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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491233002267

2016

OMB No 1545-0052

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 instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 01-01-20)16 , an	d er	nding 12-31-	2016		
		indation			A Employer identification number			
TH	E JOHN	A RODGER JR FOUNDATION INC			45-1014393			
		street (or P O box number if mail is not delivered to street address) #PSTEAD TPK NO 309	Room/suite		B Telephone number (see instructions)			
					(516) 223-6200)		
		, state or province, country, and ZIP or foreign postal code OW, NY 11554			C If exemption	application is pendin	g, check here	
G Ch	neck all	I that apply Initial return Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere $lacksquare$	
		☐ Final return ☐ Amended return				ganızatıons meeting		
		\square Address change \square Name change				k here and attach co	· -	
		pe of organization Section 501(c)(3) exempt private				ındatıon status was t n 507(b)(1)(A), chec		
		4947(a)(1) nonexempt charitable trust Other taxable			-			
of '	year <i>(f</i> .	tet value of all assets at end from Part II, col (c), \$ 1,968,594 J Accounting method Other (specify) (Part I, column (d) must	✓ Cash ☐ Accrua	al		ation is in a 60-montl n 507(b)(1)(B), chec		
Pa	rt 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)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	415,359					
	2	Check ▶ ☐ If the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	9,854		9,854			
	5a	Gross rents						
e	b 6a	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	-20,057					
Revenue	b		20,037					
Sev	7	Gross sales price for all assets on line 6a 326,111 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						
	b	Less Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)	95-1 9.010		0.010			
	11		8,010 413,166		8,010 17,864			
	12	Total. Add lines 1 through 11	413,166		17,864			
	14	Other employee salaries and wages	0					
Š	15	Pension plans, employee benefits						
ทรย	16a	Legal fees (attach schedule)						
p e	ь	Accounting fees (attach schedule)	3,050		3,050		(
e e	С	Other professional fees (attach schedule)						
ξ	17	Interest						
and Administrative Expenses	18	Taxes (attach schedule) (see instructions)	9 678		136		(
	19	Depreciation (attach schedule) and depletion						
AG	20	Occupancy						
ם u	21 22	Travel, conferences, and meetings						
0 0	23	Other expenses (attach schedule)	2,917		2,917			
Operating	24	Total operating and administrative expenses.			_,			
ber:		Add lines 13 through 23	6,645		6,103			
Ō	25	Contributions, gifts, grants paid	81,000				81,000	
	26	Total expenses and disbursements. Add lines 24 and 25	87,645		6,103		81,000	
	27	Subtract line 26 from line 12	,		-,			
	а	Excess of revenue over expenses and disbursements	325,521					
	ь	Net investment income (If negative, enter -0-)			11,761			
	С	Adjusted net income(if negative, enter -0-)						

1,768,879

1,768,879

1,768,879 1.768.879

2

3

4

5

1,443,760

1,769,281

1,768,879

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402

325,521

1,968,594

Decreases not included in line 2 (itemize) ▶ _

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

	b	Investments—corporate stock (attach schedule)	1,423,039	چ
	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	Total assets (to be completed by all filers—see the		
		ınstructions Also, see page 1, item I)	1,443,760	
	17	Accounts payable and accrued expenses		
	18	Grants payable		
Liabilities	19	Deferred revenue		
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons		
ıat	21	Mortgages and other notes payable (attach schedule)		
	22	Other liabilities (describe >)		
	23	Total liabilities(add lines 17 through 22)	0	
		Foundations that follow SFAS 117, check here ▶ □		
ses		and complete lines 24 through 26 and lines 30 and 31.		
<u> </u>	24	Unrestricted		
	27			
Bal	25	Temporarily restricted		
nd Bal		Temporarily restricted		
Fund Bal	25	` ` `		
or Fund Bal	25	Permanently restricted		
ets or Fund Bal	25	Permanently restricted	0	
Assets or Fund Bal	25 26	Permanently restricted	0	
et Assets or Fund Bal	25 26 27	Permanently restricted		
Net Assets or Fund Balances	25 26 27 28	Permanently restricted	0	
Net Assets or Fund Bal	25 26 27 28 29	Permanently restricted	0 1,443,760	
	25 26 27 28 29 30	Permanently restricted	0 1,443,760 1,443,760	
	25 26 27 28 29 30 31 rt III	Permanently restricted	0 1,443,760 1,443,760 1,443,760	end-
Pa	25 26 27 28 29 30 31 rt III	Permanently restricted	0 1,443,760 1,443,760 1,443,760	end-
Pa 1	25 26 27 28 29 30 31 rt IIII Total of-ye Entei Othe	Permanently restricted	0 1,443,760 1,443,760 1,443,760	end-

(f)

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(j)

Adjusted basis

			Page 3
е			
	(b) How acquired P—Purchase	(c) Date acquired	(d) Date sold

(mo, day, yr)

