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,Form 990-PF

EXTENDED THROUGH 11/15/17 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.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

| Der fir | tment | of the Treasury | | | social security numbers on | | | | 2010 |
|---|---|---|---|--------------------|---------------------------------------|--|---------------|--|--|
| Interna | l Rev | enue Service | | on about Fori | m 990-PF and its separate | | | gov/rorm99Upt. | Open to Public Inspection |
| | | lar year 2016 or tax ye | ear beginning | | | , and en | _ | A. F1 | |
| | | foundation | | 37 7370 | | | | A Employer identification | number |
| | | GIANTS FOU | | N, INC | • | | | 22 2102016 | |
| | | JOHN K. M | | | | | Deem/sute | <u>22-3183916</u> | |
| | | d street (or P O box numb | | elivered to street | address) | | Room/suite | B Telephone number | 4 4 |
| | | GIANTS DE | | | | L | | 201-935-81 | |
| - | | wn, state or province, o | | | | | | C If exemption application is p | ending, check here |
| | | RUTHERFO | | 07073 | | | | D 4 Farris and a section of | |
| GC | neck | all that apply: | Initial returi | | Initial return of a fo | ormer public c | narny | D 1. Foreign organizations | s, cneck nere |
| | | <u></u> | Final return | | Amended return | | · | Foreign organizations me check here and attach co | eting the 85% test, |
| | | | Address ch | | Name change | | | check here and attach co | mputation |
| H_C | _ | type of organization: | | | cempt private foundation | | | E If private foundation sta | |
| <u> </u> | | tion 4947(a)(1) nonex | | | Other taxable private found | | 1 | under section 507(b)(1) | |
| | | rket value of all assets | = | J Accounti | - | L Accr | uai | F If the foundation is in a | |
| | | art II, col. (c), line 16 |) 1 4 EO1 | | ther (specify) mn (d) must be on cash | hacre l | | under section 507(b)(1) | (B), cneck nere |
| | _ | | | | | | | | (4) 0 |
| Pa | <u>rt I</u> | (The total of amounts in onecessarily equal the amo | columns (b), (c), an | d (d) may not | (a) Revenue and expenses per books | (b) Net in inco | | (c) Adjusted net | (0) Disbursements for charitable purposes |
| | _ | | | | 356,114. | | | | (cash basis only) |
| [| | Contributions, gifts, gr | | | 350,114. | | | N/A | |
| l | | _ | neck I if the foundation is not required to attach Sch. B terest on savings and temporary is investments. | | 25. | | 25. | | CMAMENENM 1 |
| | | | | | 45. | | 49. | - | STATEMENT 1 |
| | 4 | Dividends and interest | trom securities | 5 | | | | | |
| | | Gross rents | | • | <u> </u> | | | | |
| | _ | Net rental income or (loss) | | | | | | | |
| ē | 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | | | <u> </u> | | | | | |
| Revenue | | assets on line 6a | | | | | 0. | · · · · · · · · · · · · · · · · · · · | |
| , Re | 7 | | | | | <u> </u> | | ļ | |
| | 8 | Net short-term capital | gain | | | | | | |
| | 40- | Income modifications Gross sales less returns | 1 | | | | | | |
| | | and allowances | <u> </u> | | <u> </u> | | | | |
| | ľ | Less Cost of goods sold | L | | | | | | |
| | 1 | Gross profit or (loss) | | | -79,336. | | 0. | | STATEMENT 2 |
| | 1 | Other income | sugh 11 | | 276,803. | | 25. | | DIRIEMENI 4 |
| | 12 | Total. Add lines 1 thro | | | 270,803. | | 10. | | 0. |
| ၛၟ | 13 14 | Compensation of officers, Other employee salari | | | | - | <u></u> | RECEIVED | |
| ≱ | 15 | Pension plans, employ | | • • • | | | | | 1 |
| 3 | 162 | Legal fees | yee benefits | • | | | | NOV 0 9 2017 | 191 |
| Fig. | I I U a | Accounting fees | • | • | | | | 11(14 0 1) 4 1 | |
| UC 68 AON CHAND Administrative Expenses No | " | Other professional fee | | •• | | | | OGDEN, UT | |
| 7 | 17 | Interest | | | | | | OGUEING | |
| \approx | 18 | Taxes | | mr 3 | 300. | | 0. | | 300. |
| S to | 19 | Depreciation and depl | | .111 | | | | | 300. |
| <u>ڇ</u> | 20 | Occupancy | | | | | | | |
| ≥ ₹ | 21 | Travel, conferences, a | nd meetings | • | | | | | <u> </u> |
| 2887 and Adr | 22 | Printing and publication | | • • • | | | | | |
| a | i . | Other expenses | | MT 4 | 99. | | 0. | | 99. |
| Operating | 24 | Total operating and a | | · · · | | | | | † |
| era | | expenses. Add lines | | | 399. | 1 | 0. | | 399. |
| Ö | 25 | Contributions, gifts, g | | • | 192,500. | | | | 192,500. |
| | | Total expenses and d | | | 152,500. | | | | |
| | 20 | Add lines 24 and 25 | | • | 192,899. | Ì | 0. | | 192,899. |
| | 27 | Subtract line 26 from | line 12: | · | | <u> </u> | | | 1 200,000 |
| | | Excess of revenue over ex | | ursemente | 83,904. | | | | |
| | ı | Net investment incom | | | | | 25. | | <u> </u> |
| 对 | 1 | Adjusted net income | | | | | | N/A | |
| | | | | | | | | | |

