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Form **990-PF** Department of the Treasury

SCANNED MOV 1 7 2017

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.
Irmation about Form 990-PF and its separate instructions is at www.irs.gov/form

In	temai	Revenue Service Information about Form					Jen to Public Inspection
_		lendar year 2016 or tax year beginning	02	2/18 , 2016 , and	ending		12/31,2016
1	lame	of foundation				A Employer identif	
_		ERA CAP FOUNDATION				81-154832	5
1	Numbe	er and street (or P O box number if mail is not delivered	to street address)	Roon	n/suite	B Telephone numb	er (see instructions)
_	FOU	NDATION SOURCE 501 SILVERSIDE	RD			(800) 83	9-1754
-	City or	town, state or province, country, and ZIP or foreign pos	tal code				
						C If exemption application pending, check here	ation is
	WIL	MINGTON, DE 19809-1377				, and an	
G	Che	ck all that apply X Initial return	Initial return	of a former public	charity	D 1 Foreign organizat	tions check here
		Final return	Amended re		-	2 Foreign organiza	
		Address change	Name chang	e		85% test, check f	
H	Che	ck type of organization X Section 501(7	
Ī	$\overline{}$	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr			1	n status was terminated
1		market value of all assets at J Acco)(1)(A) check here . P
•		C	ther (specify)	asii [in a 60-month termination)(1)(B), check here
			rolumn (d) must be on cas	ch hasis)	.	- Lander Section 507(5)(1)(b); cricox riere .
į.		Analysis of Revenue and Expenses (The		240,0 /	T		(d) Disbursements
4	(211	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investme	nt [(c) Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions))	books	income		ıncome	purposes (cash basis only)
-	4		755,503.		-+		(cash basis only)
	1	Contributions gifts, grants, etc., received (attach schedule) .	755,505.	 			
	2	attach Sch B	717.	7	17.		
	3	Interest on savings and temporary cash investments.	/1/•	<u> </u>	1 / -		
	4	Dividends and interest from securities			-+-		<u> </u>
	5a	Gross rents					
_	b	Net rental income or (loss)					
Ē	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					ļ
'en		assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2).			0.		
Œ	8	Net short-term capital gain					
	9	Income modifications					<u> </u>
	IVa	and allowances	<u></u>				
	ı	Less Cost of goods sold .					
	c	Gross profit or (loss) (attach schedule)	<u> </u>		$ \downarrow$ $-$	_ REC	EIAER
	11	Other income (attach schedule)					18
_	12	Total. Add lines 1 through 11	756,220.	/	17.	VON ISI	17 2011 (0)
' 0	13	Compensation of officers, directors, trustees, etc	0.			181 ·	当
ses	14	Other employee salaries and wages		ļ		1 00	DEN. UI
듵	15	Pension plans, employee benefits	ļ				
X	16 a	Legal fees (attach schedule)					ļ
Ш	ь	Accounting fees (attach schedule)					ļ
<u>~</u>	С	Other professional fees (attach schedule)			_	· · · · · · · · · · · · · · · · · · ·	
ra	17	Interest					
ist	16a b c 17 18 19 20 21	Taxes (attach schedule) (see instructions)			_		
틆	19	Depreciation (attach schedule) and depletion.					
퉏	20	Occupancy					
٩	21	Travel, conferences, and meetings					
ЭĽ	22	Printing and publications					
ğ	23	Other expenses (attach schedule) ATCH .1.	14,850.				14,850
Ĕ	23 24 25	Total operating and administrative expenses.					
e a	ļ .	Add lines 13 through 23	14,850.		}		14,850
Š	25	Contributions, gifts, grants paid	178,953.	 			178,953
_	26	Total expenses and disbursements Add lines 24 and 25	193,803.				193,803
_	27	Subtract line 26 from line 12			_		
		Excess of revenue over expenses and disbursements	562,417.		1		1
	ŀ	Net investment income (if negative, enter -0-)	332,417.	7	17.		
		Adjusted net income (if negative, enter -0-).		 '			
		majasted her movine (il hegalive, cilici -U-).	İ	I	1		1

NEW ERA CAP FOUNDATION

_	/ II	Balance Chaste	Attached schedules and amounts in the	Beginning of year	E	nd o	of year	_
۲	art II	Balance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value	_
	1	Cash - non-interest-beari	ng					_
	2	Savings and temporary	cash investments		562,41	.7.	562,417	<u>.</u>
		Accounts receivable ▶_						1
		Less allowance for doul	btful accounts ►					=
1	4	Pledges receivable ▶						
		Less allowance for doul	btful accounts ▶					_
	5	Grants receivable						_
	6	Receivables due from	officers, directors, trustees, and other					
		disqualified persons (att	tach schedule) (see instructions)					-
Į	7	Other notes and loans r	eceivable (attach schedule)			1		3
		Less allowance for dou	btful accounts ▶					_
ŧ	8	Inventories for sale or us	e					_
Assets	9	Prepaid expenses and d	eferred charges					_
ĕ	10a	Investments - US and state	e government obligations (attach schedule)					_
	b	Investments - corporate	stock (attach schedule)					_
			bonds (attach schedule)					
	11	Investments - land, buildings and equipment basis	s, >					Š
		Less accumulated deprecia (attach schedule)	ation >					
	,	•	loans					_
	13	Investments - other (atta	ach schedule)					_
	14	Land, buildings, and equipment basis	.		And the second			1
		Less accumulated deprecia (attach schedule)	ation >					_
		Other assets (describe						_
	16	Total assets (to be	completed by all filers - see the					
		instructions Also, see p	age 1, item i)	0.	562,41	17.	562,417	7.
	17	Accounts payable and a	accrued expenses					
	l	• •						
S	I			l .				
Liabilities	20	Loans from officers, directo	ors, trustees, and other disqualified persons					
abi	21	Mortgages and other no	otes payable (attach schedule)					
Ï	22	Other liabilities (describe	e >)					
	23	Total liabilities (add line	es 17 through 22)	_0.		0.		
		Foundations that fol	low SFAS 117, check here . ▶					ä
es		and complete lines	24 through 26 and lines 30 and 31.					å
alances	24	Unrestricted						2
a	25							
8	26	•						
Net Assets or Fund B		*	not follow SFAS 117, ► X					
Ē			plete lines 27 through 31.					2
ō	27	Capital stock, trust prince	cipal, or current funds					á
ets	28		r land, bldg, and equipment fund					g.
SS	29	Retained earnings, accumi	ulated income, endowment, or other funds		562,43	17.		
ţ	30	Total net assets or fund	d balances (see instructions)	0.	562,43	17.		
Z	31		net assets/fund balances (see					ı
		instructions)		0.	562,43	17.		
E	art II		nges in Net Assets or Fund Bala					_
			palances at beginning of year - Part		must agree with			_
			ed on prior year's return)			1		0
2			, line 27a			2	562,41	<u>7</u> .
						3		_
						4	562,41	7.
		reases not included in				5		_
6	Tota	il net assets or fund b	palances at end of year (line 4 minu	s line 5) - Part II, column	(b), line 30	6	562,41	7

