV/LA	Analysis of Income-Producing Activities
Part AVI-A	Analysis of income-producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		COGE		
<u>a</u>					
b					
c		_			
d					
e			ļ <u>-</u>		··· · · · · · · · · · · · · · · · · ·
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	25.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			1		
9 Net income or (loss) from special events			01	-4,369.	
10 Gross profit or (loss) from sales of inventory			-	1,5050	
11 Other revenue:					
					<u>-</u>
C					· · · · · · · · · · · · · · · · · · ·
d					-
e			<u> </u>	4 2 4 4	
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	-4,344.	
13 Total. Add line 12, columns (b), (d), and (e)				13	-4,344.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which incom			contril	outed importantly to the accon	nplishment of
the foundation's exempt purposes (other than b	y providing it	inas for such purposes).			
N/A					
				 	
					
					
				•	
					

Part XV	Information Regarding Transfers TExempt Organizations	o and Transactions an	nd Relationships With Noncha	ıritable	
1 Did the	e organization directly or indirectly engage in any of the folio	wing with any other organization	described in section 501/c) of	Vas	No
•	de (other than section 501(c)(3) organizations) or in section			103	110
	ers from the reporting foundation to a noncharitable exemp		ations.		
(1) Ca		t organization of,		1a(1)	X
٠,	her assets			1a(2)	X
• •	ransactions:			1.0(2)	
_	ales of assets to a noncharitable exempt organization			1b(1)	X
٠,	urchases of assets from a noncharitable exempt organizatio	П		1b(2)	X
, ,	ental of facilities, equipment, or other assets			1b(3)	X
	eimbursement arrangements			1b(4)	X
	oans or loan guarantees			1b(5)	X
	erformance of services or membership or fundraising solicit	tations		1b(6)	Х
c Sharin	g of facilities, equipment, mailing lists, other assets, or paid	employees		1c	X
d If the a	answer to any of the above is "Yes," complete the following s	schedule. Column (b) should alwa	ays show the fair market value of the goods,	other assets,	
or serv	vices given by the reporting foundation. If the foundation rec	ceived less than fair market value	in any transaction or sharing arrangement,	show in	
colum	n (d) the value of the goods, other assets, or services receiv		1		
(a) Line no		able exempt organization	(d) Description of transfers, transactions, and	t sharing arrangeme	ents
	N/2	A			
-					

		,			
					
	foundation directly or indirectly affiliated with, or related to,	· -	ations described		.
	tion 501(c) of the Code (other than section 501(c)(3)) or in	section 527?	L	Yes X	∐ No
b if Yes	," complete the following schedule. (a) Name of organization	(h) Type of organization	(a) Description of relation	chin	
	N/A	(b) Type of organization	(c) Description of relation	SHIP	
	N/A				
	** **		······································	· · · · · ·	
	nder penalties of perjury, I declare that I have examined this return, inc			lay the IRS discuss	this
Sign	nd belief, it is true correct, and complete Deolaration of preparer (other		re	turn with the prepar	rer
Here	tax of	11-10-16	DECRETARY & MEASUREN	X Yes	□No
	Signature of officer or trustee	Date	Title		
	Print/Type preparer's name	's signature	Date Check if PTIN		
Daid	Jus	in & sollies	self- employed		
Paid Prepare	FRANCIS E. SHOVLIN FRAN			0138308	
Use On		E SEIFERT & CO.	., LLC Firm's EIN ► 22-3	167827	
	Firm's address > TWO FOREST AVEN				
	ORADELL, NJ 076		Phone no. (201)	599-00	008
	0.000000 100 070	<u>,</u>		Form 990-PF	

523622 11-24-15

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2015

Name of the organization **Employer identification number** THE GIANTS FOUNDATION, INC. C/O JOHN K. MARA 22-3183916 Organization type (check one). Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 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 1/3% 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 lf 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 ▶ \$

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)

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

THE GIANTS FOUNDATION, INC.