·
(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)
1aSee Additional Data Table
b
С

(g)

Cost or other basis

D-Donation

(h) Gain or (loss)				
(e) plus (f) r	minus (g)			

(mo, day, yr)

Depreciation allowed Gross sales price (or allowable) a See Additional Data Table

d 6

b C d e

b c d е

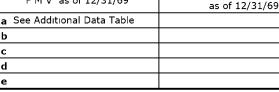
2

(e)

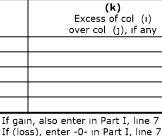
(i)

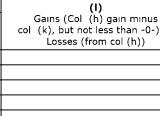
FMV as of 12/31/69

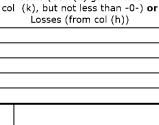


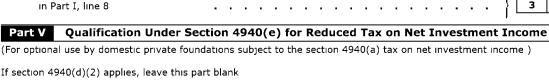


Capital gain net income or (net capital loss)









(a)

Base period years Calendar

year (or tax year beginning in)

2015

2014

2013

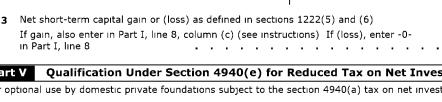
2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions



(d) Distribution ratio

(col (b) divided by col (c))

-20,057

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Enter the appropriate amount in each column for each year, see instructions before making any entries

57,800

40,500

20,926

21,426

12,500

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

Net value of noncharitable-use assets

740,183

584,532

384,606

292,818

44,996

2

3

4

5

6

7

8

3

2

🗌 Yes 🗸 No

0 078089

0 069286

0 054409

0 073172

0 277802

0 552758

0 110552

1,709,716

189,013

189,131

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81,000

118

If "Yes," attach the statement required by Regulations section 53 4945–5(d)									
6 a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on								
	a personal benefit contract?				· 🗌 Yes 🗸				
b	Did the foundation, during the year,	pay	premiums, directly or ind	irectly, on a personal bei	nefit contract?	NO	6b		No
	If "Yes" to 6b, file Form 8870					Ī			
7a	At any time during the tax year, was	the	foundation a party to a p	rohibited tax shelter tran	nsaction? Yes				
b	If yes, did the foundation receive an				∟ Yes 💌	No	7b		
	Information About O		· · · · · · · · · · · · · · · · · · ·		nagers, Highly Paid Er	nplov	vees.		
Pa	and Contractors		,,		g, g ,		, ,		
1	List all officers, directors, trustee	s. f	oundation managers an	d their compensation	(see instructions).				
	Eist all officers, affectors, trastee	.5, 1			(d)				
(a) Name and address			Title, and average hours per week		Contributions to employee				
	(a) Hame and dadress	(b) devoted to position	-0-)	benefit plans and deferred	(e)	other	allowa	nces
	Additional Data Table			-	compensation	1			
see	Additional Data Table								
						-			
2	Compensation of five highest-pai	d er	nployees (other than th	ose included on line 1		ne, er	nter "	NONE.	"
	(a)		Title, and average		Contributions to				
Na	ame and address of each employee pa	ıd	hours per week	(c) Compensation	employee benefit plans and deferred			se acco allowar	
	more than \$50,000		(b) devoted to position		(d) compensation	(0)	001101	ao.,, a.,	1000
NON	E								
]						
			1						
			1						
			1						
			1						
Tota	I number of other employees paid over	r ¢ F	<u> </u>	1					
OLA	in number of other employees paid over	ει φ Σ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · ·		Г	004)-PF (2016
						For	11 3 3	,-PF	/U1b

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		
2		
2		
2		
3		
		
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		▶ 0
		Form 990-PF (2016)

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

1a

1b

2

За 3b

4

5

81,000

81.000

81,000

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Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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.

Amounts set aside for specific charitable projects that satisfy the

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

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

1

2

3

4

5

Page 9

85.251

81.000

4,251

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9	U-	۲٢	(2	υı	0)
7	X	11	1		ι	J

b Total for prior years

From 2011. . . .

d From 2014. . . .

e From 2015.

b From 2012. . . . c From 2013. .

XII, line 4 > \$

indicated below:

Form	990-PF	(2	016)
Pa	rt XIII		Und

n 990-PF (20	016)	
art XIII	Undistributed Income	(see instructions)

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.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

b Excess from 2013. .

d Excess from 2015. . e Excess from 2016. . .

c Excess from 2014. . . .

6 Enter the net total of each column as

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 f Undistributed income for 2016 Subtract 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

4 Qualifying distributions for 2016 from Part

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).