23501 11-23-18 LHA For Paperwork Reduction Act Notice, see instructions.

| Forr | n 99 | O-RF (2016) C/O JOHN K. MARA | | | 3183916 Page 2 |
|------------------|-------|--|-------------------|----------------|---------------------------------------|
| P | art l | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | <u> </u> |
| <u> </u> | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | Cash - non-interest-bearing | 230,677. | 314,581. | 314,581. |
| | | Savings and temporary cash investments | | | |
| ŀ | | Accounts receivable | | | |
| I | | Less: allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less: allowance for doubtful accounts | | | |
| İ | • | Grants receivable | | | |
| l | 6 | Receivables due from officers, directors, trustees, and other | | 1 | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| ste | | Inventories for sale or use | | | |
| Assets | | Prepaid expenses and deferred charges | | | |
| | | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock | | | |
| | _ | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | - | |
| | | Less accumulated depreciation | | | _ |
| | | Investments - mortgage loans | | | |
| | ŀ | Investments - other | | | |
| | 14 | Land, buildings, and equipment basis | | ł | |
| | | Less accumulated depreciation | | | ··· |
| | • | Other assets (describe | | | _ |
| | 16 | Total assets (to be completed by all filers - see the | 230,677. | 314,581. | 21/ E01 |
| _ | 4- | Instructions. Also, see page 1, item I) | 230,011. | 314,361. | 314,581. |
| | | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| Liabilities | 19 | Deferred revenue | | | |
| į | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Ë | 21 | Mortgages and other notes payable | | | |
| | 22 | Other habilities (describe | | | |
| | 22 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| _ | 20 | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| êS | 24 | Unrestricted | | | |
| anc | 25 | Temporarily restricted | | | |
| or Fund Balances | 26 | Permanently restricted | | | |
| P | | Foundations that do not follow SFAS 117, check here | | | |
| Ŀ | | and complete lines 27 through 31. | | ļ | |
| 5 0 | 27 | Capital stock, trust principal, or current funds | 0. | | |
| set | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| As | 29 | Retained earnings, accumulated income, endowment, or other funds | 230,677. | 314,581. | |
| Net Assets | 30 | Total net assets or fund balances | 230,677. | 314,581. | |
| _ | | | | | |
| | 31 | Total liabilities and net assets/fund balances | 230,677. | 314,581. | ····· |
| P | art | III Analysis of Changes in Net Assets or Fund B | alances | | |
| _ | | | | | |
| 1 | | al net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | 000 675 |
| | | st agree with end-of-year figure reported on prior year's return) | | 11 | 230,677. |
| | | er amount from Part I, line 27a | | 2 | 83,904. |
| | | er increases not included in line 2 (itemize) | | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 314,581. |
| | | reases not included in line 2 (itemize) | olumn (h) Juno 20 | 5 | 214 501 |
| <u>6</u> | Iota | al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | nunin (b), ine 30 | | 314,581. Form 990-PF (2016) |
| | | | | | FULIN 330"FF (2016) |

| \sim | \sim | JOHN | v | MADA |
|-------------|--------|----------|--------------|----------|
| L :. | ,,, | 11()(11) | \mathbf{n} | TILLLAND |

