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DLN: 93491318015557

2016

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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 instructions is at www.irs.gov/form990pf.

Open to Public

							Tushecriou
For	caler	ndar year 2016, or tax year beginning 01-01-20)16 ,	and e	nding 12-31-	2016	
		indation RMS FOUNDATION INC			A Employer Id	entification number	-
O.	OCE 17	NAS FOODBATION INC			27-1401401		
	ber and	l street (or P O box number if mail is not delivered to street address) 176	Room/suite		B Telephone nu	mber (see instruction	s)
	o box c				(203) 920-1702	2	
		, state or province, country, and ZIP or foreign postal code			C If exemption	application is pending	g, check here
		<u> </u>					▶ ∟
G Cł	neck al	I that apply	former public charit	У	1	ganizations, check he	▶ ∟
		☐ Final return ☐ Amended return☐ Address change ☐ Name change				rganizations meeting k here and attach cor	
H C	neck tv	pe of organization ✓ Section 501(c)(3) exempt private	foundation			undation status was to	
		4947(a)(1) nonexempt charitable trust Other taxable			under sectio	n 507(b)(1)(A), checl	k nere
[Fa	r mark	et value of all assets at end J Accounting method	☐ Cash ☑ Acc	rual		ation is in a 60-month	
		rom Part II, col (c), \$ 140,682,994 ☐ Other (specify) _			under sectio	n 507(b)(1)(B), check	k here
	/.	(Part I, column (d) must	be on cash basis)				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(5)	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	13,166,6	52			(casii basis oiliy)
	-	schedule)	, ,				
	2	Check ► ☐ If the foundation is not required to attach					
	3	Sch B Interest on savings and temporary cash investments	5,2	16	5,216	5,216	
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
ne	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
Re	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances 391,329					
	ь	Less Cost of goods sold 190,184	<u> </u>				
	С	Gross profit or (loss) (attach schedule)	201,1	45		201,145	
	11	Other income (attach schedule)	162,0	30	0	152,603	
	12	Total. Add lines 1 through 11	13,535,0	43	5,216	358,964	
	13	Compensation of officers, directors, trustees, etc	123,0	_	0		123,000
_	14	Other employee salaries and wages	3,335,8	_	0		3,308,591
and Administrative Expenses	15 16a	Pension plans, employee benefits	565,6 4 49,8	_	0		602,682 337,527
E	b	Accounting fees (attach schedule)	9 222,1		0		110,802
EX		Other professional fees (attach schedule)	9 148,2	_	0		148,222
Ne	17	Interest	140,2			-	140,222
rat	18	Taxes (attach schedule) (see instructions)	120,8	86	0	0	120,886
i St	19	Depreciation (attach schedule) and depletion	2,459,1	_	0		
<u>=</u>	20	Occupancy	2, 103/12				
Ad	21	Travel, conferences, and meetings					
E E	22	Printing and publications					
β	23	Other expenses (attach schedule)	4,148,8	39	0	353,748	3,924,209
atı	24	Total operating and administrative expenses.					
Operating		Add lines 13 through 23	11,573,5	93	0	353,748	8,675,919
0	25	Contributions, gifts, grants paid	52,5	00			52,500
	26	Total expenses and disbursements. Add lines 24 and					
	27	Subtract line 26 from line 12	11,626,0	93	0	353,748	8,728,419
	27 a	Excess of revenue over expenses and	1,908,9	50			
		disbursements	2,233,3				
	Ь	Net investment income (if negative, enter -0-)			5,216		
_	С	Adjusted net income(if negative, enter -0-)				5,216	

51,065

131,242,925

139,295,280

4,455,122

964,915

5,420,037

133,875,243

133,875,243

139,295,280

20,872

(چە

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75,067

143,453

132,422,441

137,318,198

1,534,005

1,534,005

135,784,193

135.784.193

137,318,198

133,875,243

135,784,193

135,784,193

Form **990-PF** (2016)

1,908,950

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25,872

75,067

143,453

135,787,237

140,682,994

25,872

Assets
_

5

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10a

11

12

13

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20 21

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26

28

29 Net 30

31

Part III

2

Liabilities

Balances

Fund

ō

Assets 27

b C

Grants receivable

Less allowance for doubtful accounts ▶

Inventories for sale or use

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule)

Investments—other (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

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

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Less accumulated depreciation (attach schedule) ▶ 3,364,796