11,006 7,161

3.068 13,219

21,320

7.161 3,068

13.219

21.320

(a)

Corpus

55,774

0 4,251

51.523

6.755

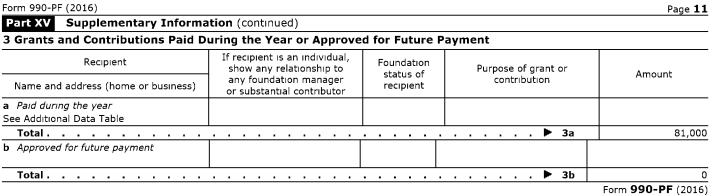
44.768

(b)

Years prior to 2015

(c)

2015



Enter gross amounts unless otherwise indicated		Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
L Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	and contracts from government agencies					
_	rship dues and assessments					
	st on savings and temporary cash					
	ments			14	9,854	
	tal income or (loss) from real estate				·	
	financed property					
	ebt-financed property					
	nvestment income			14	8,010	
3 Gain d	or (loss) from sales of assets other than					
	ory			18	-20,057	
	profit or (loss) from sales of inventory					
1 Other r	evenue a					
с						
d						
e			0		-2,193	
e 2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)	ns)	0	13	-2,193 3	
e 2 Subtota 3 Total. ee worksl		ns)		13		-2,193
e 2 Subtota 3 Total. ee worksl	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte		pt Purposes Fart XVI-A contribu	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which its contents.	ns) e Accomplish income is reporte empt purposes (c	ment of Exempled in column (e) of other than by prov	pt Purposes Feart XVI-A contribu	ted importantly to	
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e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's exinstructions.)	ns) e Accomplish Income is reporte empt purposes (c	ment of Exempled in column (e) of other than by prov	pt Purposes Feart XVI-A contribu	ted importantly to	
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e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's exinstructions.)	ns) e Accomplish income is reporte empt purposes (c	ment of Exempled in column (e) of other than by prov	pt Purposes Feart XVI-A contribu	ted importantly to	

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Exempt Organi	zations						•				
		ganization directly or in Code (other than sectio	directly enga							on 501		Yes	No
a Tran	nsfers f	rom the reporting foun	dation to a n	oncha	ırıtable ex	empt organizati	on d	of	_				
(1)	Cash.									. 1	a(1)		No
(2)	Other	assets								. 1	a(2)		No
b Oth	er tran	sactions											
		of assets to a nonchar	•	_						. 1	b(1)		No
(2)	Purch	ases of assets from a n	oncharitable	exem	pt organi	zation				1	b(2)		No
		l of facilities, equipmer	-								b(3)		No
		oursement arrangemen									b(4)		No
		or loan guarantees.									b(5)		No
٠, ٠		mance of services or m	•		_						b(6)		No
	-	facilities, equipment, n								_	1c		No
		ver to any of the above ds, other assets, or ser									ue		
		saction or sharing arra											
(-)	No. 1	(L) A	l (-) N					(4) D					
(a) Line	NO	(b) Amount involved	(c) Name or	noncna	аптаріе ехе	mpt organization	╁	(a) Description of	transfers, transactions,	and snarin	g arrar	igemen	ts
	+						\vdash						
							╙						
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	_						╀						
	_						╁						
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							1						
		idation directly or indire	•		•	•				_			
desc	cribed i	n section 501(c) of the	Code (other	than	section 50	01(c)(3)) or in s	ecti	ion 527?		. ⊔	Yes	✓ N	0
b If "Y	res," co	emplete the following so						1					
		(a) Name of organization	on		(b) Type of organiz	atıoı	n	(c) Description	of relations	hip		
		er penalties of perjury,											
		y knowledge and belief		orrect,	, and com	plete Declaration	on c	of preparer (other	than taxpayer) is ba	ased on al	Infor	mation	n of
Sign		h preparer has any kno	wieage			l			T.	ay the IRS	dicens	c thic re	oturn
Here		*****				2017-07-24				vith the pre			
	/ 9	Signature of officer or ti	rustee			Date		Title	(:	see instr)?	✓ γ	es 🗆 N	lo
	<u> </u>	B		<u> </u>									
		Print/Type preparer's	name	Prepa	arer's Sıgı	nature		Date	Check if self-	PTIN			
									employed ▶ □	P	00029	142	
Paid		KENNETH RICK						2017-07-24	' '				
Prep	arer	Francis and A 2000	N/ED 11.0										
Use (Firm's name ► JANC	OVER LLC						F	Fırm's EIN	▶ 11-	32584	197
		Firm's address ▶ 10	0 QUENTIN I	ROOSI	EVELT BL\	/D							
									,	Phone no	(516)) 542-6	5300
		GA	ARDEN CITY,	NY 1	1530					- ···•	,,		

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, (b) (d) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation UBS 7594-PUBLICLY TRADED SECURITIES **UBS 7575-PUBLICLY TRADED SECURITIES** UBS 7594-PUBLICLY TRADED SECURITIES UBS 7594-WASH SALE PUB TRADED SECURITIES UBS 7594-WASH SALE PUB TRADED SECURITIES **UBS 7575-PUBLICLY TRADED SECURITIES** Р CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (g) plus expense of sale (f) (or allowable) (h) (e) plus (f) minus (g) 28.430 28.816 -386 -327 9,859 10,186 68.363 65.870 2.493 215 215 268 268 215,705 241,296 -25,591 3.271 3,271 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -386 -327 2,493 215 268 -25,591 3,271

