

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation THE FEUERRING FOUNDATION C/O DENISE WEINER % DORFMAN MIZRACH & THALER LL		A Employer identification number 13-6221072	
Number and street (or P O box number if mail is not delivered to street address) 138 HAVILANDS LANE		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code WHITE PLAINS, NY 10605		B Telephone number (see instructions)	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 4,019,195	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	0			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .				
	4 Dividends and interest from securities . . . . .	152,091	152,091		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-63,625			
	b Gross sales price for all assets on line 6a 1,537,347				
	7 Capital gain net income (from Part IV, line 2) . . . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	88,466	152,091		
	13 Compensation of officers, directors, trustees, etc	24,000	4,800		19,200
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	5,200	5,200	0	0
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	7,018	2,018		
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	36,663	36,663		
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	72,881	48,681	0	19,200
	25 Contributions, gifts, grants paid . . . . .	179,476			179,476
	26 Total expenses and disbursements. Add lines 24 and 25	252,357	48,681	0	198,676
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-163,891			
	b Net investment income (if negative, enter -0-)		103,410		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	77,493	87,950	87,950
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	3,741,198	3,566,850	3,931,245
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	3,818,691	3,654,800	4,019,195	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	3,818,691	3,654,800	
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	3,818,691	3,654,800	
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	3,818,691	3,654,800		

Part III Analysis of Changes in Net Assets or Fund Balances			
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)	1	3,818,691
2	Enter amount from Part I, line 27a . . . . .	2	-163,891
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	3,654,800
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	3,654,800

**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> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</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> See Additional Data Table			
<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) F M V 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> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	-63,625
<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))
2015	204,703	4,101,513	0 049909
2014	193,913	4,191,852	0 04626
2013	172,055	4,006,967	0 042939
2012	133,668	3,231,029	0 04137
2011	125,600	2,727,450	0 04605
<b>2</b> Total of line 1, column (d)			<b>2</b> 0 226528
<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> 0 045306
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			<b>4</b> 3,998,614
<b>5</b> Multiply line 4 by line 3			<b>5</b> 181,161
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 1,034
<b>7</b> Add lines 5 and 6			<b>7</b> 182,195
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 198,676

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 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>	1,034
<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>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	1,034
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<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>	1,034
<b>6</b>	Credits/Payments		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	6,617
<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>	6,617
<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>	
<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>	5,583
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> 5,583 <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? . . . . .	<b>1a</b>	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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
<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"/> \$ _____		
<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>	<b>2</b>	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> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<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>	<b>5</b>	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? . . . . .	<b>6</b>	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> . . . . .	<b>7</b>	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> .	<b>8b</b>	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	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> . . . . .	<b>10</b>	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>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ▶ <u>DORFMAN MIZRACH &amp; THALER LLP</u> Telephone no ▶ <u>(732) 404-1860</u>			

Located at ▶ 555 ROUTE ONE SOUTH ISELIN NJZIP+4 ▶ 08830

<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 2016, 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>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6)	Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/>	<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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
<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). <input type="checkbox"/>	<b>2b</b>		<b>No</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 ▶ 20____, 20____, 20____, 20____			
<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 2016 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, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/>	<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 2016?	<b>4b</b>		<b>No</b>

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

<b>5a</b> During the year did the foundation pay or incur any amount to <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <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? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <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? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <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)? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> Organizations relying on a current notice regarding disaster assistance check here. . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <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? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<b>5b</b>		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If "Yes" to 6b, file Form 8870	<b>6b</b>		<b>No</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	<b>7b</b>		

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DENISE WEINER 138 HAVILANDS LANE WHITE PLAINS, NY 10605	PRESIDENT 0	24,000	0	0
NICOLE HILL 39 LONG LEDGE DRIVE RYE BROOK, NY 10573	SECRETARY 0	0	0	0
HANNO MOTT 369 LEXINGTON AVE NEW YORK, NY 10017	ASSISTANT 0	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
<b>Total number of other employees paid over \$50,000.</b> . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				

**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
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		

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

List the foundation's four largest direct 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> NOT APPLICABLE	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	

**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>	3,957,676
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	101,831
<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>	4,059,507
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<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>	4,059,507
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	60,893
<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>	3,998,614
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	199,931

