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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491257001097

or Section 4947(a)(1) Trust Treated as Private Foundation

2016

OMB No 1545-0052

Return of 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 , ar	nd end	ding 12-31-	2016		
		indation FOUNDATION INC			A Employer ide	entification numbe	r	
					57-1167051			
		I street (or P O $$ box number if mail is not delivered to street address) FNUT STREET	Room/suite		B Telephone number (see instructions)			
City	or town	, state or province, country, and ZIP or foreign postal code			(201) 447-0185			
		D, NJ 07450			C If exemption	application is pendin	g, check here	
G Ch	eck al	l that apply \Box Initial return \Box Initial return of a	former public charity		D 1. Foreign org	ganızatıons, check he	ere 🖫 🔲	
		☐ Final return ☐ Amended return				ganizations meeting k here and attach co		
		\square Address change $\ \square$ Name change			•		· —	
		pe of organization Section 501(c)(3) exempt private f				ndation status was t n 507(b)(1)(A), chec		
		4947(a)(1) nonexempt charitable trust Other taxable						
of y	year <i>(f</i>	tet value of all assets at end from Part II, col (c), \$ 439,660 J Accounting method Other (specify) (Part I, column (d) must	☑ Cash ☐ Accru	ıal		tion is in a 60-montl n 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) N	et investment income	(c) Adjusted net income	for charitable purposes	
	1	Contributions, gifts, grants, etc , received (attach	l o)			(cash basis only)	
	-	schedule)		1				
	2	Check V If the foundation is not required to attach						
	3	Sch B Interest on savings and temporary cash investments	7	7	7			
	4	Dividends and interest from securities	21,327	7	21,327			
	5a	Gross rents						
	ь	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	-229,031	ı				
Revenue	ь	Gross sales price for all assets on line 6a						
Şe∨	_	2,360,913			0			
	7 8	Capital gain net income (from Part IV, line 2)		-	U			
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	-207,697	7	21,334			
	13	Compensation of officers, directors, trustees, etc	46,086	5	0		46,086	
	14	Other employee salaries and wages						
6S	15	Pension plans, employee benefits						
S II	16a	Legal fees (attach schedule)	9 585	5	0		585	
perating and Administrative Expenses	ь	Accounting fees (attach schedule)	10,595	5	0		10,595	
e E	С	Other professional fees (attach schedule)						
atıv	17	Interest	103	3	103		0	
St re	18	Taxes (attach schedule) (see instructions)	9 8,804	1	0		8,804	
Ξ	19	Depreciation (attach schedule) and depletion						
Ē	20	Occupancy						
ַ	21	Travel, conferences, and meetings	27,540		0		27,540	
a	22	Printing and publications						
Ĕ	23	Other expenses (attach schedule)	12,140)	0		12,140	
er at	24	Total operating and administrative expenses.	105 6	,			405 755	
<u>a</u>	25	Add lines 13 through 23	105,853	1	103		105,750	
_	25	Contributions, gifts, grants paid	1,272,826	1			1,272,826	
	26	Total expenses and disbursements. Add lines 24 and 25	1,378,679	9	103		1,378,576	
	27	Subtract line 26 from line 12		_				
	а	Excess of revenue over expenses and disbursements	-1,586,376					
	b	Net investment income (if negative, enter -0-)			21,231			
	С	Adjusted net income(If negative, enter -0-)						
For	Paper	work Reduction Act Notice, see instructions.		Ca	at No 11289X	For	m 990-PF (2016)	

398,279

434,928

5,624

5,624

429,304

429,304

434,928

2

3

4

5

6

2,015,680

-1,586,376

429,304

429,304

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0

76.332

2,015,680

2,015,680

2,092,012

403,011

439,660

	5
	6
	7
2	8
Assets	9
As	10a
	ь
	c

Liabilities

Balances

Fund

ō

Assets 27

Net 30

23

24

25

26

28

29

31

Part III

2 3 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) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ _____

Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule) Investments—land, buildings, and equipment basis ▶ _ 11 Less accumulated depreciation (attach schedule) 12 13 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶ 15 Other assets (describe > . 2,092,014 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 2,092,012 17 18 19 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule). ***** 22 Other liabilities (describe -_ 76,332

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

Total liabilities(add lines 17 through 22)