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, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation JOHN A RODGER JR DIRECTOR 0 00 148 THE HELM EAST ISLIP, NY 11730 DENIS RODGER DIRECTOR 0 00

001155115011150		_	_	_
515 PENN STREET LONG BEACH, NY 11561	0 00			
DOUGLAS RODGER	DIRECTOR	0	0	(
MERRICK, NY 11566				

COLLEEN FOWLER	DIRECTOR	0	0	0
36 SETAUKET TRAIL	0 00			

36 SETAUKET TRAIL RIDGE, NY 11961	0 00			
KRISTIN RODGER	DIRECTOR	0	0	0

0.00

213-02 73RD AVENUE UNIT 3D

BAYSIDE, NY 11364

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

DOUGLAS RODGER
COLLEEN FOWLER
KRISTIN RODGER

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
92ND STREET Y 1395 LEXINGTON AVENUE NEW YORK, NY 10128		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
ADIRONDACK MOUNTAIN CLUB 814 GOGGINS ROAD LAKE GEORGE, NY 12845		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
AIR WARRIOR COURAGE FOUNDATION PO BOX 877 SILVER SPRING, MD 20918		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
ALL HANDS VOLUNTEERS 6 COUNTRY ROAD SUITE 6 MARRAPOISETT, MA 02739		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
ALMOST HOME ANIMAL RESCUE 1521 OCEAN AVE SUITES B6 7 BOHEMIA, NY 11716		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
Total				81,000

3a

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
AMERICAN HEART ASSOCIATION 125 E BETHPAGE ROAD 100 PLAINVIEW, NY 11803		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500	
AMERICAN MACULAR DEGENERATION FOUNDATION PO BOX 515 NORTHAMPTON, MA 01061		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500	
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST 79 ST NEW YORK, NY 10024		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	

Total . 3a 81,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN THEATRE OF ACTORS INC. CHARITY AID THEATRE ORGANIZATION 1,000 314 WEST 54TH STREET WITH ITS CHARITABLE PURPOSE NEW YORK, NY 10019

AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
ANCHOR PROGRAM 630 LIDO BLVD LIDO BEACH, NY 11561	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500

ANCHOR PROGRAM 630 LIDO BLVD LIDO BEACH, NY 11561	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
ANGEL FLIGHT NORTHEAST 492 SUTTON STREET ANDOVER, MA 01845	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
ARTS COUNCIL OF EAST ISLIP PUBLIC LIBRARY	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

ANDOVER, MA 01845		CARRI OUT TONCTIONS	
ARTS COUNCIL OF EAST ISLIP PUBLIC LIBRARY 381 EAST MAIN STREET EAST ISLIP, NY 11730	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,0

Total . За

81,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BIDEAWEE 410 EAST 38TH STREET CHARITY AID DONEE ORGANIZATION TO 1,000 NEW YORK, NY 10016 CARRY OUT FUNCTIONS

BOY SCOUTS OF AMERICA 350 5TH AVENUE 7820 NEW YORK, NY 10118	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
BREAD FOR THE WORLD 425 3RD STREET SW SUITE 1200	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500

350 5TH AVENUE 7820 NEW YORK, NY 10118		CARRY OUT FUNCTIONS	_,,
BREAD FOR THE WORLD 425 3RD STREET SW SUITE 1200 WASHINGTON, DC 20024	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
CITY HARVEST 6 E 32ND STREET	CHARITY	AID DONEE ORGANIZATION TO	500

WASHINGTON, DC 20024		CARRY OUT TORCHORS	
CITY HARVEST 6 E 32ND STREET NEW YORK, NY 10016	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
CITY MEALS ON WHEELS	CHARITY	AID DONEE ORGANIZATION TO	1,000

CITY HARVEST 6 E 32ND STREET NEW YORK, NY 10016		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	50
CITY MEALS ON WHEELS 355 LEXINGTON AVE NEW YORK NY 10017		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00

··-·· , ·· , ·· , ·· , · , ·· , ·· , · , ·· , · ,			1
CITY MEALS ON WHEELS 355 LEXINGTON AVE NEW YORK, NY 10017	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,0
Total	 		81,000

За

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
COALITION FOR THE HOMELESS 129 FULTON STREET NEW YORK, NY 10038		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE 3833 CLEGHORN AVE NASHVILLE, TN 37215		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	2,000	
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 809213668		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500	
DAILY NEWS CHARITIES 4 NEW YORK PLAZA 6TH FLOOR NEW YORK, NY 10004		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500	