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Other notes and loans receivable (attach schedule)

instructions

-orm	990-PF (2016)					Page 6
Pa	rt VIII-B Statements Regard	ing Activities for Which	Form 4720 May Be	Required (Continued)		
5a	During the year did the foundation p	ay or incur any amount to				
	(1) Carry on propaganda, or otherw	ise attempt to influence legisl	ation (section 4945(e))?	☐ Yes 🗸	No	
	(2) Influence the outcome of any sp	ecific public election (see sec	tion 4955), or to carry			
	on, directly or indirectly, any vot	· · 🗌 Yes 🗸	No			
	(3) Provide a grant to an individual	No				
	(4) Provide a grant to an organization					
	ın section 4945(d)(4)(A)? (see ir	No				
	(5) Provide for any purpose other th	NO				
	educational purposes, or for the	No				
ь	If any answer is "Yes" to $5a(1)-(5)$,	did any of the transactions fa	all to qualify under the ex		NO	
	Regulations section 53 4945 or in a	current notice regarding disas	ster assistance (see instri	ictions)?	5b	
	Organizations relying on a current no		·			
c	If the answer is "Yes" to question 5a					
	tax because it maintained expenditu	• • • •	•			
	If "Yes," attach the statement requir			· ·	No	
6 a	Did the foundation, during the year,	· -		ime on		
Ua	a personal benefit contract?					
b	Did the foundation, during the year,			⊔ Yes 💌	No 6b	l l _{No}
U	If "Yes" to 6b, file Form 8870	pay preimums, unectly or me	ili ectiy, oli a persoliai be	nent contract	<u> </u>	NO
-	'			tu-n3		
7a	At any time during the tax year, was			⊔ Yes 💌	No	
b	If yes, did the foundation receive an				7b	
Pa	information About C	officers, Directors, Trus	tees, Foundation Ma	inagers, Highly Paid Er	nployees	,
	and Contractors					
1	List all officers, directors, trustee	s, foundation managers a	nd their compensation			
		Title, and average	(c) Compensation (If	(d)	Evna	nco account
	(a) Name and address	hours per week	not paid, enter	Contributions to employee benefit plans and deferred		nse account, r allowances
		(b) devoted to position	-0-)	compensation	()	
See	Additional Data Table					
2	Compensation of five highest-pai	d amployees (other than t	 hase included on line 1	_see instructions) If no	ne enter'	"NONE "
	Compensation of five highest-par			Contributions to	ile, elitei	HOIL.
	(a)	Title, and average	() 6	employee benefit	Exper	nse account,
Na	ame and address of each employee pa more than \$50,000	id hours per week (b) devoted to position	(c) Compensation	plans and deferred		allowances
		(b) devoted to position		(d) compensation		
KRIS	HNA R PATEL	GENERAL COUNSEL & D	240,00	13,398		0
	OX 876	50 00				
NEW	CANAAN, CT 06840					
	KHATTABI	DIR OF SAFETY & ADVI	181,00	0		0
	OX 876	50 00				
	CANAAN, CT 06840					
	IAM STONEBRIDGE	DIRECTOR OF FACILITI	175,00	0		0
	OX 876	50 00				
	CANAAN, CT 06840					
ADAI	M THATCHER	DIRECTOR OF OPERATION	150,00	7,981		0
	OX 876	50 00				
	CANAAN, CT 06840					
WILL	IAM TOM	DIRECTOR OF	135,00	22,730		0
	OX 876	INFORMAT 50 00				
	CANAAN, CT 06840					
Tota	I number of other employees paid ove	er \$50,000				17
					Form QC	IN-PF (2016)

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trus and Contractors (continued)	stees, Foundation Managers, Highly Paid E	imployees,
3 Five highest-paid independent contractors for professional	l services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SCIAME CONSTRUCTION COINC	CONSTRUCTION	5,518,014
14 WALL STREET NEW YORK, NY 10005		
SECURITAS	SAFETY SERVICES	911,019
30 OAK STREET SUITE 403 STAMFORD, CT 06905		
FINN PARTNERS LLC	COMMUNICATION CONSULTANT	279,438
301 EAST 57TH STREET NEW YORK, NY 10022		
AMEC	CONSTRUCTION MANAGEMENT	269,146
145 MAIN STREET NORWALK, CT 06851		
PARATUS GROUP IIINC	PROJECT DIRECTOR	223,007
568 BROADWAY SUITE 602 NY, NY 10012		
Total number of others receiving over \$50,000 for professional service	s	17
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. In organizations and other beneficiaries served, conferences convened, research page		Expenses
BASED DIALOGUE AND THOUGHT LEADERSHIP FOCUSES ON THE GENDER-BASED VIOLENCE AND HUMAN TRAFFICKING SINCE OPE GLOBAL MULTI-SECTOR EXPERTS TO CREATE A NEW INTERDISCIS SLAVERY, INCLUDING THE DRAFTING AND UNANIMOUS PASSAGE BECOME THE MOST COMPREHENSIVE ANTI-TRAFFICKING REFORM UNITED NATIONS UNIVERSITY, WHICH LED TO CONCRETE UN SECOMBATTING HUMAN TRAFFICKING AND CONFLICT	8,728,419	
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation	•	Amount
1	during the tax year on lines I and 2	Amount
2		
All other program-related investments See instructions		
Tabal Add Inna 4 Manual 2		
Total. Add lines 1 through 3		' 0