C/O JOHN K. MARA

Employer identification number

22-3183916

Part 1 C	ontributors	(see instructions)	Use duplicate copies	of Part I if additional space is need	eded
----------	-------------	--------------------	----------------------	---------------------------------------	------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BUDWEISER 1 BUSCH PLACE ST. LOUIS, MO 63118	\$6,400.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAHILL, GORDON & REINDEL LLP 110 MUNSON STREET PORT CHESTER, NY 10573	\$6,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CAMPBELL AND DAWES ELECTRICAL CONTRACTORS 84-48 129TH STREET KEW GARDENS , NY 11415	\$6, <u>400</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	COLIN MCLANE 295 MADISON AVENUE, 43 FLOOR NEW YORK, NY 10017	\$6,400.	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DELAWARE NORTH NEW MEADOWLANDS STADIUM, 50 STATE ROUTE 120 EASTRUTHERFORD, NJ 07073	\$6, <u>400</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DUNKIN' DONUTS 130 ROYALL STREET CANTON, MA 02021	\$ <u>6,400.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

523452 10-26-15

THE GIANTS FOUNDATION, INC.

C/O JOHN K. MARA

Employer identification number

22-3183916

Part 1 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(-)	(6)	(2)	(-1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EMC/SAP 2 PENN PLAZA, 18TH FLOOR NEW YORK, NY 10121	\$ <u>12,800.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	EWINGCOLE 100 N. 6TH STREET PHILADELPHIA, PA 19106	\$6,400.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	FERRIERA CONSTRUCTION 1 COMMERCE STREET BRANCHBURG, NJ 06676	\$ <u>12,800.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	GIANTS GLASS 1000 OSGOOD STREET NORTH ANDOVER, MA 01845	\$6,400.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	GSLLC 1925 GIANTS DRIVE EAST RUTHERFORD, NJ 07073	\$ 12,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	KEVIN O'BRIEN 85 CHESTNUT HILL ROAD WILTON, CT 06897	\$ <u>6,400</u> .	Person X Payroll

Employer identification number

THE GIANTS FOUNDATION, INC.
C/O JOHN K. MARA
22-3183916

<u>C/O J</u>	OHN K. MARA	22	-3183916
Part 1	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MCCARTER & ENGLISH 4 GATEWAY CENTER, 100 MULBERRY STREET NEWARK, NJ 07102	\$ <u>6,400.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	METLIFE 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036	\$12,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	NEW YORK FOOTBALL GIANTS 1925 GIANTS DRIVE EAST RUTHERFORD, NJ 07073	\$ 25,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>	NATIONAL FOOTBALL LEAGUE 345 PARK AVENUE NEW YORK, NY 10154	\$6,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>	NRG 211 CARNEGIE CENTER PRINCETON, NJ 08540	\$12,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	PEPSI 700 ANDERSON HILL ROAD PURCHASE, NY 10577	\$12,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

THE GIANTS FOUNDATION, INC.

Employer identification number

C/O J	OHN K. MARA	2-3183916	
Part 1	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	-
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	PSE&G P.O. BOX 1868 NEWARK, NJ 07101	\$6,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	SHOREBRIDGE CAPITAL (MARK BAKER) 780 THIRD AVENUE, 30TH FLOOR NEW YORK, NY 10017	\$6,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	TIFFANY & CO. 600 MADISON AVENUE NEW YORK, NY 10022	\$33,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	TOYOTA 50 SYLVAN AVENUE ENGLEWOOD CLIFFS, NJ 07632	\$66,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	TZELL TRAVEL 119 WEST 40TH STREET NEW YORK, NY 10018	\$6,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	VERIZON WIRELESS 1 VERIZON WAY BASKING RIDGE, NJ 07920	\$12,800.	Person X Payroll

THE GIANTS FOUNDATION, INC.