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 ▶

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

Prepaid expenses and deferred charges

List and describe to 2-story brick ware	(a) he kınd(s) of property sold (e g , re house, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1aSee Additional Data Table						
b						
С						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or c	g) other basis onse of sale	Gain	(h) or (loss) f) minus (g)	
a See Additional Data Table						
b						
c						
d						
e						
Complete only for assets	showing gain in column (h) and ow	ned by the foundation c	n 12/31/69		(I)	
(i) F M V as of 12/31/69				of col (i) col (k), but not less the		
a See Additional Data Table	ı					
b						
С						
d						
e						
	or (net capital loss)		art İ, lıne 7	2	-229,031	
ın Part I, line 8	t I, line 8, column (c) (see instruction			3		
	nder Section 4940(e) for Re					
For optional use by domestic pr	ivate foundations subject to the sec	tion 4940(a) tax on net	t investment inco	ome)		
section 4940(d)(2) applies, lea	ave this part blank					
	e section 4942 tax on the distributat t qualify under section 4940(e) Do		in the base perio	od? DY	'es 🔽 No	
1 Enter the appropriate am	ount in each column for each year,	see instructions before	making any entr	ries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable	e-use assets	(d) Distribution rai (col (b) divided by i	col (c))	
2015	1,412,553		2,082,455		0 678311	
2014	1,228,500		462,488		2 656285	
2012	1 200 247		1 250 072		1 020076	

(F Ιf W Ιf 2013 1 0298/6 2012 1,436,032 2,266,750 0 633520 2011 1,237,435 0 511603

2 Total of line 1, column (d) 2 5 509595 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the 3 1 101919 number of years the foundation has been in existence if less than 5 years 4 1,513,891 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 **5** Multiply line 4 by line 3 5 1,668,185 6 Enter 1% of net investment income (1% of Part I, line 27b) . 6 212 7 1,668,397 8 Enter qualifying distributions from Part XII, line 4 8 1,378,576

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

instructions

	If "Yes," attach the statement requir	ed b	y Regulations section 53	4945-5(d)					
6 a	Did the foundation, during the year,	rece	eive any funds, directly or	indirectly, to pay premiu	ims 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).				
	List all officers, affectors, trastee	<i>5</i> ,			(d)				
	(a) Name and address		Title, and average hours per week	(c) Compensation (If not paid, enter	Contributions to employee			se acc	
	(a) mame and address	(b) devoted to position	-0-)	benefit plans and deferred	(e) other allowan		nces	
	Addıtıonal 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 "I	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			e acco allowar	
	more than \$50,000		(b) devoted to position		(d) compensation	(0)		anomai	1000
NON	E								
			1						
			1						
			1						
Tota	I number of other employees paid over	r¢	50,000	1					
OLA	in number of other employees paid over	н фС		· · · · · · · · ·		Г	004)-PF (2016
						For	пээ	,-PF	/U15

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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)

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

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

income Enter 1% of Part I. line 27b (see instructions).

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

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.

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

Part XII

1

2

3

4

5

75.270

1,378,576

1.378.576

1.378.576

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1a

1b

2

3a 3b

4

5

(c)

2015

Page 9

75.270

75,270

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b Total for prior years

From 2011.

b From 2012. c From 2013. . .

d From 2014. e From 2015.

XII, line 4 > \$

indicated below:

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Part 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.

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). d Applied to 2016 distributable amount.

e Remaining amount distributed out of corpus

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

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. . .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

b Excess from 2013. .

same amount must be shown in column (a))

1,124,679 1,326,076

1.228.180 1,205,454

1,311,711

1.326.076 1,228,180

1,205,454

1,311,711

1.303.306

(a)

Corpus

6,196,100

1.303.306

7,499,406

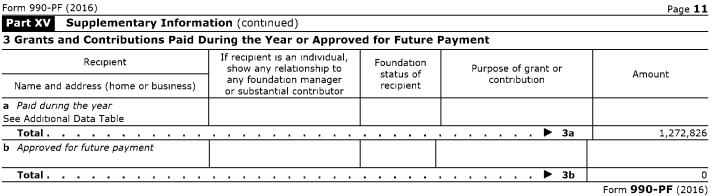
1.124.679

6,374,727

(b)

Years prior to 2015

NONE



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Part XVI-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			14	7	
4 Dividends and interest from securities			14	21,327	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property.6 Net rental income or (loss) from personal property					
7 Other investment income 8 Gain or (loss) from sales of assets other than					
inventory			18	-229,031	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e).		0		-207,697	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations	ns)		1:		-207,697
Part XVI-B Relationship of Activities to th		nment of Exem	pt Purposes		
Line No. Explain below how each activity for which the accomplishment of the foundation's explain the instructions (instructions)					
				E_	rm 990-PF (2016)