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

16.305.502

16.305.502

Form 990-PF (2016)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

3

4

5

Form 990-PF (2016)				Page 9
Part XIII Undistributed Income (see instruction	ons)			
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only				
b Total for prior years 20				
3 Excess distributions carryover, if any, to 2016				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from Part				
XII, line 4 🕨 \$				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election				
required—see instructions)				
d Applied to 2016 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount —see instructions				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see				
Instructions				
lines 4d and 5 from line 1 This amount must be distributed in 2017				
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)				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).				
Subtract lines 7 and 8 from line 6a				
Analysis of line 9				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

orm 990-P Part XVI		Activities				Page 1 2
	•		Isiness income	Excluded by section	512, 513, or 514	(e)
	amounts unless otherwise indicated	(a)	(b)	(c)	(d)	Related or exempt function income (See instructions)
_	n service revenue	Business code	Amount	Exclusion code	Amount	(See madactions)
с						
	and contracts from government agencies					
	rship dues and assessments					
3 Intere	st on savings and temporary cash ments			14	5,216	
	ids and interest from securities					
	ital income or (loss) from real estate					
	financed property ebt-financed property					
	ental income or (loss) from personal property					
	nvestment income					
8 Gain o	or (loss) from sales of assets other than					
	ory					
	ome or (loss) from special events profit or (loss) from sales of inventory			03	201,145	
10 Gross p 11 Other r	, ,			03	201,145	
a _{EVENT}				03	162,030	
b					·	
	-				250 224	
12 Subtota 13 Total	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		C	/ 	368,391	
See works	heet in line 13 instructions to verify calculation	ns)				300,371
Part XVI	Relationship of Activities to th	e Accomplish	ment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions)	income is reporte empt purposes (ed in column (e) o other than by pro	of Part XVI-A contribut viding funds for such	ted importantly to purposes) (See	
	,					
	1				For	rm 990-PF (2016

Form 990-PF (2016) Page **13** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 Yes No (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) No (2) Other assets. 1a(2) No **b** Other transactions (1) Sales of assets to a noncharitable exempt organization. 1b(1) No (2) Purchases of assets from a noncharitable exempt organization. 1b(2) No (3) Rental of facilities, equipment, or other assets. . . . 1b(3) No (4) Reimbursement arrangements. 1b(4) No (5) Loans or loan guarantees. 1b(5) No (6) Performance of services or membership or fundraising solicitations. . 1b(6) No No c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. 1c 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

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	-									
2a Is th	e four	ndation directly or indirectly affi	liated with	or relate	d to one or mor	e tax-exe	mnt organ	uzations		
		in section 501(c) of the Code (c		•	*				□Yes 🗹 No	
		, ,	other than	Section 3)1(C)(J))	:CUON 327			Lifes Lino	
P It "Y	es," co	omplete the following schedule					1		6 1	
		(a) Name of organization		(b) Type of organiza	ition		(c) Descripti	on of relationship	
		er penalties of perjury, I declar								
		y knowledge and belief, it is tru	ue, correct	, and com	plete Declaratio	n of prepa	arer (other	than taxpayer) is	based on all information of	
Sign		h preparer has any knowledge			I					
Here	\ *	*****		2017-11-13		*****			May the IRS discuss this return	
	7 -	Signature of officer or trustee		Date		Title			with the preparer shown below (see instr)?	
	, ,				Date		Title		(see instr)? Yes - No	
		Print/Type preparer's name	Pren	arer's Sigi	nature	Date			PTIN	
		Tring Type preparer s name	11100	arci 3 Digi	ideare	Date		Check if self-		
								employed ▶ □	P00047903	
Paid		RIAZ S QUREISHI CPA				201	7-11-13			
Prepa		Firm's name ▶ PERELSON V	VEINER LLI	Р					Fırm's EIN ▶13-3791592	
Use (Only								1 IIIII 5 EIN 🕨 13-37 913 92	
		Firm's address ▶ ONE DAG HAMMARSKJOLD PLAZA								
		ı		100172286					Phone no (212) 605-3100	