| Part IV Capital Gains | and Los | ses for Tax on Inv | vestment | Income | | | | | |
|--|------------------------------|---|--------------------------------------|------------------------------------|-------------------------------------|-------------|---|----------------------------------|--|
| (a) List and descr 2-story brick wa | ribe the kind rehouse; or | (s) of property sold (e.g., common stock, 200 shs. | real estate, MLC Co.) | | (b) How ac P - Purcl D - Dona | hase ' | c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | |
| 1a | | | | | | | | | |
| b NO | NE | | | | | | | | |
| С | | | | | | | | | |
| <u>d</u> | | | | | | - | | | |
| <u>e</u> | | | | | <u>L.,</u> | | # N On in an # # an | <u> </u> | |
| (e) Gross sales price | | preciation allowed or allowable) | | t or other basis opense of sale | | | (h) Gain or (loss (e) plus (f) minus | | |
| a | | | | | | | | | |
| <u>b</u> | | | | | | | | | |
| <u> </u> | | | | | | | | | |
| <u>d</u> | | | | | | | | | |
| Complete only for assets shown | no gain in co | lumn (h) and owned by t | he foundation | on 12/31/69 | | (1) | Gains (Col. (h) gain | minus | |
| | | Adjusted basis | | cess of col. (I) | | | (k), but not leśs tha | n -0-) or | |
| (i) F.M.V. as of 12/31/69 | | s of 12/31/69 | | col. (j), if any | | | Losses (from col. (| (h)) | |
| a | | | | | | | | | |
| b | | | | | | | | | |
| С | | | | | | | | | |
| <u>d</u> | | | | | _ | | | | |
| _e | <u></u> | | | | _ | 1 | | | |
| 2 Capital gain net income or (net ca | apıtal loss) | If gain, also enter If (loss), enter -0- | in Part I, line î in Part I, line | 7 7 | } _2 | | | | |
| 3 Net short-term capital gain or (lo | ss) as define | • | | | | | | | |
| If gain, also enter in Part I, line 8, | | | ~ (~). | | } | | | | |
| If (loss), enter -0- in Part I, line 8 | | | | |] 3 | | | | |
| Part V Qualification L | | | | | · | nent ince | ome | | |
| (For optional use by domestic privat | e foundatior | is subject to the section 4 | 1940(a) tax on | net investment i | ncome.) | | | | |
| If section 4940(d)(2) applies, leave t | this part blar | ık. | | | | | | | |
| | | | ount of any w | or in the base pe | riod? | | | Yes X No | |
| Was the foundation liable for the sec if "Yes," the foundation does not qua | | | | | illur | | | L TES LA INU | |
| 1 Enter the appropriate amount in | each colum | n for each year; see the ir | estructions be | fore making any e | entries. | | | ··· | |
| (a) | | (b) | | <u> </u> | (c) | | Diotri | (d) bution ratio | |
| Base periód years Calendar year (or tax year beginn | ing in) | Adjusted qualifying dis | tributions | Net value of no | | -use assets | (col. (b) divided by col. (c)) | | |
| 2015 | | 40 | 7,346. | | 25 | 2,937 | • | 1.610464 | |
| 2014 | | 38 | 9,317. | | 21 | 4,721 | • | 1.813130 | |
| 2013 | | 40 | 1,498. | | | 9,300 | | 1.610501 | |
| 2012 | | | 0,363. | | | 3,021 | | | |
| 2011 | | 57 | 0,096. | | 43 | 4,837 | • | 1.311057 | |
| | | | | | | | | 7 000117 | |
| | | | | | | | 2 | 7.882117 | |
| 3 Average distribution ratio for the | | | | | | | | 1.576423 | |
| the foundation has been in exist | ence it iess t | nan 5 years | | • | | · · · · · | 3 | 1.5/0425 | |
| 4 Enter the net value of noncharita | blo-uco acc | ate for 2016 from Part Y | lina 5 | | | | 4 | 239,736. | |
| 4 Enter the net value of noncharita | idie-use assi | els for 20 to Hom Part A, | iiie o | | | • • | - | 239,730. | |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | 377,925. | |
| 3 Withhiply file 4 by file 3 | • • | • | | | | | | <u> </u> | |
| 6 Enter 1% of net investment inco | me (1% of F | Part I. line 27b) | | | | | 6 | 0. | |
| 2 | ()) | , | | | • | | | | |
| 7 Add lines 5 and 6 | | | | | | | 7 | 377,925. | |
| • | | | | | | | | | |
| 8 Enter qualifying distributions fro | m Part XII, I | ine 4 | | <u>.</u> | • | | 8 | 192,899. | |
| If line 8 is equal to or greater that | | | | plete that part usi | ng a 1% tax | rate. | | | |
| See the Part VI instructions. | | | | | | | | 5 000 DE (00.10) | |