C/O JOHN K. MARA

Employer identification number

22-3183916

Part II	Noncash Property (see instructions). Use duplicate copies of F	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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part i			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 10-28-			990, 990-EZ, or 990-PF)

Name of org				Employer identification number		
	IANTS FOUNDATION, INC. OHN K. MARA			22-3183916		
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Complet completing Part III, enter the total of exclusively religions of Part III if additional transfer in the completing Part III if additional transfer in the control of Part III is additional transfer in the control of Part III is additional transfer in the control of Part III is additional transfer in the control of Part III is additional transfer in the control of Part III is additional transfer in the control of Part III is additional transfer in the control of Part III in the control of Part III is additional transfer in the control of Part III is additional transfer in the control of Part III is additional transfer in the control of Part III is additional transfer in the control of Part III is additional transfer in the control of Part III is additional transfer in the control of Part II is additional transfer in the control of Part II is additio	e columns (a) through (e) and the four our charitable, etc , contributions of \$1,00	ollowing line entry, For orga	(8), or (10) that total more than \$1,000 for		
(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	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					
<u></u>	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			

FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY	CASH :	INVESTMENTS	STATEMENT	1
SOURCE				(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	3
INTEREST INCOME		25.		25.		
TOTAL TO PART I, LINE 3		25.		25.		
FORM 990-PF	OTHER	INCOME			STATEMENT	2
DESCRIPTION		(A) REVENU PER BOO		(B) NET INVEST- MENT INCOME		
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS		- 4	,369.	0	•	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	- 4	,369.	0	•	
FORM 990-PF	ACCOUNT	ING FEES			STATEMENT	3
	(A)	(B		(C)	(D)	
DESCRIPTION	EXPENSES PER BOOKS			ADJUSTED NET INCOM		
DESCRIPTION ACCOUNTING FEES	EXPENSES	MENT I		NET INCOM	CHARITA	ES
	EXPENSES PER BOOKS	MENT I	NCOME	NET INCOM	CHARITAI E PURPOSI	28.
ACCOUNTING FEES	EXPENSES PER BOOKS 11,528 11,528	MENT I	NCOME 0	NET INCOM	CHARITAN E PURPOSI 11,52	28.
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B	EXPENSES PER BOOKS 11,528 11,528	MENT I	O 0 0 IVEST-	NET INCOM	CHARITANE PURPOSE 11,52 11,52 STATEMENT (D) CHARITAN	28. 28. 4
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B FORM 990-PF	EXPENSES PER BOOKS 11,528 11,528 TA (A) EXPENSES	MENT I	O 0 0 IVEST-	(C) ADJUSTED NET INCOM	CHARITANE PURPOSE 11,52 11,52 CHARITANE (D) CHARITANE PURPOSE PURPOSE	28. 28. 4

FORM 990-PF	OTHER EXPENSES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES GOLF OUTING AUCTION -	54.	0.		54.
MISCELLANEOUS EXPENSE	514.	0.		514.
TO FORM 990-PF, PG 1, LN 23	568.	0.		568.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOHN K. MARA, THE GIANTS FOUNDATION, INC. 1925 GIANTS DRIVE EAST RUTHERFORD, NJ 07073

TELEPHONE NUMBER

201-935-8111

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED STATEMENT.

WRITTEN REQUESTS SHOULD BE SUBMITTED WITH AS MUCH DETAILED INFORMATION AVAILABLE AS POSSIBLE EXPLAINING THE PURPOSE OF THE ORGANIZATION AND USE OF CONTRIBUTIONS REQUESTED. A COPY OF THE ORGANIZATION'S IRS DETERMINATION LETTER SHOULD BE ENCLOSED.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

The Giants Foundation, Inc. EIN: 22-3183916 2015 Form 990-PF

Part I, Line 11 - Other Income

2015 Fundraising Events	Golf Outing	Other Fundraising Events	Total
Revenue received	199,195	63,500	262,695
Less expenses:			
Photography	(300)		(300)
Country Club	(189,235)		(189,235)
Other miscellaneous	(8,102)	(69,427)	(77,529)
Total fundraising expenses	(197,637)	(69,427)	(267,064)
Net Other Income from Fundraising Events	1,558	(5,927)	(4,369)