CHARITY

AID DONEE ORGANIZATION TO

CARRY OUT FUNCTIONS

750

81,000

DANITA'S CHILDREN PO BOX 23270

NASHVILLE, TN 37202

Total . . 3a

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
DOCTORS WITHOUT BORDERS 333 7TH AVENUE NEW YORK, NY 10001		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
EAST MEADOW FIRE DEPARTMENT 197 EAST MEADOW AVENUE EAST MEADOW, NY 11554		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	200	
EASTER SEALS 233 SOUTH WACKER DRIVE SUITE 2400 CHICAGO, IL 60606		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
EASTPORT BIBLE CHURCH 386 MOUNTAUK HIGHWAY EASTPORT, NY 11941		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500	
1		1			

197 EAST MEADOW AVENUE EAST MEADOW, NY 11554		CARRY OUT FUNCTIONS	
EASTER SEALS 233 SOUTH WACKER DRIVE SUITE 2400 CHICAGO, IL 60606	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00
EASTPORT BIBLE CHURCH	CHARITY	AID DONEE ORGANIZATION TO	50

CHICAGO, IL 60606			
EASTPORT BIBLE CHURCH 386 MOUNTAUK HIGHWAY EASTPORT, NY 11941	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	5
EDUCATION THROUGH MUSIC	CHARITY	AID DONEE ORGANIZATION TO	1.0

CARRY OUT FUNCTIONS

122 EAST 42ND STREET SUITE 1501

NEW YORK, NY 10168

81,000 Total . . За

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
EXCHANGE AMBULANCE CORP OF THE ISLIPS 190 CARLETON AVE EAST ISLIP, NY 11730		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
FAMILY SERVICE LEAGUE 790 PARK AVENUE HUNTINGTON, NY 11743		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	2,000	
FEEDING AMERICA 35 EAST WACKER DRIVE SUITE 2000 CHICAGO, IL 60601		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
FISHER CENTER OF ALZHEIMER'S RESEARCH FOUNDATION 110 EAST 42ND STREET 16TH FLOOR NEW YORK, NY 10017		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
FOOD ALLERGY RESEARCH & EDUCATION 7925 JONES BRANCH DR SUITE 1100 MCLEAN, VA 22102		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	2,000	

Total . 3a 81,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Amount Recipient show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FOOD FOR THE POOR CHARITY AID DONEE ORGANIZATION TO 1.000 6401 LYONS ROAD CARRY OUT FUNCTIONS

CHARITY GABRIELLE'S ANGEL FOUNDATION AID DONEE ORGANIZATION TO 420 LEXINGTON AVENUE 226 CARRY OUT FUNCTIONS NEW YORK, NY 10170 GAVINS GOT HEART PO BOX 295

COCONUT CREEK, FL 33073

ISLIP. NY 11751

GHETTO FILM SCHOOL

CHARITY AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS CHARITY AID DONEE ORGANIZATION TO

79 ALEXANDER AVENUE 4TH FLOOR BRONX, NY 10454		CARRY OUT FUNCTIONS	
GREAT SOUTH BAY AUDOBON SOCIETY 59 BROOK STREET SAYVILLE, NY 11782	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	

500

1,000

500

1,000

GREAT SOUTH BAY AUDOBON SOCIETY 59 BROOK STREET SAYVILLE, NY 11782	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1

81,000 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HEART TO HEART 395 PEARL STREET CHARITY AID DONEE ORGANIZATION TO 1,000 BROOKLYN, NY 11201 CARRY OUT FUNCTIONS CHARITY 800 HEIFER INTERNATIONAL AID DONEE ORGANIZATION TO 1 WORLD AVENUE CARRY OUT FUNCTIONS

LITTLE ROCK, AR 72202		CARRI OUT FUNCTIONS	
HIMALAYAN CATARACT PROJECT PO BOX 55 WATERBURY, VT 05676	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	2,000
HOFSTRA UNIVERSITY 1000 FULTON AVENUE	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,500

WATERBURY, VT 05676		CARRY OUT FUNCTIONS	
HOFSTRA UNIVERSITY 1000 FULTON AVENUE HEMPSTEAD, NY 11549	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,50
HOPE FOR HAITI'S CHILDREN	CHARITY	AID DONEE ORGANIZATION TO	1,00

HEMPSTEAD, NY 11549		CARRY OUT FUNCTIONS	
HOPE FOR HAITI'S CHILDREN PO BOX 62328 CINCINNATI. OH 45262	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

2.110.12,13,111 210.13			
OPE FOR HAITI'S CHILDREN O BOX 62328 INCINNATI, OH 45262		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,0

PO BOX 62328 CINCINNATI, OH 45262		CARRY OUT FUNCTIONS	,
Total	 		81,000

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HOPE FOR HAITI 1021 5TH AVENUE NORTH NAPLES, FL 34102		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
HOPES AND HEROES CHILDREN'S CANCER FUND 161 FORT WASHINGTON AVENUE NEW YORK, NY 10032		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
HOSPICE CARE NETWORK 99 SUNNYSIDE BOULEVARD WOODBURY, NY 11797		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
HOSPITAL FOR SPECIAL SURGERY 535 E 70TH STREET NEW YORK, NY 10021		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
HUMANE SOCIETY OF NEW YORK 306 E 59TH STREET NEW YORK, NY 10022		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