THE GIANTS FOUNDATION, INC.

| Forn | 1 990-PF (2016) C/O JOHN K. MARA | 22- | <u> 3183</u> | 916 | | Page 4 |
|------|---|------------|--------------|----------|------|------------|
| | irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or | 1948 | - see i | nstru | ctio | ns) |
| 1à | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | r | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | |] | | 4 | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1% | 1 | | | | 1. |
| | of Part I, line 27b | 1 | 1 | | | |
| C | : All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 🗦 | } | 1 | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | <u> </u> | | | 0. |
| 3 | Add lines 1 and 2 | _3 | <u> </u> | | | 1. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | | 1. |
| 6 | Credits/Payments: | 1 | 1 | | | |
| a | 2016 estimated tax payments and 2015 overpayment credited to 2016 <u>6a</u> | 4 | | | | |
| b | Exempt foreign organizations - tax withheld at source | 4 | { | | | |
| ε | Tax paid with application for extension of time to file (Form 8868) | 4 | 1 | | | |
| C | i Backup withholding erroneously withheld 6d | _ | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | _7_ | <u> </u> | | | <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 | 9 | ļ | | _ | 1. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | _10 | ļ | | _ | |
| | Enter the amount of line 10 to be: Credited to 2017 estimated tax | 11 | <u> </u> | | | |
| | art VII-A Statements Regarding Activities | | | | - | |
| 18 | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven | e in | | <u> </u> | Yes | |
| | any political campaign? | | | _1a_ | | X |
| ı | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definitio | | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis | hed o | r | | | |
| | distributed by the foundation in connection with the activities. | | | } | | |
| | c Did the foundation file Form 1120-POL for this year? | | | 10 | | <u>X</u> _ |
| (| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| | (1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 | <u>•</u> | | | | |
| (| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| | managers. ► \$O. | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | <u>X</u> |
| | 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_ | | <u>X</u> |
| | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | · / 3 | 4a_ | | <u>X</u> _ |
| | b If "Yes," has it filed a tax return on Form 990-T for this year? | r | A/A | 4b | | 37 |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | • | | 5 | | <u>X</u> |
| | 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 language in the governing instrument, or | to lave | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the statement of the governing instrument of | le iaw | | | ₩. | |
| _ | remain in the governing instrument? | 7.7 | • | 6 | X | |
| ′ | 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 X | · | •• | 7 | ^- | |
| | The the states to which the foundation veneral or both which it is required (one matrications) | | | 1 | | |
| 8 | a Enter the states to which the foundation reports or with which it is registered (see instructions) | | | ĺ | | |
| | 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) | | | | | |
| | of each atota as required by Consent Instruction CO If #Ala # attach evaluation | | | Oh | х | |
| _ | of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca | landar | • | 86 | ^ | |
| 9 | year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | iciiUdl | | 0 | | v |
| 40 | | | - | 10 | | X |
| _10 | DID GITY POLICED DECORDE SUBSTAINED CONTRIBUTIONS OUT THE LOA Y COL : IT "YES," ATTACH A SCHEDULE IISTING THEIR NAMES AND ADDRESSES | | For | |)_DF | (2016) |

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Form **990-PF** (2016)

Total. Add lines 1 through 3

C/O JOHN K. MARA

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, se | e instructions.) |
|-----------|--|-----------------|------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| • | Average monthly fair market value of securities | 1a | 0. |
| | Average of monthly cash balances | 1b | 243,387. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 243,387. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 243,387. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 3,651. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 239,736. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 11,987. |
| _ | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | d certain | |
| _ | | 1 | 11,987. |
| 1 | Minimum investment return from Part X, line 6 | • | 11,307. |
| 2a | , | 1 | |
| b | modification and the state of t | 2c | 1 |
| C | • | 3 | 11,986. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 4 | 11,566. |
| 4 | Recoveries of amounts treated as qualifying distributions | 5 | 11,986. |
| 5 | Add lines 3 and 4 | 6 | 11,986. |
| 6 | Deduction from distributable amount (see instructions) | 7 | 11,986. |
| <u>7_</u> | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | | 11,300. |
| F | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | - | |
| а | | 1a | 192,899. |
| b | Program-related investments - total from Part IX-B | 1b | <u> </u> |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | 5 - | |
| a | Suitability test (prior IRS approval required) | 3a | |
| t | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 192,899. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 192,899. |
| - | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years. | qualifies for t | he section |