NEW YORK, NY 100172286

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter (e) other allowances hours per week Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation SHARON PRINCE DIRECTOR/PRESIDENT Ω 50 00 PO BOX 876 NEW CANAAN, CT 06840 TAYLOR MCCALL-MAZZA 0 0 DIRECTOR/SECRETARY 1 00 PO BOX 876 NEW CANAAN, CT 06840 ROY MEDILE 123,000 DIRECTOR/TREASURER 0 25.00 PO BOX 876 NEW CANAAN, CT 06840 WALTER BEATTY DIRECTOR 0 0 1 00 PO BOX 876 NEW CANAAN, CT 06840 JAY FIELDEN Ω 0 DIRECTOR 1 00 PO BOX 876 NEW CANAAN, CT 06840 PETER HUNSINGER DIRECTOR 0 1 00 PO BOX 876 NEW CANAAN, CT 06840 ROBERT PRINCE DIRECTOR 0 0 1 00 PO BOX 876 NEW CANAAN, CT 06840 DAVID VERKLIN 0 DIRECTOR 0 1 00 PO BOX 876 NEW CANAAN, CT 06840 VERONICA VERKLIN DIRECTOR 0 0 1 00 PO BOX 876 NEW CANAAN, CT 06840 MIROSLAV VOLF 0 0 DIRECTOR 1 00 PO BOX 876 NEW CANAAN, CT 06840 GREGORY ZEHNER 0 DIRECTOR 1 00 PO BOX 876

NEW CANAAN, CT 06840

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

SHARON PRINCE

ROBERT PRINCE

efile GRAPHIC print - DO NOT F	PROCESS	As Filed Data -		DI	N: 93491318015557						
TY 2016 Accounting Fees Schedule											
	Name: GRACE FARMS FOUNDATION INC										
	EIN:	27-1401401									
_	İ				1						
Category Ame		unt Ne	t Investment	Adjusted Net	Disbursements						
			Income	Income	for Charitable						
					Purposes						

ACCOUNTING,AUDITING,TAX
PREPARATION

110,802

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2016 Amortization Schedule Name: GRACE FARMS FOUNDATION INC EIN: 27-1401401									
Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization	
WEBSITE, SOFTWARE & DIGITAL ARCHIVE	2016-12-31	657,240	86,378	36 000000000000	164,838	0	164,838	251,216	

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

TY 2016 Depreciation Schedule

Name: GRACE FARMS FOUNDATION INC

ETN: 27-1401401

	CIN. 2/-1401401										
Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included		
LAND	2016-12-31	39,460,567		L		0	0	0			
BUILDINGS- 25 YEARS LIFE	2016-12-31	496,873	4,832	SL	25 000000000000	19,875	0	19,875			
BUILDINGS- 39 YEARS LIFE	2016-12-31	1,709,667	253,034	SL	39 000000000000	43,838	0	43,838			
BUILDINGS- 55 YEARS LIFE	2016-12-31	88,263,925	372,397	SL	55 000000000000	1,618,972	0	1,618,972			
BUILDINGS- 55 YEARS LIFE	2017-01-05	104,890		SL	55 000000000000	0	0	0			
FURNITURE AND FIXTURES	2016-12-31	3,682,214	107,266	SL	7 000000000000	353,898	0	353,898			
FURNITURE AND FIXTURES	2017-01-05	44,117		SL	7 000000000000	0	0	0			
COMPUTER AND EQUIPMENT	2016-12-31	1,367,744	81,755	SL	5 000000000000	257,713	0	257,713			

TY 2016 General Explanation Attachment

Name: GRACE FARMS FOUNDATION INC.

As Filed Data -

EIN: 27-1401401

MANAGERS AND THE

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General E	xplanation Attachment		
Identifier	Return Reference	Explanation	

INFORMATION ABOUT OFFICERS.