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81,000

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ICAHN SCHOOL OF MEDICINE 1468 MADISON AVENUE NEW YORK, NY 10029		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
INTERFAITH NUTRITION NETWORK 211 FULTON AVENUE HEMPSTEAD, NY 11550		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
ISLAND HARVEST 199 SECOND STREET MINEOLA, NY 11501		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,500
LIVESTRONG FOUNDATION 2201 E 6TH ST AUSTIN, TX 78702		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
LONG ISLAND ALZHEIMERS		CHARITY	AID DONEE ORGANIZATION TO	1,000

MINEOLA, NY 11501		CARRY OUT FUNCTIONS	
LIVESTRONG FOUNDATION 2201 E 6TH ST AUSTIN, TX 78702	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1
LONG ISLAND ALZHEIMERS FOUNDATION 5 CHANNEL DRIVE PORT WASHINGTON, NY 11050	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1

81,000

Total . .

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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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
LONG ISLAND CARES 10 DAVIDS DRIVE HAUPPAUGE, NY 11788		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
MEMORIAL SLOAN-KETTERING 1275 YORK AVENUE NEW YORK, NY 10065		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
METROPOLITAN MUSEUM OF ART 1000 5TH AVENUE NEW YORK, NY 10028		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 N FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
NATIONAL PARKINSON'S FOUNDATION 200 SE 1ST STREET SUITE 800 MIAMI, FL 33131		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,500

Total . . . 3a 81,000

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NATIONAL PEDIATRIC CANCER FOUNDATION PO BOX 785 MAMARONECK, NY 10543		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,500
NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH ST NEW YORK, NY 10011		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
NCPAL 167 BROADWAY/RT 107 HICKSVILLE, NY 11801		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
NEW YORK PUBLIC LIBRARY 445 FIFTH AVENUE		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500

NEW YORK, NY 10016

81,000 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEW YORK PUBLIC RADIO CHARITY AID DONEE ORGANIZATION TO 160 VARICK STREET CARRY OUT FUNCTIONS NEW YORK NY 10013

NEW TORK, NT 10013			
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
PARTNERS IN HEALTH	CHARITY	AID DONEE ORGANIZATION TO	1,000

500

NEW HYDE PARK, NY 11042				
PARTNERS IN HEALTH 800 BOYLSTON ST STE 300 BOSTON, MA 02199		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00
RICHMOND COMMUNITY SER 272 N BEDFORD ROAD	VICES	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00

BOSTON, MA 02199			
RICHMOND COMMUNITY SERVICES 272 N BEDFORD ROAD MT KISCO, NY 10549	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
RUFF HOUSE RESCUE INC PO BOX 365	CHARITY	AID DONEE ORGANIZATION TO	1,000

RICHMOND COMMUNITY SERVICES 272 N BEDFORD ROAD MT KISCO, NY 10549		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,1
RUFF HOUSE RESCUE INC PO BOX 365 OCEANSIDE, NY 11572		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,0

272 N BEDFORD ROAD MT KISCO, NY 10549		CARRY OUT FUNCTIONS	,
RUFF HOUSE RESCUE INC PO BOX 365 OCEANSIDE, NY 11572	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,

3a

Total	 		81,000
RUFF HOUSE RESCUE INC PO BOX 365 DCEANSIDE, NY 11572	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00
41 KISCO, NY 10549			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SAINT FRANCIS HOSPITAL CHARITY AID DONEE ORGANIZATION TO 2,000 100 PORT WASHINGTON BLVD CARRY OUT FUNCTIONS ROSLYN, NY 11576 SALVATION ARMY 194 FRONT STREET CHARITY AID DONEE ORGANIZATION TO 1,000 HEMDSTEAD NV 11550 CADDY OUT FUNCTIONS

HEMI STEAD, NT 11330		CARRETOOT FORCITORS	
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
SIDDHAYATAN TIRTH 9985 E HWY 56 WINDOM, TX 75492	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	750

81,000

Total . .