Form **990-PF** (2016)

C/O JOHN K. MARA

| | (a) | (b) | (c) | (d) |
|---|----------------|---------------------|------|--------------|
| | Corpus | Years prior to 2015 | 2015 | 2016 |
| 1 Distributable amount for 2016 from Part XI, | | | | 11 006 |
| line 7 | | | | 11,986. |
| 2 Undistributed income, if any, as of the end of 2018 | | | | |
| a Enter amount for 2015 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2016: | | | | |
| a From 2011 548,354. | | | | |
| b From 2012 435,712. | | | | |
| c From 2013 389,033. | | | | |
| d From 2014 378,581. | | | | |
| e From 2015 394,699. | | | | |
| f Total of lines 3a through e | 2,146,379. | | | |
| 4 \ Qualifying distributions for 2016 from | | | | |
| Part XII, line 4: ► \$ 192,899. | | | | |
| a Applied to 2015, 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. | | | 11,986. |
| d Applied to 2016 distributable amount | 100 013 | | | _11,500. |
| e Remaining amount distributed out of corpus | 180,913. | | | 0. |
| 5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount | 0. | | | |
| must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as | | ĺ | ' | |
| indicated below: | 2,327,292. | | | |
| a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract | | 0. | | |
| line 4b from line 2b | | | | |
| 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 2015. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2016. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | _ |
| be distributed in 2017 | | | | 0 |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | _ | | : | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2011 | 540 054 | | | |
| not applied on line 5 or line 7 | 548,354. | | | - |
| 9 Excess distributions carryover to 2017. | 4 550 020 | | | |
| Subtract lines 7 and 8 from line 6a | 1,778,938. | - | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2012 435,712. | | | | |
| b Excess from 2013 389,033. | | | | |
| c Excess from 2014 378,581. | | | | |
| d Excess from 2015 e Excess from 2016 2016 394,699. 180,913. | | 1 | ł | |

623601 11-23-16

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year AMERICAN CANCER SOCIETY N/A PUBLICLY GENERAL PURPOSES SUPPORTED 2600 ROUTE ONE NORTH NORTH BRUNSWICK NJ 08902 15,000, BREAST CANCER RESEARCH FOUNDATION N/A PUBLICLY GENERAL PURPOSES SUPPORTED 60 EAST 56TH STREET 8TH FLOOR NEW YORK NY 10022 15,000. DOWNTOWN GIANTS YOUTH FOOTBALL N/A PUBLICLY GENERAL PURPOSES SUPPORTED 395 SOUTH END AVENUE APT. 29D 10,000, NEW YORK NY 10280 PUBLICLY GENERAL PURPOSES HACKENSACK UNIVERSITY MEDICAL CENTER N/A SUPPORTED FOUNDATION 360 ESSEX STREET 15,000. HACKENSACK NJ 07601 PUBLICLY LINCOLN CENTER FOR THE PERFOMING N/A GENERAL PURPOSES SUPPORTED ARTS, INC. 70 LINCOLN CENTER PLAZA NEW YORK, NY 10023 7.500. SEE CONTINUATION SHEET(S) ➤ 3a 192,500 Total **b** Approved for future payment NONE 3b <u>Total</u> Form 990-PF (2016) C/O JOHN K. MARA

| Part XVI-A | Analysis | of Income-P | roducing | Activities |
|---|-----------------|---|----------|-------------------|
| And the second of the second of the second of | , | • | | |