**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>	199,931
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	1,034
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	1,034
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	198,897
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	198,897
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<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>	198,897

**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>	198,676
<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>	0
<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>	0
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	0
<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>	198,676
<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>	1,034
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	197,642

**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 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				198,897
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			178,201	
<b>b</b> Total for prior years 2014, 2013, 2012				
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .				
<b>b</b> From 2012. . . . .				0
<b>c</b> From 2013. . . . .				0
<b>d</b> From 2014. . . . .				0
<b>e</b> From 2015. . . . .				0
<b>f</b> Total of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 198,676				
<b>a</b> Applied to 2015, but not more than line 2a			178,201	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2016 distributable amount. . . . .				20,475
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	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	0			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				178,422
<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). . . . .				
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .				
<b>b</b> Excess from 2013. . . . .				0
<b>c</b> Excess from 2014. . . . .				0
<b>d</b> Excess from 2015. . . . .				0
<b>e</b> Excess from 2016. . . . .				0

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

<b>1</b>	<b>Information Regarding Foundation Managers:</b>
<b>a</b>	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) )
<b>b</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

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

- b. The form in which applications should be submitted and information and materials they should include**

- c Any submission deadlines

- 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>	179,476
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . .			14	152,091	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	-63,625	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). .				88,466	
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		88,466

(See worksheet in line 13 instructions to verify calculations )

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

*****	2017-05-15	*****
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01350299	
	Firm's name ▶ DORFMAN MIZRACH & THALER LLP					Firm's EIN ▶
	Firm's address ▶ 555 ROUTE ONE SOUTH ISELIN, NJ 08830					Phone no. (732) 404-1860

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**


List and describe the kind(s) of property sold (e g , real estate, (a) 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 )
COST BASIS PROVIDED TO IRS - MS 015257	P		2016-12-31
COST BASIS PROVIDED TO IRS - MS 015257	P		2006-12-31
COST BASIS PROVIDED TO IRS - MS 021387	P		2016-12-31
MORGAN STANLEY 021387	P		2016-12-31
COST BASIS PROVIDED TO IRS - MS 021387			2016-12-31
MORGAN STANLEY 021387			2016-12-31
WELLS FARGO 0507	P		2016-12-31
COST BASIS PROVIDED TO IRS - WF 0507			2016-12-31


**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
11,222		12,873	-1,651
36,947		48,752	-12,051
706,998		722,918	-15,920
417		412	5
630,264		661,457	-31,193
5,969		6,387	-418
95,530		96,225	-695
50,000		51,702	-1,702

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-1,651
			-11,805
			-15,920
			5
			-31,193
			-418
			-695
			-1,702

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>				
AARP FOUNDATION 601 E Street NW WASHINGTON, DC 20049	NONE	PC	CHARITY	1,000
ALZHEIMER'S FOUNDATION OF AMERICA 322 Eighth Ave 7th fl NEW YORK, NY 10001	NONE	PC	CHARITY	2,650
ALS ASSOCIATION 1275 K Street NW Suite 250 WASHINGTON, DC 20005	NONE	PC	CHARITY	750
AMERICAN FEDERATION FOR MEDICAL RESEARCH 500 Cummings Center Suite 4400 BEVERLY, ME 01915	NONE	PC	CHARITY	240
AMERICAN CANCER SOCIETY 250 Williams Street NW ATLANTA, GA 30303	NONE	PC	CHARITY	1,750
<b>Total</b> . . . . . 				179,476
<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>				
AMERICAN HEART ASSOCIATION 7272 Greenville Avenue DALLAS, TX 75231	NONE	PC	CHARITY	4,000
AMERICAN INSTITUTE CANCER RESEARCH 1759 R Street NW WASHINGTON, DC 20009	NONE	PC	CHARITY	2,200
AMERICAN LUNG ASSOCIATION 55 W Wacker Drive Suite 1150 chicago, IL 60601	NONE	PC	CHARITY	3,250
ARTHRITIS FOUNDATION 1355 PEACHTREE ST NE ATLANTA, GA 31193	NONE	PC	CHARITY	2,500
ALZHEIMER'S ASSOCIATION 225 N Michigan Ave Fl 17 CHICAGO, IL 60601	NONE	PC	CHARITY	1,250
<b>Total</b> . . . . . 				179,476
<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>				
AMERICAN DIABETES ASSOCIATION PO Box 15829 ARLINGTON, VA 22215	NONE	PC	CHARITY	2,250
CANCER CARE 275 Seventh Avenue 22nd Fl NEW YORK, NY 10001	NONE	PC	CHARITY	2,150
CARE 151 Ellis Street NE ATLANTA, GA 30303	NONE	PC	CHARITY	750
CHRISTOPHER REEVE FOUNDATION 636 Morris Turnpike Suite 3A SHORT HILLS, NJ 07078	NONE	PC	CHARITY	1,300
CITY MEALS & WHEELS 355 Lexington Avenue NEW YORK, NY 10017	NONE	PC	CHARITY	1,476
<b>Total . . . . . ▶</b> <b>3a</b>				179,476