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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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SMITHSONIAN INSTITUTE PO BOX 37012 SI BUILDING ROOM 153 MRC 010 WASHINGTON, DC 20013		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
SPECIAL OLYMPICS 1133 19TH STREET NW WASHINGTON, DC 20036		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
SPIRIT'S PROMISE EQUINE RESCUE & REHABILITATION 2476 SOUND AVENUE RIVERHEAD, NY 11901		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
SUSAN G KOMEN 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
THE ROBBIE LEVINE FOUNDATION PO BOX 268		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500

REHABILITATION 2476 SOUND AVENUE RIVERHEAD, NY 11901	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
SUSAN G KOMEN 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
THE ROBBIE LEVINE FOUNDATION	CHARITY	AID DONEE ORGANIZATION TO	500

MERRICK, NY 11566

81,000 Total . За

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THE UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
THIRTEEN 825 EIGTH AVENUE NEW YORK, NY 10019		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
THREE VILLAGE CHURCH 322 MAIN STREET EAST SETAUKET, NY 11733		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLCD BRONX, NY 10460		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
WLIW 21 825 EIGHTH AVENUE NEW YORK, NY 10019		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

EAST SETAUKET, NY 11733		CARRY OUT FUNCTIONS	
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLCD BRONX, NY 10460	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
WLIW 21 825 EIGHTH AVENUE NEW YORK, NY 10019	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

Total . 81,000

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

500

81,000

a Paid during the year			
YMCA 200 W MAIN STREET		AID DONEE ORGANIZATION TO	

or substantial contributor

3a

BAY SHORE, NY 11706	CARRY OUT FUNCTIONS	
Total	 	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491233002267						
TY 2016 Accounting Fe	es Sche	dule				
Name: THE JOHN A RODGER JR FOUNDATION INC						
EIN: 45-1014393						
	ETIM.	40-1014			1	
Category	Amo	unt	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES		3,050	3,050		0	

TY 2016 In	vestments Corporat	e Stock Sche	dule	

Name: THE JOHN A RODGER JR FOUNDATION INC.

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

INVESTMENTS @ UBS #7575

INVESTMENTS @ UBS #7594

Name of Stock	End of Year Book
EIN: 45-1014393	

Value

1,531,930

206,420

End of Year Fair

Market Value

1,722,248

215,817

DLN: 93491233002267

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491233002267	
TY 2016 Other Decreases Schedule				
Name:	THE JOHN A R	ODGER JR FOUNDATION INC		
EIN:	45-1014393			
Description			Amount	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491233002267		
TY 2016 Other Expenses Schedule						
Name:	THE JOHN A RC	DOGER JR FOUND	ATION INC			
EIN:	EIN: 45-1014393					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
INVESTMENT FEES	2,665	2,665		0		
REGISTRATION FEE	250	250		0		

FOREIGN STOCK FEES

As Filed Data -

Name: THE JOHN A RODGER JR FOUNDATION INC.

45 404 4000

efile GRAPHIC print - DO NOT PROCESS

OTHER INCOME - UBS 7575

	EIN: 45-1014393	
Other Income Schedule		

Other Income Schedule	

8,010

Adjusted Net Income

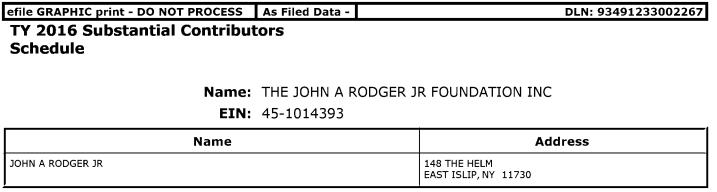
Expenses Per Books

8.010

tment Income

DLN: 93491233002267

8.010



efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491233002267		
TY 2016 Taxes Schedule						
Na	me: THE JOHN A	RODGER JR FOUN	NDATION INC			
E	IN: 45-1014393	1				
Category Amount Net Investment Income Income Disbursements for Charitable Purposes						
FOREIGN TAXES PAID	136	136		0		
FEDERAL TAXES	542	0		0		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491233002267					
Schedule B (Form 990, 990-EZ,	Schedule o	f Contributors	-	OMB No 1545-0047	
or 990-PF) Department of the Treasury Internal Revenue Service	PF) Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at				
Name of the organizat			Employer ide	entification number	
			45-1014393		
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ					
	4947(a)(1) nonexempt charitable	trust not treated as a private foundat	ion		
	☐ 527 political organization				
Form 990-PF	✓ 501(c)(3) exempt private foundation	on			
	4947(a)(1) nonexempt charitable	trust treated as a private foundation			
	501(c)(3) taxable private foundation	on			
•	ation filing Form 990, 990-EZ, or 990-PF that r property) from any one contributor Comple		_	•	
Special Rules					
under sections received from a	tion described in section 501(c)(3) filing Form 509(a)(1) and 170(b)(1)(A)(vi), that checked S ny one contributor, during the year, total cont ne 1h, or (ii) Form 990-EZ, line 1 Complete F	Schedule A (Form 990 or 990-EZ), Paributions of the greater of (1) \$5,000 or	art II, line 13, 1	l6a, 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					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 00-PF	Cat No 30613X Schedul	le B (Form 990,	990-EZ, or 990-PF) (2016)	