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

	Exempt Organi	zations							
	organization directly or in ne Code (other than section						501	Yes	No
a Transfe	rs from the reporting foun	om the reporting foundation to a noncharitable exempt organization of							
(1) Ca	sh	h							
(2) Ot	(2) Other assets								No
b Other to	b Other transactions								ĺ
	les of assets to a nonchar	•	-				1b(1)		No
(2) Pu	rchases of assets from a r	noncharitable e	exempt organi	zation			. 1b(2)		No
` '	ntal of facilities, equipmen	•					. 1b(3)	-	No
	ımbursement arrangemer						1b(4)	-	No
	ans or loan guarantees.						1b(5)		No
	formance of services or m	•	_				1b(6)		No
_	of facilities, equipment, r						1c		No
of the a	nswer to any of the above oods, other assets, or ser ransaction or sharing arra	vices given by	the reporting	foundation If the f	foundation receive	ed less than fair market			
iii aiiy t	ransaction or snaring arra	ingement, sno	w iii coluiliii (i	u) the value of the	goods, other asse	its, or services received			
(a) Line No	(b) Amount involved	(c) Name of n	oncharitable exe	empt organization	(d) Description of	transfers, transactions, and	d sharing arra	ingemen	its
	oundation directly or indire	•	•	•				□	
	ed in section 501(c) of the	•	han section 5	01(c)(3)) or in sect	ion 527?		∐ Yes	✓ N	0
b If "Yes,	complete the following s			LN Toronto		(-) D	.1		
	(a) Name of organization	on		b) Type of organizatio	n	(c) Description of r	elationsnip		
	nder penalties of perjury, fmy knowledge and belief								
	hich preparer has any kno		,						
Here \	****			2017-09-14	*****	May	the IRS discu	ss this r	eturn
	Complete of officer or t			Data	— ▶ 		the preparer		
	Signature of officer or t	rustee		Date	, ille	(see	ınstr)? 📙 '	Yes ⊔ N	ю
	Print/Type preparer's	name	Preparer's Sig	nature	Date	PTI	N		
						Check if self-	P0053	8627	
	William Haggerty				2017-09-12	employed ▶ 🔲	1 0033	552/	
Paid					2017-09-12	-03-17			
Prepare		gerty & Bosch	LP		1	Firn	n's EIN ▶22	-37681	
Use On	-	Chestnut Stre	eet						
						Pho	ne no (201	1 447-0	N185
	Rı	Ridgewood, NJ 07450						, ++/-(7100

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) (c) (d) (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 42 GOOGL 2016-10-13 2016-12-23 **761 ABCB** 2016-11-22 2016-12-23 672 BERY 2016-11-22 2016-12-23 1810 FL 2016-10-13 2016-12-13 8325 ICON 2016-11-22 2016-11-23 378 DVY 2016-08-26 2016-12-23 274 IVW 2016-08-26 2016-12-23 330 IVE 2016-08-26 2016-12-23 393 VIG 2016-08-26 2016-12-23 300 VUG 2016-08-26 2016-12-23 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Cost or other basis (e) Gross sales price Depreciation allowed Gain or (loss) (g) plus expense of sale (f) (or allowable) (h) (e) plus (f) minus (g) 33,866 33,633 233 33.656 31.961 1,695 33,656 31,073 2,583 140,055 125,232 14,823 82,501 79,964 2,537 33,680 32,922 758 33,684 33,746 -62 33,730 31,861 1,869 33,712 33,859 -147 33,721 34,061 -340 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)) (k) over col (j), if any (j) as of 12/31/69 233 1,695 2,583 14,823 2,537 758 -62 1,869 -147 -340

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) (c) (d) (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 1056 ICLR 2016-11-29 2016-12-01 175 T 2015-07-27 2016-01-05 1830 T 2015-07-27 2016-08-23 5204 T 2015-07-27 2016-12-13 22 ADS 2015-02-20 2016-01-05 400 ADS 2015-02-20 2016-01-22 350 ADS 2015-02-20 2016-05-11 260 ADS 2015-02-20 2016-06-24 250 ADS 2015-02-20 2016-07-08 374 ADS 2015-02-20 2016-08-23 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Cost or other basis Gain or (loss) (e) Gross sales price Depreciation allowed (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 78,424 80,108 -1.6845,882 8.274 -2,392 74,980 86,520 -11,540 214,765 246,037 -31,272 5,906 6,206 -300 99,852 112,838 -12,98671,226 98,733 -27,507 73,345 50,212 -23,13350,291 70,524 -20,233 75,070 105,504 -30,434 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)) (k) over col (j), if any (j) as of 12/31/69 -1,684 -2,392 -11,540 -31,272 -300 -12,986 -27,507 -23,133-20,233 -30,434