| Enter gross amounts unless otherwise indicated. | Unrelat | ed business income | | ed by section 512, 513, or 514 | (e) |
|---|--|------------------------------|--|--------------------------------|-----------------------------------|
| | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | Code | | 1000 | · | |
| a | | | | | |
| D | | | + + | | |
| c | | - | + + | | |
| a | | | ++ | | |
| e | <u> </u> | | 1 | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | } | 1 | | - - |
| 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 | | | 4 | | |
| 7 Other investment income | <u></u> | | 4 | | |
| 8 Gain or (loss) from sales of assets other | | <u> </u> | | | |
| than inventory | | | \bot | | |
| 9 Net income or (loss) from special events | | | 01 | -79,336. | |
| 10 Gross profit or (loss) from sales of inventory | ļ | | \perp | | <u> </u> |
| 11 Other revenue: | | | 1 1 | 1 | |
| a | | | +-+ | | |
| b | | | + | | <u> </u> |
| c | | | 1 | | |
| d | | | $\downarrow \longrightarrow$ | | |
| e | | <u> </u> | 4 | | |
| 12 Subtotal. Add columns (b), (d), and (e) | <u>. </u> | 00 | • | -79,311. | |
| | | | | 13 | -79,311 |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities t | o the Acc | omplishment of E | xempt | Purposes | |
| Line No. Explain below how each activity for which income | me is reported | I in column (e) of Part XVI- | A contrib | uted importantly to the accom | plishment of |
| the foundation's exempt purposes (other than | | | | , , | |
| N/A | | | | | |
| | | | | | |
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623621 11-23-16

Form 990-PF (2016) C/O JOHN K. MARA 22-3183916 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) 1a(2) (2) Other assets **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations X 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. 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. (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved N/A 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? X No b If "Yes," complete the following schedule. (b) Type of organization (a) Name of organization (c) Description of relationship N/A jury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below (see instr)? rect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign OECRETARY & IREASUREN Here X Yes Signature of officer or trustee Date Title Check If Print/Type preparer's name Date PTIN Preparer's signature self-employed Paid FRANCIS E. SHOVLIN FRANCIS E. SHOVLI P00138308 Preparer Firm's EIN ► 22-3767827 Firm's name ► GRAMKOW CARNEVALE SEIFERT & CO., LLC

Use Only

Phone no. (201) 599-0008

Form **990-PF** (2016)

Firm's address ► TWO FOREST AVENUE

ORADELL, NJ 07649

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.irs.gov/form990 .

OMB No 1545-0047

| Name of the organization | Employer identification number | | | | | | |
|---|---|----------------------------------|--|--|--|--|--|
| TI C | 22-3183916 | | | | | | |
| Organization type(check o | O JOHN K. MARA | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| | is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | ule. See instructions. | | | | | |
| General Rule | | | | | | | |
| | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor | • • • | | | | | |
| Special Rules | | | | | | | |
| sections 509(a)(1) any one contribut | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, Inne 1. Complete Parts I and II. | , or 16b, and that received from | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't 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" o | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (In Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fithe filing requirements of 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) (2016)

THE GIANTS FOUNDATION, INC.

C/O JOHN K. MARA

Employer identification number

22-3183916

Pant 1 f additional space is needed.

| `` | | | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | AMERICAN PILE 61 COUNTY LINE ROAD SOMERVILLE, NJ 08876 | \$6,400. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | BUDWEISER 1 BUSCH PLACE ST. LOUIS, MO 63118 | \$ <u>6,400</u> . | 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 |
| 3 | CEATHAIR MIC, LLC 2 LEISURE FARM DRIVE ARMONK, NY 10504 | \$1,600. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | CHRIS GREENE 4 QUAKER MEETING HOUSE ROAD ARMONK, NY 10504 | \$1,600. | 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 |
| 5 | DELAWARE NORTH NEW MEADOWLANDS STADIUM, 50 STATE ROUTE 120 EASTRUTHERFORD, NJ 07073 | \$6,400. | 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 | \$6,400. | Person X Payroli Noncash (Complete Part II for noncash contributions) |

823452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

THE GIANTS FOUNDATION, INC.

C/O JOHN K. MARA

Employer identification number

22-3183916

| Pânt le | Contributors (See instructions). Use duplicate copies of Part I if additional | ıl space is needed | |
|------------|--|-------------------------|--|
| (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 8 | FERREIRA CONSTRUCTION 31 TANNERY ROAD BRANCHBURG, NJ 08876 | \$ 6,400. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | FOUNDATION & VANGUARD ENERGY PARTNERS 1 COMMERCE STREET BRANCHBURG, NJ 08876 | \$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 |
| 10 | GIANT GLASS 1000 OSGOOD STREET NORTH ANDOVER, MA 01921 | \$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 | GIANTS STADIUM LLC 1925 GIANTS DRIVE QDTC 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 | HARRIS FRC 1921 TROY DRIVE WALL TOWNSHIP, NJ 07719 | \$6,400. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

THE GIANTS FOUNDATION, INC.