Contributors (see astructions) Use duplicate copies of Part II and address) and ZIP + 4 Total contributions	HE JOHN A ROD	GER JR FOUNDATION INC	45-1014393	number
No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Payro	Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed	
148 THE HELM Payroll				(d) Type of contribution
148 THE HELM		JOHN A RODGER JR		
EAST ISLIP, NY11730 (a) No. Name, address, and ZIP + 4 [48 THE HELM] EAST ISLIP, NY11730 (b) Name, address, and ZIP + 4 [48 THE HELM] EAST ISLIP, NY11730 (c) Type of contributions (c) Type of contributions (c) Type of contributions (complete Part II for nonceash contributions) (d) No. Name, address, and ZIP + 4 [579,000] (c) Type of contribution (complete Part II for nonceash contributions) (d) No. Name, address, and ZIP + 4 [6] Total contributions (c) Type of contribution (c) Type of cont	1			Payroll □
EAST ISLIP, NY11730 (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions (c) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions (c) Type of contribution		148 THE HELM	\$ 336,359	Noncash □
(a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 Complete Part II for noncash contributions Type of contribution Type of contributi		EAST ISLID NV11730		
(a) No. Name, address, and ZIP + 4 Complete Part II for nonceab contributions Complete Part II for nonceab		EAST ISEIF, WI 11730		
No. Name, address, and ZIP + 4 10HN A RODGER JR	(a)	(b)	(c)	,
2 148 THE HELM	No.	Name, address, and ZIP + 4		
146 THE HELM S 79,000 Noncash Complete Part II for noncash contributions	2	JOHN A RODGER JR		Person 🗸
EAST ISLIP, NY11730 (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (Complete Part II for noncash contributions (Complete Part II for noncash contributions (Complete Part II for noncash contributions (Complete Part II for noncash contributions)	2	140 THE HELM		Payroll
(a) No. Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 Complete Part II for noncash contributions Person Payroll Noncash Person Payroll Pe		148 THE HELM	\$ 79,000	Noncash
(a) No. Name, address, and ZIP + 4 Complete Part II for noncash contributions Complete Part II for noncash contributions		EAST ISLIP, NY11730		/O
No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions Person Payroll Type of contributions Person Payroll Person Payroll Person Payroll Noncash (Complete Part II for noncash contributions Person Payroll Person Payroll Person Payroll Person Payroll Person Payroll Noncash Person Payroll Payroll Payroll Payroll Payroll Person Payroll Pa				
Person Payroll			(c)	
Payroll	No.	Name, address, and ZIP + 4	Total contributions	
S				
(a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Complete Part II for noncash contributions (a) No. Name, address, and ZIP + 4 (c) Total contributions (c) Type of contribution (complete Part II for noncash contributions Person Payroll Payroll Noncash (complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 (c) Total contributions (c) Type of contribution Person Payroll Complete Part II for noncash contributions (c) Type of contribution (complete Part II for noncash contributions) Person Payroll Payroll Noncash (Complete Part II for noncash contributions) (complete Part II for noncash contributions)	-			Payroll
(a) No. Name, address, and ZIP + 4 Complete Part II for noncash contributions Person Payroll Complete Part II for noncash contributions Person Payroll Complete Part II for noncash contributions Person Payroll Complete Part II for noncash contributions Payroll P			\$	Noncash
No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 Payroll Total contributions Person (Complete Part II for noncash contributions) Person Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (A) No. Name, address, and ZIP + 4 Total contributions Person Payroll Type of contributions Person Payroll Noncash (Complete Part II for noncash contributions) Person Payroll Noncash (Complete Part II for noncash contributions)				
Person Payroll Noncash (Complete Part II for noncash contributions) Person Payroll Payroll Payroll Payroll Person Payroll Payroll Person			(c)	(d)
Payroll Noncash Complete Part II for noncash contributions Noncash	No.	Name, address, and ZIP + 4	Total contributions	
\$ Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4				
(a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (Derson Payroll Type of contributions) (Complete Part II for noncash contributions) (Complete Part II for noncash contributions)	•			Payroll
(a) No. Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (c) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions)			\$	Noncash
No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 Payroll Total contributions Type of contribution (Complete Part II for noncash contribution) Person Payroll Noncash (Complete Part II for noncash contributions)				
Sample Payroll Noncash (Complete Part II for noncash contributions)		(b) Name, address, and ZIP + 4	(c) Total contributions	
Somplete Part II for noncash contributions				Person
(Complete Part II for noncash contributions) (a) (b) No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions)	-			Payroll
(a) (b) (c) (d) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions)			\$	Noncash
No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions)				
Person Payroll Noncash (Complete Part II for noncash contributions)		(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
\$ Noncash (Complete Part II for noncash contributions)				
\$ Noncash (Complete Part II for noncash contributions)	-			Payroll □
(Complete Part II for noncash contributions)			\$	· · · · · · · · · · · · · · · · · · ·
contributions)		-		
				contributions)

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organizat THE JOHN A RODGE	ion R JR FOUNDATION INC		Employer identification number 45-1014393
than \$1, organiza 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
	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		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	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	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)