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) (c) (d) (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 300 ADS 2015-02-20 2016-08-29 750 ADS 2015-02-20 2016-10-20 599 ADS 2015-02-20 2016-11-17 16 UHAL 2015-05-08 2016-01-05 **215 UHAL** 2015-05-08 2016-08-23 **702 UHAL** 2015-05-08 2016-10-07 **157 ANIK** 2015-05-08 2016-01-05 1498 ANIK 2015-05-08 2016-08-23 1370 ANIK 2015-05-08 2016-11-17 104 CTSH 2015-05-08 2016-01-05 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Cost or other basis (e) Gross sales price Depreciation allowed Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 59,955 84,629 -24,674 152,309 211,571 -59,262 127,677 168,975 -41,298 6,004 5,223 781 75,357 70,188 5,169 234,590 229,171 5,419 5,844 417 5,427 74,608 51,786 22,822 61,396 47,361 14,035 5,972 6,505 -533 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 (1) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 -24,674 -59,262 -41,298 781 5,169 5,419 417 22,822 14,035 -533

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, (d) (b) (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 1291 CTSH 2015-05-08 2016-08-23 1339 CTSH 2015-05-08 2016-12-13 108 CMCSA 2015-05-08 2016-01-05 250 CMCSA 2015-05-08 2016-08-23 1326 CMCSA 2015-05-08 2016-12-13 200 HBI 2015-05-08 2016-01-05 2619 HBI 2015-05-08 2016-11-17 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) 74.962 80.752 -5,790 75,678 83,754 -8,076 5.910 6.313 -403 16,548 14,613 1,935 92.932 77.505 15,427 5,805 6,369 -564 66.497 83.401 -16.904Form 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 -5,790 -8,076 -403 1.935 15,427 -564 -16,904

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, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation FRED R MARCON President ۵ 5 00 79 CHESTNUT STREET RIDGEWOOD, NJ 07450 ALISON CONTI Secretary/Treas/Exec 50,000 0 Direc 79 CHESTNUT STREET

RIDGEWOOD, NJ 07450	35 00			
MICHAEL C MARCON	Trustee	0	0	0
79 CHESTNUT STREET RIDGEWOOD, NJ 07450	25 00			
ANTHONY G MARCON	Trustee	0	0	0
79 CHESTNUT STREET	25 00			

Trustee 25 00

Trustee 25 00

RIDGEWOOD, NJ 07450

79 CHESTNUT STREET RIDGEWOOD, NJ 07450 MICHELLE G MARCON

79 CHESTNUT STREET RIDGEWOOD, NJ 07450

MARK C MARCON

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

	or substantial contributor			
a Paid during the year				
ANGEL HERNANDEZ 7906 HEIGHTS DR	NONE	INDIV	DAUGHTER'S ACCESSIBLE VAN	25,00

ANGEL HERNANDEZ 7906 HEIGHTS DR LOUISVILLE, KY 40291	NONE	INDIV	DAUGHTER'S ACCESSIBLE VAN FUND	25,000
BANCROFT NERUOHEALTH 425 KINGS HIGHWAY EAST HADDONETELD, NJ. 08033	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	30,000

BANCROFT NERUOHEALTH 425 KINGS HIGHWAY EAST HADDONFIELD, NJ 08033	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	30,000
BARBARA DAVIS WILLIAMS 34 N 6TH STREET APRT 1 EASTON, PA 18042	NONE	INDIV	USE FOR AILING SON TRIP	5,000
	I		l	

HADDONFIELD, NJ 08033				
BARBARA DAVIS WILLIAMS 34 N 6TH STREET APRT 1 EASTON, PA 18042	NONE	INDIV	USE FOR AILING SON TRIP	5,000
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD	NONE	PUB CH	TO BE USED FOR THE CARE OF HOMELESS CATS AND DOGS	20,000

34 N 6TH STREET APRT 1 EASTON, PA 18042		111011	OSE FOR MEMO SON TIME	3,000
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	NONE	PUB CH	TO BE USED FOR THE CARE OF HOMELESS CATS AND DOGS	20,000
RETUECDA HOCDITAL FOUNDATION	NONE	DUD CU	TO BE USED FOR CHARITARIE	35,000

BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	NONE	PUB CH	TO BE USED FOR THE CARE OF HOMELESS CATS AND DOGS	20,000
BETHESDA HOSPITAL FOUNDATION	NONE	рив сн	TO BE USED FOR CHARITABLE	25,000

BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	NONE	PUB CH	TO BE USED FOR THE CARE OF HOMELESS CATS AND DOGS	20,000
BETHESDA HOSPITAL FOUNDATION	NONE	рив сн	TO BE USED FOR CHARITABLE	25,000

KANAB, UT 84741				I
BETHESDA HOSPITAL FOUNDATION 2815 SOUTH SEACREST BLVD BOYNTON BEACH, FL 33435	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	25,000