FORM 990, PAGE 6. DIRECTORS, TRUSTEES, FOUNDATION PART VIII, LINE 1

DIRECTORS

ROY MEDILE IS COMPENSATED \$123,000 IN THE CAPACITY AS AN EMPLOYEE, NOT AS A MEMBER OF THE BOARD OF

DLN: 93491318015557

TY 2016 Land, Etc. Schedule		
	Name:	GRACE FARMS FOUNDATION INC

DLN: 93491318015557

1,367,744

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

& DIGITAL ARCHIVE

COMPUTER AND EQUIPMENT

Hame: GIACL LANGS LOOKDATION INC				
E	IN: 27-1401401			
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDING	90,575,355	2,312,948	88,262,407	90,575,355
LAND	39,460,567	0	39,460,567	39,460,567
FURNITURE & FIXTURES	3,726,331	461,164	3,265,167	3,726,331
WEBSITE, COMPUTER SOFTWARE	657,240	251,216	406,024	657,240

339,468

1,028,276

1,367,744

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TY 2016 Legal Fees Schedu	le			
Nam	ne: GRACE FARM	IS FOUNDATION I	NC	
EIN: 27-1401401				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	449,863	0	0	337,527

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As Filed Data -

Name: GRACE FARMS FOUNDATION INC.

SECURITY DEPOSIT

Other Assets Schedule

Description

EIN: 27-1401401

20,872

Beginning of Year -

Book Value

End of Year - Book

Value

DLN: 93491318015557

25,872

25,872

End of Year - Fair Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491318015557
TY 2016 Other Expenses Sche	dule			
•				
Namou	CDACE EADMS	FOUNDATION INC		
Haille.	GRACE FARMS	LOONDALION TING	•	
EIN:	27-1401401			
Other Expenses Schedule				
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable

F-141	2/ 1/01/01			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements Charitable Purposes

593,037

676,248

771,669

600,019

1,164,858

344,625

605,632

273,380

836,307

1,164,858

699,407

353,748

0

UTILITIES AND RENTAL

PROGRAM SERVICES

VISITOR EXPERIENCE

FACILITIES AND MAINTENANCE

GENERAL & ADMINISTRATIVE

MARKETING AND COMMUNICATIONS

efile GRAPHIC print - DO NOT PROCESS

Name: GRACE FARMS FOUNDATION INC.

Description

Other Income Schedule

EVENTS

Revenue And

Expenses Per Books

162,030

EIN: 27-1401401

As Filed Data -

Net Investment

Income

Adjusted Net Income

152,603

DLN: 93491318015557

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	LN: 934913180155	57
TY 2016 Other Liabilities Sche	dule				
Name:	GRACE FARMS	FOUNDATION INC			
EIN:	27-1401401				
Description	n	I =	g of Year Value	End of Year - Book Value	
RETAINAGE PAYABLE			964,915		0

efile GRAPHIC print - DO NOT PROC	ESS	As Filed Data -	DLN: 93491318015557			
TY 2016 Other Professional Fees Schedule						
Name: GRACE FARMS FOUNDATION INC						
EIN: 27-1401401						
Colorania Not Tanastanant Adinated Not Dishumananta						
Category	^	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	

33,397

		•		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

114,825

33,397

COMPUTER & IT

OPERATIONS

efile GRAPHIC print - DO NOT PRO	CESS As Filed Data	s Filed Data - DLN: 93491318015557		
TY 2016 Taxes Schedule				
N	ame: GRACE FARI	MS FOUNDATION I	NC	
EIN: 27-1401401				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROPERTY TAXES	120,803	0	0	120,803

EXCISE TAX

efile GRAPHIC print - I	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491318015557					
Schedule B (Form 990, 990-EZ,	Schedule of	Contributors		OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	of the Treasury enue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990					
Name of the organizat GRACE FARMS FOUNDAT			Employer ide	entification number		
	-1		27-1401401			
Organization type (che	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organiza	tion				
	4947(a)(1) nonexempt charitable tri	ust not treated as a private founda	ition			
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private foundation	ו				
4947(a)(1) nonexempt charitable trust treated as a private foundation						
501(c)(3) taxable private foundation						
	ation filing Form 990, 990-EZ, or 990-PF that r property) from any one contributor Complete					
Special Rules						
under sections a received from a	ion described in section 501(c)(3) filing Form 9 09(a)(1) and 170(b)(1)(A)(vi), that checked So by one contributor, during the year, total contrib ie 1h, or (ii) Form 990-EZ, line 1 Complete Pa	hedule A (Form 990 or 990-EZ), Poutions of the greater of (1) \$5,000	Part II, line 13, 1	16a, or 16b, and that		
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						
during the year, If this box is che purpose Do no	ion described in section 501(c)(7), (8), or (10) contributions exclusively for religious, charitab cked, enter here the total contributions that we complete any of the parts unless the General ble, etc., contributions totaling \$5,000 or more	le, etc., purposes, but no such con ere received during the year for an Rule applies to this organization b	ntributions total exclusively reli pecause it rece	ed more than \$1,000 igious, charitable, etc , lived nonexclusively		
990-EZ, or 990-PF), bu	in that is not covered by the General Rule and it must answer "No" on Part IV, line 2, of its F orm 990PF, Part I, line 2, to certify that it does	orm 990, or check the box on line	H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9	•	Cat No 30613X Schedu	ıle B (Form 990,	990-EZ, or 990-PF) (2016)		