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>				
ASPCA 424 E 92nd St NEW YORK, NY 10128	NONE	PC	CHARITY	350
DELTA RESCUE PO Box 9 GLENDALE, CA 91209	NONE	PC	CHARITY	700
DISABLED AMERICAN VETERANS 3725 Alexandria Pike COLD SPRING, KY 41076	NONE	PC	CHARITY	550
ANGEL FLIGHT 12345 E Skelly Drive TULSA, OK 74128	NONE	PC	CHARITY	300
DOROT 401 Elmgrove Ave PROVIDENCE, RI 02906	NONE	PC	CHARITY	1,300
<b>Total . . . . . ▶</b> <b>3a</b>				179,476

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> Paid during the year				
FRESH AIR FUND 633 3rd Ave NEW YORK, NY 10017	NONE	PC	CHARITY	650
BURKE REHABILITATION HOSPITAL 785 Mamaroneck Ave WHITE PLAINS, NY 10605	NONE	PC	CHARITY	2,250
GILDA'S CLUB WESTCHESTER 80 Maple Avenue WHITE PLAINS, NY 10601	NONE	PC	CHARITY	3,000
HIAS 1300 Spring Street Suite 500 SILVER SPRING, MD 20910	NONE	PC	CHARITY	1,250
RONALD MCDONALD HOUSE 1 Kroc Drive OAK BROOK, IL 60523	NONE	PC	CHARITY	500
<b>Total . . . . .</b> ▶ <b>3a</b>				179,476

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>				
JEWISH BRAILLE INSTITUTE 110 E 30th St NEW YORK, NY 10016	NONE	PC	CHARITY	1,200
JEWISH GUILD FOR THE BLIND 15 W 65TH ST NEW YORK, NY 10023	NONE	PC	CHARITY	1,200
JEWISH NATIONAL FUND 42 East 69th Street NEW YORK, NY 10021	NONE	PC	CHARITY	1,750
JEWISH WAR VETERANS 1811 R STREET NW WASHINGTON, DC 20009	NONE	PC	CHARITY	650
KEREN-OR 350 Seventh Avenue Suite 701 NEW YORK, NY 10001	NONE	PC	CHARITY	1,000
<b>Total . . . . .</b> ► <b>3a</b>				179,476

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>				
BREAST CANCER RESEARCH FOUNDATION 60 East 56th Street 8th Floor NEW YORK, NY 10022	NONE	PC	CHARITY	2,450
MAKE A WISH 4742 N 24th St SUITE 400 PHOENIX, AZ 85016	NONE	PC	CHARITY	1,250
MARCH OF DIMES 1275 Mamaroneck Avenue WHITE PLAINS, NY 10605	NONE	PC	CHARITY	1,550
MEMORIAL SLOAN KETERING 1275 York Avenue NEW YORK, NY 10065	NONE	PC	CHARITY	6,000
MULTIPLE SCLEROSIS SOCIETY 733 Third Avenue 3rd fl new york, NY 10017	NONE	PC	CHARITY	1,250
<b>Total</b> . . . . . ► <b>3a</b>				179,476