1,272,826

BETHESDA HOSPITAL FOUNDATION 2815 SOUTH SEACREST BLVD BOYNTON BEACH, FL 33435	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	25,

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)	ess) any foundation manager or substantial contributor	recipient		
a Paid during the year				
BEVERLY KELSEY 3121 POOSEY RIDGE RD RICHMOND, KY 40475	NONE	INDIV	MEDICAL BILLS FOR AILING HUSBAND	10,000
CANCER SUPPORT CENTER 2028 ELM ROAD HOMEWOOD, IL 60430	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	25,000
CARINGBRIDGE 1715 YANKEE DOODLE ROAD SUITE 301 EAGAN, MN 55121	NONE	PUB CH	TO PROVIDE SUPPORT FOR FAMILIES ENDURING HEALTH CRISES	10,000
CHRISTIAN HEALTH CARE CENTER FOUNDATION 301 SICOMAC AVENUE WYCKOFF, NJ 07481	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	30,000
			1	

CARINGBRIDGE 1715 YANKEE DOODLE ROAD SUITE 301 EAGAN, MN 55121	NONE	PUB CH	TO PROVIDE SUPPORT FOR FAMILIES ENDURING HEALTH CRISES	10,0
CHRISTIAN HEALTH CARE CENTER FOUNDATION 301 SICOMAC AVENUE	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	30,0

INDIV

MEDICAL BILLS FOR SON'S

BRAIN CANCER

10,000

1,272,826

NONE

CHRISTINA CRATON PO BOX 6021 JENSEN BEACH, FL 34957

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, Foundation Purpose of grant or show any relationship to status of contribution		Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
DAN CHASE 519 SOUTH HARRISON KIRKWOOD, MO 63122	NONE	INDIV	TO BUILD ACCESSIBLE KITCHEN FOR HANDICAP SON'S APARTMENT	500	
DIOCESAN SERVICES APPEAL 9995 N MILITARY TRAIL PALM BEACH GARDENS, FL 334109650	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	5,000	
DOOR CANCER INC PO Box 423 Sturgeon Bay, WI 54235	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	5,000	

PALM BEACH GARDENS, FL 334109650				
DOOR CANCER INC PO Box 423 Sturgeon Bay, WI 54235	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	5,000
DOOR COUNTY LAND TRUST 23 N 5th Ave Sturgeon Bay, WI 54235	NONE	PUB CH	TO HELP THE ORGANIZATION IN ITS MISSION OF LAND PRESERVATION AND EDUCATION	500

Sturgeon Bay, WI 54235			AND EDUCATIONAL PURPOSES	
DOOR COUNTY LAND TRUST 23 N 5th Ave Sturgeon Bay, WI 54235	NONE	PUB CH	TO HELP THE ORGANIZATION IN ITS MISSION OF LAND PRESERVATION AND EDUCATION	

23 N 5th Ave Sturgeon Bay, WI 54235			ITS MISSION OF LAND PRESERVATION AND EDUCATION	
DOOR COUNTY MEDICAL CENTER 1843 MICHIGAN STREET	NONE	PUB CH	TO SUPPORT HEALTH CARE NEEDS OF THE COMMUNITY	50,000

23 N 5th Ave Sturgeon Bay, WI 54235	No.	1 0 5 6 1	ITS MISSION OF LAND PRESERVATION AND EDUCATION	
DOOR COUNTY MEDICAL CENTER	NONE	PUB CH	TO SUPPORT HEALTH CARE	!

Sturgeon Bay, WI 54235		PRESERVATION AND EDUCATION	
DOOR COUNTY MEDICAL CENTER 1843 MICHIGAN STREET	NONE	 TO SUPPORT HEALTH CARE NEEDS OF THE COMMUNITY	50

Sturgeon bay, WI 34233			FRESERVATION AND EDUCATION	
DOOR COUNTY MEDICAL CENTER 1843 MICHIGAN STREET	NONE	PUB CH	TO SUPPORT HEALTH CARE NEEDS OF THE COMMUNITY	50

1843 MICHIGAN STREET STURGEON BAY, WI 54235	IVONE	100 011	NEEDS OF THE COMMUNITY	30,
Total				1,272,826

orm 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				
DOOR COUNTY YMCA 1900 Michigan St Sturgeon Bay, WI 54235	NONE	PUB CH	TO PROVIDE ASSISTANCE TO ORGANIZATION IN CARRYING OUT EDUCATIONAL AND OTHER ACTIVITIES	2,500
DREW CLAYBORN PO BOX 772 WALLED LAKE, MI 48382	NONE	INDIV	TO HELP PURCHASE A HANDICAP ACCESSIBLE VAN	15,000
FAMILY PROMISE OF BERGEN COUNTY 100 DAYTON STREET RIDGEWOOD, NJ 07450	NONE	PUB CH	TO PROVIDE SHELTER, MEALS AND CASE MANAGEMENT TO WORKING HOMELESS FAMILIES	10,000
FATHER MARC BOISVERT 5704 W MARKET ST 8947 GREENSBORO, NC 27419	NONE	INDIV	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	12,500
FRATERNITE OF NOTRE DAME 2290 FIRST AVENUE	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	169,421