C/O JOHN K. MARA

Employer identification number

22-3183916

| Partel | Contributors (See instructions). Use duplicate copies of Part I if additional space is needed | | | |
|------------|---|-------------------------|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 13 | KONIKA MINOLTA 100 WILLIAMS DRIVE RAMSEY, NJ 07446 | \$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 | |
| 14 | MASTERCARD 2000 PURCHASE STREET PURCHASE, NY 10577 | \$ <u>12,800</u> . | 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 | |
| 15 | METLIFE 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036 | \$ <u>12,800</u> . | Person X Payroll | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 16 | MCCARTER & ENGLISH 4 GATEWAY CENTER, 100 MULBERRY STREET NEWARK, NJ 07102 | \$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 | |
| 17 | NEW YORK GIANTS 1925 GIANTS DRIVE QDTC EAST RUTHERFORD, NJ 07073 | \$ 25,600. | Person X Payroll | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 18 | NEW YORK YANKEES YANKEE STADIUM ONE EAST 161ST STREET BRONX, NY 10451 | \$3,200. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | |

Name of organization
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 sp | ace is needed. |
|--------|------------------|---------------------|----------------------|----------------------------|----------------|
| | Oction in a colo | 1000 | | 4 | |

| | | | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19 | NFL 345 PARK AVENUE NEW YORK, NY 10154 | \$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 |
| 20 | NRG 211 CARNEGIE CENTER PRINCETON, NJ 08540 | \$ <u>12,800.</u> | 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 |
| 21 | PEPSI 700 ANDERSON HILL ROAD PURCHASE, NY 10577 | \$12,800. | 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 |
| 22 | PITTA & GIBLIN 120 BROADWAY 28TH FLOOR NEW YORK, NY 10271 | \$3,200. | 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 |
| 23 | PITTA BISHOP DE GIORNO & GIBLIN LLC 120 BROADWAY 28TH FLOOR NEW YORK, NY 10271 | \$3,200. | 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 |
| 24 | TWO TOWER CENTER BOULEVARD, 9TH FLOOR EAST BRUNSWICK, NJ 08816 | \$6,400. | Person X Payroll |

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

THE GIANTS FOUNDATION, INC.

C/O JOHN K. MARA

Employer identification number

22-3183916

| Parting | Contributors (See instructions). Ose duplicate copies of Part I il additiona | i space is fleeded. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 25 | SHOREBRIDGE CAPITAL 35 GREEN WAY NEW PROVIDENCE, NJ 07974 | \$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 |
| 26 | 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 |
| 27 | TIFFANY & CO 200 FIFTH AVENUE NEW YORK, NY 10010 | \$33,000. | 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 |
| 28 | 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 |
| 29 | UBS PO BOX 120312 STAMFORD, CT 06912-0312 | \$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 |
| 30 | VALIANT POWER GROUP 1 COMMERCE STREET BRANCHBURG, NJ 08876 | \$6,400. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

THE GIANTS FOUNDATION, INC.

C/O JOHN K. MARA

Employer identification number

22-3183916

| Part I | Contributors (See instructions). Use duplicate copies of Part I if ad | Iditional space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 31 | VERIZON WIRELESS 1 VERIZON WAY BASKING RIDGE, NJ 07920 | \$12,800. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 32 | JEFF SORKIN 33 THE OAKS ROSLYN, NY 11576 | \$\$ | 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 |
| 33 | JOHN MARA, STEPHEN MARA, SUSAN MCDONNELL 1925 GIANTS DRIVE EAST RUTHERFORD, NJ 07073 | \$ 4 ,000. | 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 |
| 34 | ROBERT WITKOFF 90 RIVERSIDE DRIVE, #6D NEW YORK, NY 10024 | \$3,000. | 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 |
| 35 | BRIAN DELPOME 31 TANNERY ROAD BRANCHBURG, NJ 08876 | \$500. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |

THE GIANTS FOUNDATION, INC.