**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 Osteoporosis Foundation 251 18th Street South Suite 630 arlington, VA 22202	NONE	PC	CHARITY	750
NATIONAL FOUNDATION FOR CANCER RESEARCH 4600 East West Highway Suite 525 bethesda, MD 20814	NONE	PC	CHARITY	1,200
AMERICAN FRIENDS OF NEVE HANNA 475 Riverside Drive Suite 820 NEW YORK, NY 10115	NONE	PC	CHARITY	5,000
PLANNED PARENTHOOD 123 William Street 10th Floor new york, NY 10038	NONE	PC	CHARITY	250
GREENWICH HOSPITAL 35 River Road COS COB, CT 06807	NONE	PC	CHARITY	3,000
<b>Total . . . . .</b> ► <b>3a</b>				179,476

**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>				
STANLEY ISAACS NEIGHBORHOOD CENTER 415 E 93rd Street NEW YORK, NY 10128	NONE	PC	CHARITY	1,000
VETERANS OF FOREIGN WARS 406 W 34th St KANSAS CITY, MO 64111	NONE	PC	CHARITY	800
SUSAN KOMEN FOR THE CURE 5005 LBJ Freeway SUITE 250 DALLAS, TX 75244	NONE	PC	CHARITY	2,500
LUNGEVEITY FOUNDATION 228 S Wabash Avenue Suite 700 CHICAGO, IL 60604	NONE	PC	CHARITY	1,500
FRIENDS OF THE IDF PO Box 4224 NEW YORK, NY 10163	NONE	PC	CHARITY	610
<b>Total . . . . . ▶</b> <b>3a</b>				179,476

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>				
JIMMY FUND 10 Brookline Place West 6th Floor BROOKLINE, MA 02445	NONE	PC	CHARITY	1,300
SYRACUSE UNIVERSITY 820 Comstock Avenue SYRACUSE, NY 13244	NONE	PC	CHARITY	5,000
WORLD JEWISH CONGRESS 501 Madison Avenue 17th floor new york, NY 10022	NONE	PC	CHARITY	1,700
AMERICAN SOCIETY FOR YAD VASHEM 500 Fifth Avenue 42nd Floor NEW YORK, NY 10110	NONE	PC	CHARITY	1,500
YIVO INSTITUTE 15 West 16th Street NEW YORK, NY 10011	NONE	PC	CHARITY	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				179,476

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>				
WHITE PLAINS HOSPITAL CENTER 41 East Post Road white plains, NY 10601	NONE	PC	CHARITY	5,000
WORLD WILDLIFE FUND 1250 24th Street NW PO BXOX 97180 WASHINGTON, DC 20090	NONE	PC	CHARITY	1,050
IMMUNE DEFICIENCY FOUNDATION 110 West Road Suite 300 TOWSON, MD 21204	NONE	PC	CHARITY	5,000
AMERICAN KIDNEY FUND 11921 Rockville Pike Suite 300 ROCKVILLE, MD 20852	NONE	PC	CHARITY	600
BUSINESS EXECS FOR NAT'L SECURITY 1030 15th Street NW Suite 200 East WASHINGTON, DC 20005	NONE	PC	CHARITY	1,000
<b>Total . . . . .</b> ► <b>3a</b>				179,476

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>				
CALVARY FUND 1740 EASTCHESTER RD BRONX, NY 10461	NONE	PC	CHARITY	2,500
CHILDREN'S CANCER RESEARCH FUND 7301 Ohms Lane Suite 355 MINNEAPOLIS, MN 55439	NONE	PC	CHARITY	1,800
CROHN'S AND COLITIS FOUNDATION 733 Third Avenue Suite 510 NEW YORK, NY 10017	NONE	PC	CHARITY	9,000
HOSPICE & PALLIATIVE CARE OF WESTCHESTER 1025 Westchester Avenue SUITE 200 WHITE PLAINS, NY 10604	NONE	PC	CHARITY	500
UNITED JEWISH APPEAL 130 E 59th St NEW YORK, NY 10022	NONE	PC	CHARITY	36,000
<b>Total . . . . .</b> ► <b>3a</b>				179,476