Name of organization GRACE FARMS FOUNDATION INC **Employer identification number**

		27-140140	01
Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional space is ne	eded	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	\$	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contribution) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person
(a)	(b)	(c)	(Complete Part II for noncash contribution) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
		\$	Payroll Noncash (Complete Part II
(a)	(b)	(c)	for noncash contribution) (d) Type of
No.	Name, address, and ZIP + 4	Total contributions	contribution Person
		\$	Payroll Noncash (Complete Part II
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	for noncash contribution) (d) Type of contribution
		\$	Person
			for noncash contribution)

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2016)		Page 3
Name of organizatio		Employer identification number 27-1401401	
GRACE PARMS FOORD	ATION INC		
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>=</u>			
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4	
Name of organization GRACE FARMS FOUNDATION INC			Employer identification number 27-1401401	
than \$1, organiz the year	,000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee			
(a)	/h) Durnoco of gift	(a) Hea of suff	(d) Description of how gift is held	
No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of now gift is field	
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee			
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationshi		t Relationship of transferor to transferee	
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	

Additional Data

Software ID:

Software Version:

EIN: 27-1401401

Name: GRACE FARMS FOUNDATION INC

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	NATIONAL PHILANTHROPIC TRUST		Person 🗸
1			Payroll 🗌
	165 TOWNSHIP LANE ROAD SUITE 150	\$ 13,000,000	Noncash \square
	JENKINTOWN, PA 19046		(Complete Part II for nonc
	GRACE COMMUNITY CHURCH		Person 🗸
<u>2</u>			Payroll 🗍
	365 LUKES WOOD ROAD	\$ 30,500	Noncash \square
	NEW CANAAN, CT06840		(Complete Part II for nonc
			contribution)
3	JOHN J BARKER		Person 🗸
	C/O GRACE FARMS FOUNDATION PO BOX 8		Payroll 🗌
	C/O GRACE FARMS FOUNDATION PO BOX 8	\$ 20,650	Noncash \Box
	NEW CANAAN, CT06840		(Complete Part II for nonc
	VANGUARD CHARITABLE		contribution) Person
4			Payroll
	C/O GRACE FARMS FOUNDATION PO BOX 8	\$ 20,000	Noncash \square
	NEW CANAAN, CT06840		
			(Complete Part II for nonc contribution)
<u>5</u>	ALICE MAHONEY		Person 🗸
	C/O CDACE FARMS FOUNDATION BO BOY O		Payroll 🗌
	C/O GRACE FARMS FOUNDATION PO BOX 8	\$ 15,000	Noncash \Box
	NEW CANAAN, CT06840		(Complete Part II for nonc contribution)
	JOSEPH MIZZISCIAME CONSTRUCTION		Person 🗸
<u>6</u>			Payroll
	C/O GRACE FARMS FOUNDATION PO BOX 8	\$ 10,000	Noncash
	NEW CANAAN, CT06840		
			(Complete Part II for nonc contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Total contributions ROY MEDILE Person **V** Payroll C/O GRACE FARMS FOUNDATION PO BOX 8 \$ 7,650 Noncash NEW CANAAN, CT06840 (Complete Part II for noncash contribution) SHARON & BRUCE BOTTOMLEY Person **V** 8 Payroll C/O GRACE FARMS FOUNDATION PO BOX 8 \$ 5,000 Noncash NEW CANAAN, CT06840 (Complete Part II for noncash contribution) CHARLES FEHRENBACH FUND Person Payroll C/O GRACE FARMS FOUNDATION PO BOX 8 \$ 5.000 Noncash NEW CANAAN, CT06840 (Complete Part II for noncash contribution)