C/O JOHN K. MARA

Employer identification number 22-3183916

| Partill | Noncash Property (See instructions). Use duplicate copies of Par | t it it additional space is needed. | |
|------------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$s | |
| (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 |
| | | \$ | |
| (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 |
| | | | |

| Name of org | | | Employer identification number |
|---------------------------|---|--|---|
| | IANTS FOUNDATION, INC. DHN K. MARA | | 22-3183916 |
| Pant III | Exclusively religious, charitable, etc., contril the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional | lumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or | in section 501(c)(7), (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 giff | t |
| | Transferee's name, address, and | | 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 gif | t |
| | Transferee's name, address, an | d 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 gif | it . |
| - | Transferee's name, address, an | d 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 all | |
| | Transferee's name, address, ar | (e) Transfer of gif | Relationship of transferor to transferee |
| | | | |

| Part XV Supplementary Informati 3 Grants and Contributions Paid During th | | | | 1 |
|---|--|----------------------|--|--------------|
| 3 Grants and Contributions Paid During the | If recipient is an individual | T | T | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Hambard and address (nome of desired sy | or substantial contributor | recipient | | |
| | | | | |
| MY SISTER'S PLACE | N/A | PUBLICLY | GENERAL PURPOSES | |
| WATER ST #390 | | SUPPORTED | | 30.00 |
| NEW YORK, NY 10006 | | | | 30,00 |
| DDM DECOVE | 7/2 | PUBLICLY | GENERAL PURPOSES | |
| PET RESCUE 16 MSGR. OWENS PLACE | N/A | SUPPORTED | GENERAL PURPOSES | |
| LARCHMONT NY 10538 | | Portokias | | 15.00 |
| | | 1 | | |
| ROCK & WRAP IT UP | N/A | PUBLICLY | GENERAL PURPOSES | |
| 405 OCEANPOINT AVENUE | | SUPPORTED | | } |
| CEDARHURST, NY 11516 | | ļ | | 15.00 |
| | | | | |
| SPECIAL OLYMPICS OF NEW JERSEY | N/A | PUBLICLY | GENERAL PURPOSES | |
| 3 PRINCESS RD | | SUPPORTED | | |
| LAWRENCEVILLE, NJ 08648 | | + | | 50,00 |
| | | | |] |
| WHEEL CHAIR SPORTS FEDERATION | N/A | PUBLICLY | GENERAL PURPOSES | |
| 6454 82ND STREET | | SUPPORTED | | |
| MIDDLE VILLAGE, NY 11379 | | | | 5,00 |
| | | | | |
| ZETA TAU ALPHA FOUNDATION, INC. | N/A | PUBLICLY | GENERAL PURPOSES | |
| 3450 FOUNDERS ROAD | | SUPPORTED | | |
| INDIANAPOLIS, IN 46268 | | | | 15,00 |
| | | } | | |
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| | | | | |
| Total from continuation sheets | | | | 130.00 |

| FORM 990-PF INTEREST ON SAVI | NGS AND TE | MPORARY CASI | H INVESTMENTS | STATEMENT 1 |
|--|------------------------------|-------------------------------|-----------------------------------|-------------------------------|
| SOURCE | REV | A) ENUE NE' BOOKS | (B) F INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
| INTEREST INCOME | | 25. | 25. | |
| TOTAL TO PART I, LINE 3 | | 25. | 25. | |
| FORM 990-PF | OTHER | INCOME | | STATEMENT 2 |
| DESCRIPTION | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | |
| GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS | | -79,33 | 6. 0 |) . |
| TOTAL TO FORM 990-PF, PART I, | LINE 11 = | -79,33 | 6. 0 |). |
| FORM 990-PF | TA | XES | | STATEMENT 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | | | CHARITABLE |
| NEW JERSEY FILING FEES | 300 | • | 0. | 300. |
| TO FORM 990-PF, PG 1, LN 18 | 300 | • | 0. | 300. |
| FORM 990-PF | OTHER | EXPENSES | | STATEMENT 4 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVES MENT INCO | | |
| BANK CHARGES | 99 | • | 0. | 99. |
| TO FORM 990-PF, PG 1, LN 23 | 99 | • | 0. | 99. |
| 10 10IM 550 11, 16 1, 1M 25 | | | | |

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 2016 Form 990-PF

Part I, Line 11 - Other Income

| 2016 Fundraising Events | Golf Outing | Other Fundraising Events | Total |
|---|-----------------------|-----------------------------|-----------------------|
| Revenue received | 187,100 | 28,000 | 215,100 |
| Less expenses: Country Club | (211,901) | - (52.500) | (211,901) |
| Other miscellaneous Total fundraising expenses | (29,035) (240,936) | (53,500) (53,500) | (82,535) (294,436) |
| Net Other Income from Fundraising Events | (53,836) | (25,500) | (79,336) |