NEW YORK, NY 10035

1,272,826 За

orm 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				
FREE THE KIDS 5704 W MARKET ST 8947 GREENSBORO, NC 27419	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	37,500
GENE KISH 13262 PERSIMMON BLVD WEST PALM BEACH, FL 33411	NONE	INDIV	USE FOR MEDICAL BILLS	20,000
GEORGE M PULLMAN EDUCATION FDN 39 S LASALLE ST-SUITE 718 CHICAGO, IL 60603	NONE	РИВ СН	TO PROVIDE ASSISTANCE TO ORGANIZATION IN CARRYING OUT EDUCATIONAL AND OTHER ACTIVITIES	10,000
HAVEN HOUSE 1411 UNION BOULEVARD ALLENTOWN, PA 18109	NONE	PUB CH	TO PROVIDE MENTAL HEALTH SERVICES TO INDIVIDUALS AND FAMILIES	10,000
IL INSTITUTE OF TECHNOLOGY 10 WEST 35TH STREET SUITE 1700 CHICAGO, IL 60616	NONE	SCHOOL	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	20,000

CHICAGO, IL 60603			ACTIVITIES	
HAVEN HOUSE 1411 UNION BOULEVARD ALLENTOWN, PA 18109	NONE	PUB CH	TO PROVIDE MENTAL HEALTH SERVICES TO INDIVIDUALS AND FAMILIES	10,00

IL INSTITUTE OF TECHNOLOGY	NONE	SCHOOL	TO BE USED FOR CHARITABLE	20
10 WEST 35TH STREET SUITE 1700			AND EDUCATIONAL PURPOSES	
CHICAGO, IL 60616				

10 WEST 35TH STREET SUITE 1700 CHICAGO, IL 60616		AND EDUCATIONAL PURPOSES	ı
Total	 		1,272,826

		I		
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				
INTROCASO ANGELO FUNERAL HOME 143 Brunswick Street Jersey City, NJ 07302	NONE		TO HELP PEOPLE	5,755
JANEL GIBBS 3905 FILTON DRIVE GREENSBORO, NC 27406	NONE	INDIV	TO PAY MEDICAL BILLS	5,000
JANICE RHODES PO BOX 58906 LOUISVILLE, KY 40268	NONE	INDIV	TO RENOVATE HOME TO MAKE HANDICAP ACCESSIBLE	15,000
JOANNE COLLENS 30601 34TH PL SOUTH AUBURN, WA 98001	NONE	INDIV	TEMPROARY CARE FOR SON	10,000
JOSEPH HOUSE 555 ATLANTIC AVENUE CAMDEN, NJ 08104	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	20,000
Total				1,272,826

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any foundation manager		contribution		
or substantial contributor		recipient		
NONE	INDIV	TO PAY FOR MOTHER'S MEDICAL EXPENSES	20,000	
NONE	SCHOOL	TO HELP THE ORGANIZATION IN ITS MISSION TO PROMOTE PERSONAL ACHIEVEMENT BY ADVANCING THE USE OF ACCESSIBLE AND EFFECTIVE EDUCATIONAL SOLUTIONS	25,000	
NONE	INDIV	FOR CRANIAL REMOLDING OTHOSES HELMETS	7,000	
NONE	INDIV	TEMPORARY CARE FOR DAUGHTER	15,000	
NONE	INDIV	MORTGAGE PAYMENT AFTER JOB LOSS	3,500	
	NONE NONE	NONE SCHOOL NONE INDIV	NONE SCHOOL TO HELP THE ORGANIZATION IN ITS MISSION TO PROMOTE PERSONAL ACHIEVEMENT BY ADVANCING THE USE OF ACCESSIBLE AND EFFECTIVE EDUCATIONAL SOLUTIONS NONE INDIV FOR CRANIAL REMOLDING OTHOSES HELMETS NONE INDIV TEMPORARY CARE FOR DAUGHTER NONE INDIV MORTGAGE PAYMENT AFTER JOB	

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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, 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 MARY'S SHELTER 736 UPLAND AVENUE NONE PUB CH PROVIDE SHELTER, MEALS AND 20,000 READING, PA 19607 CASE MANAGEMENT TO WOMEN AND CHILDREN