**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>				
MACULAR DEGENERATION ASSOCIATON PO Box 515 NORTHAMPTON, MA 01061	NONE	PC	CHARITY	1,750
LEUKEMIA AND LYMPHOMA SOCIETY 3 International Drive Suite 200 RYE BROOK, NY 10573	NONE	PC	CHARITY	2,450
PARKINSON'S DISEASE FOUNDATION 1359 Broadway Suite 1509 new york, NY 10018	NONE	PC	CHARITY	1,250
ST JUDES CHILDREN HOSPITAL 262 Danny Thomas Place MEMPHIS, TN 38105	NONE	PC	CHARITY	750
SELFHELP COMMUNITY SERVICES 520 EIGHTH AVE 5TH FLOOR NEW YORK, NY 10018	NONE	PC	CHARITY	3,000
<b>Total . . . . . ▶</b> <b>3a</b>				179,476

**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>				
MACULA FOUNDATION 210 East 64th Street NEW YORK, NY 10065	NONE	PC	CHARITY	500
MADD 511 E John Carpenter Freeway SUITE IRVING, TX 75062	NONE	PC	CHARITY	300
MET COUNCIL ON JEWISH POVERTY 120 Broadway 7th floor NEW YORK, NY 10271	NONE	PC	CHARITY	1,750
MOUNT SINAI MEDICAL CENTER 4300 Alton Road Suite 100 MIAMI BEACH, FL 33140	NONE	PC	CHARITY	5,000
CYSTIC FIBROSIS FOUNDATION 6931 Arlington Road 2ND FLOOR BETHESDA, MD 20814	NONE	PC	CHARITY	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				179,476

**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>				
LEO BAECK INSTITUTE 15 West 16th Stree NEW YORK, NY 10011	NONE	PC	CHARITY	2,500
PITT HOPKINS RESEARCH FOUNDATION 200 HARMON CT WINSTON SALEM, NC 27106	NONE	PC	CHARITY	1,500
POSTPARTUM PROGRESS 4920 ATLANTA HIGHWAY 316 alpharetta, GA 30004	NONE	PC	CHARITY	3,000
CEREBRAL PALSY 3 COLUMBUS CIRCLE 15TH FLOOR NEW YORK, NY 10019	NONE	PC	CHARITY	750
CURE ALZHEIMER'S FUND 34 Washington St Suite 200 WELLESLEY HILLS, MA 02481	NONE	PC	CHARITY	500
<b>Total . . . . . ▶</b> <b>3a</b>				179,476

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>				
PENN FUND 2929 Walnut Street SUITE 300 PHILADELPHIA, PA 19104	NONE	PC	CHARITY	5,000
JAFFA 171-06 76th Ave flushing, NY 11366	NONE	PC	CHARITY	500
LUNG CANCER ALLIANCE 1700 K St NW SUITE 660 WASHINGTON, DC 20006	NONE	PC	CHARITY	1,250
PANCREATIC CANCER ACTION NETWORK 1500 Rosecrans Avenue Suite 200 MANHATTAN BEACH, CA 90266	NONE	PC	CHARITY	500
<b>Total</b> . . . . . 				179,476
<b>3a</b>				

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## **TY 2016 Depreciation Schedule**

**Name:** THE FEUERRING FOUNDATION

C/O DENISE WEINER

**EIN:** 13-6221072

**TY 2016 Investments Corporate Stock Schedule****Name:** THE FEUERRING FOUNDATION

C/O DENISE WEINER

**EIN:** 13-6221072

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VARIOUS CORPORATE SECURITIES	3,566,850	

**TY 2016 Other Expenses Schedule**

**Name:** THE FEUERRING FOUNDATION  
C/O DENISE WEINER

**EIN:** 13-6221072

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	36,340	36,340		
FILING FEES	250	250		
POSTAGE	73	73		

## TY 2016 Other Income Schedule

**Name:** THE FEUERRING FOUNDATION

C/O DENISE WEINER

**EIN:** 13-6221072

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME			

**TY 2016 Taxes Schedule**

**Name:** THE FEUERRING FOUNDATION  
C/O DENISE WEINER

**EIN:** 13-6221072

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL PAYROLL TAXES	1,836	1,836		
NEW YORK PAYROLL TAXES	182	182		
FEDERAL TAXES	5,000			