			AND CHILDREN	
MEN OF CARMEL FUND 6410 S DANTE AVENUE CHICAGO, IL 60637	NONE	SCHOOL	TO BE USED FOR EDUCATIONAL AND CHARITABLE PURPOSES	
MOUNT CARMEL HS	NONE	SCHOOL	Anna - 05/15/17 02 40PM	

D & MDC DAN VILDY DO DOY 105	NONE	INDIV	TO HELD WITH MEDICAL BILLS	
OUNT CARMEL HS 410 S DANTE AVENUE HICAGO, IL 60637	NONE		Anna - 05/15/17 02 40PM Worksheet Private Foundation	

CHICAGO, IL 60637			Worksheet Thivate Foundation	
MR & MRS DAN KILBY PO BOX 105 CUMBERLAND, RI 02864	NONE	INDIV	TO HELP WITH MEDICAL BILLS FOR THE DAUGHTER	10,000
PENINSULA PLAYERS	NONE	рив сн	TO BE USED FOR ARTISTIC AND	12,500

MR & MRS DAN KILBY PO BOX 105 CUMBERLAND, RI 02864	NONE		TO HELP WITH MEDICAL BILLS FOR THE DAUGHTER	
PENINSULA PLAYERS 4351 PENINSULA PLAYERS ROAD	NONE	PUB CH	TO BE USED FOR ARTISTIC AND EDUCATIONAL PURPOSES	

•				
MR & MRS DAN KILBY PO BOX 105 CUMBERLAND, RI 02864	NONE	INDIV	TO HELP WITH MEDICAL BILLS FOR THE DAUGHTER	10
PENINSULA PLAYERS	NONE	рив сн	TO BE USED FOR ARTISTIC AND	12

<u> </u>				
MR & MRS DAN KILBY PO BOX 105 CUMBERLAND, RI 02864	NONE		TO HELP WITH MEDICAL BILLS FOR THE DAUGHTER	10
PENINSULA PLAYERS	NONE	PUB CH	TO BE USED FOR ARTISTIC AND	12

R & MRS DAN KILBY PO BOX 105 JMBERLAND, RI 02864	NONE	INDIV	TO HELP WITH MEDICAL BILLS FOR THE DAUGHTER	10
ENINSULA PLAYERS	NONE	РИВ СН	TO BE USED FOR ARTISTIC AND	12

10,000

150,000

CUMBERLAND, RI 02864			FOR THE DAUGHTER	
PENINSULA PLAYERS 1351 PENINSULA PLAYERS ROAD	NONE	РИВ СН	TO BE USED FOR ARTISTIC AND EDUCATIONAL PURPOSES	12

ENINSULA PLAYERS	NONE	рив сн	TO BE USED FOR ARTISTIC AND	1
351 PENINSULA PLAYERS ROAD			EDUCATIONAL PURPOSES	
ISH CREEK. WI 54121				

4351 PENINSULA PLAYERS ROAD FISH CREEK, WI 54121	1 05 011	EDUCATIONAL PURPOSES	12,
Total	 		1,272,826

Total . 3a

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	Amount
Recipient	show any relationship to	status of	contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PENINSULA SCHOOL OF ART 3900 CO RD F FISH CREEK, WI 54212	NONE	SCHOOL	TO BE USED FOR ARTISTIC AND EDUCATIONAL PURPOSES	10,000
QUEEN OF PEACE MISSION 9600 WEST ATLANTIC AVE DELRAY BEACH, FL 33446	NONE	PUB CH	TO PROVIDE ASSISTANCE TO CHURCH TO CARRY OUT EDUCATIONAL AND OTHER ACTIVITIES	35,250
REHABILITATION INSTITUTE OF CHICAGO 345 EAST SUPERIOR STREET CHICAGO, IL 60611	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	10,000
ROBERT CAMPANELLA 2834 SOUTH RANDOLPH STREET PHILADELPHIA, PA 19148	NONE	INDIV	HELP WITH HOUSEHOLD AND MEDICAL BILLS SINCE HE IS UNABLE TO WORK DUE TO ILLNESS	15,000
SAWYER HORCHER 18412 RIEGEL RD HOMEWOOD, IL 60430	NONE		TO HELP PURCHASE A THERAPY DOG	15,000

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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, 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 SIXTH STREET SHELTER NONE PUB CH TO BE USED FOR CHARITABLE 1,200 219 NORTH SIXTH STREET **PURPOSES** ALLENTOWN, PA 18102 ST JOHN PAUL II ACADEMY NONE SCHOOL NAYA NELSON TUITION 12,500

4001 N Military Trl Boca Raton, FL 33431				
ST MARK'S CATHOLIC CHURCH 643 NORTHEAST FOURTH AVENUE BOYNTON BEACH, FL 33435	NONE	PUB CH	TO GIVE TO THE POOR PEOPLE IN THE PARISH ON AN AS NEEDED BASIS	100,400
ST PAUL'S LUTHERAN CHURCH	NONE	PUB CH	TO BE USED FOR CHARITABLE	10,000

ST PAUL'S LUTHERAN CHURCH 4167 JUDDVILLE RD	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	
FISH CREEK, WI 54121				
STACEY GAVINA 39 MILLER ST	NONE	INDIV	TO PAY MEDICAL BILLS FOR	

ST PAUL'S LUTHERAN CHURCH 4167 JUDDVILLE RD FISH CREEK, WI 54121	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	1
		1		

CT	NONE		TO DAY MEDICAL DIVIS TOO	
ST PAUL'S LUTHERAN CHURCH 4167 JUDDVILLE RD FISH CREEK, WI 54121	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	1
			I	l .

ISH CREEK, WI 54121				
TACEY GAVINA 39 MILLER ST HILLIPSBURG, NJ 08865	NONE	l	TO PAY MEDICAL BILLS FOR AILING HUSBAND	25,000

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Total. 1,272,826

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					
STELLA MARIS PARISH PO BOX 49 EGG HARBOR, WI 54209	NONE	РИВ СН	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	20,000	
SUNSHINE HOUSE 55 WEST YEW STREET STURGEON BAY, WI 54235	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	10,000	
THE MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	50,000	
THE MINISTRY FUND 323 S 18TH AVENUE STURGEON BAY, WI 54235	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	20,000	
TIM TAYLOR 5348 NASH ROAD WEST SPRINGFIELD, PA 16443	NONE	INDIV	TO PAY FOR A HANDICAPPED ACCESSIBLE VAN	15,000	

1,272,826

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						
VALLEY YOUTH HOUSE 829 W LINDEN STREET ALLENTOWN, PA 181011233	NONE	PUB CH	TO BE USED FOR CHARITABLE AND EDUCATIONAL PURPOSES	1,800		
WOMENS CIRCLE INC 912 SE 4TH STREET SE TH STREET, FL 33435	NONE	PUB CH	TO BE USED FOR EDUCATIONAL AND CHARITABLE PURPOSES	20,000		
YA YANG 5035 QUEENS AVE N MINNEAPOLIS, MN 55430	NONE	INDIV	FOR TRIP TO CONVENTION FOR SON'S FINAL WISH	5,000		
ZULEYKA TEISSONNIERE 22 PHILADELPHIA AVE 2ND FL SHILLINGTON, PA 19607	NONE	INDIV	TO HELP WITH MEIDCAL BILLS FOR SON	10,000		

1,272,826

Total . .

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efile GRAPHIC print - DO NOT P	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491257001097						
TY 2016 Accounting Fe	ees Schedule		_				
Name: MARCON FOUNDATION INC							
EIN: 57-1167051							
<u> </u>		1		1			
Category Amount Net Investment Adjusted Net Disbursements Income Income Furposes							
Accounting fees	10,595	0		10,595			

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491257001097	
TY 2016 Legal Fees Schedu	ile				
Name: MARCON FOUNDATION INC					
EIN: 57-1167051					
Category Amount Net Investment Income Income Disbursements for Charitable Purposes					
Legal fees	585	0		585	

TY 2016	Other Assets	Schedule

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Name: MARCON FOUNDATION INC EIN: 57-1167051

Other Assets Schedule						
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value			
INVESTMENTS IN SECURITIES	2,041,523	398,279	403,011			
TRADES PENDING SETTLEMENT	50,491	0	0			

DLN: 93491257001097

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TY 2016 Other Expenses Sche	dule				
Name:	MARCON FOUND	DATION INC			
EIN:	57-1167051				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Workers Compensation Insurance	469	0		469	
Payroll Processing	4,377	0		4,377	
Dues and Subscriptions	1,845	0		1,845	

167

5,168

110

0

0

167

110

5,172

Postage

Telephone

Bank Fees

Management fees

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TY 2016 Other Liabilities Sche	dule			
Name:	MARCON FOUI	NDATION INC	^	
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EIN:	57-1167051			,
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Description	n	1	Beginning of Year	End of Year -
		!	- Book Value	Book Value
BROKERAGE MARGIN ACCOUNT			76,332	0
CREDIT CARD PAYABLE			0	5,624

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TY 2016 Taxes Schedule					
Name: MARCON FOUNDATION INC					
EIN: 57-1167051					
Category	Amount		Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Payroll taxes		8,804	0		8,804