(a) List and 2-story br	(b) How acquired P - Purchase D - Donation		(d) Date sol (mo , day, yi		
<u> 1 a </u>					
<u>b</u>					
<u>c</u>					
<u>d</u>					
<u>e</u>	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	cc)
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) minu	
a		·			
b					
С					
d		1			
e Complete as to for a section of		1 h 4h - f			
Complete only for assets si	nowing gain in column (h) and owne	T		Gains (Col (h) ga	
(ı) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	COI	(k), but not less t Losses (from co	
a					
b					
С					
d					
е					
Capital gain net income	or (not capital loss)	gain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	2		
Net short-term capital or	ا ''' ain or (loss) as defined in section	• • • • • • • • • • • • • • • • • • • •			
	• •	structions) If (loss), enter -0- in			
•			3		
		educed Tax on Net Investment I			
		butable amount of any year in the b	ase perio	d?	Yes
	not qualify under section 4940(e)	ear, see the instructions before make	ing any er	ntries	
(a)	(b)	(c)	ling any or	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2015		-	-		
2014			ļ		
2013					
2012			1		
2011		<u> </u>			
			2		
•	•	vide the total on line 2 by 5, or by the			
number of years the four	ndation has been in existence if I	ess than 5 years	3		
Enter the net value of no	ncharitable-use assets for 2016	from Part X, line 5	4		
Multiply line 4 by line 3.			5		
Enter 1% of net investme	ent income (1% of Part I. line 27b)	6		
				_	
		ox in Part VI, line 1b, and complete		t using a 1% ta	ax rate Se

Offili	990-PF (2016) NEW ERA CAF FOUNDATION 61-1540			aye 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see in	struc	tions	<u> </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			14.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			
_	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			14.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			14.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		-	14.
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
Ь	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)6c 15.			
d	Backup withholding erroneously withheld			1.5
7	Total credits and payments Add lines 6a through 6d			15.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u>1.</u>
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 1. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			,
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation > \$ (2) On foundation managers > \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? ATCH 2	5	X	
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
-	By language in the governing instrument, or	:		1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)			
va	DE, NY,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G ^o If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses ATCH 3	10	X	1

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? Form 990-PF (2016)

Χ

3b

4b

	AVII B. Statements Degrading Activities		4720 May Po Pos	uizad (continuad)	1340323	Tage 0	
	t VII-B Statements Regarding Activities		4/20 Iviay be Req	uirea (continuea)			
5a	During the year did the foundation pay or incur any amou						
	(1) Carry on propaganda, or otherwise attempt to influe	•	. ,,		• .		
	(2) Influence the outcome of any specific public ele	ction (see section 4	1955), or to carry or	n,			
	directly or indirectly, any voter registration drive? Yes X No						
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No						
	(4) Provide a grant to an organization other than a charitable, etc., organization described in						
	section 4945(d)(4)(A)? (see instructions).						
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational						
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X N	.		
b	If any answer is "Yes" to 5a(1)-(5), did any of the				n		
	Regulations section 53 4945 or in a current notice regard						
	Organizations relying on a current notice regarding disas	_					
С	If the answer is "Yes" to question 5a(4), does the				-1		
·	because it maintained expenditure responsibility for the		•		,		
_	If "Yes," attach the statement required by Regulations sec						
6a	Did the foundation, during the year, receive any fun	•					
	on a personal benefit contract?			Yes X N	-		
Ь	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	act?	. <u>6b</u>	X	
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a pa		•	. — —	ľ		
	If "Yes," did the foundation receive any proceeds or have						
Par	t VIII Information About Officers, Director and Contractors	rs, Trustees, Fou	ındation Manager	s, Highly Paid Em	ployees,		
1	List all officers, directors, trustees, foundation m	nanagers and thei	r compensation (see	instructions).			
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	e account.	
	(a) Name and address	hours per week devoted to position	` (If not pald, enter -0-)	employee benefit plans and deferred compensation	other all	owances	
ATC	H 4		0.	0.		0.	
				,			
2	Compensation of five highest-paid employees	(other than thos	se included on line	e 1 - see instruct	ions). If n	one enter	
-	"NONE."	(00.101 0.101				J.1.0, J.1.1.07	
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expens	e account	
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other all	owances	
				compensation			
	NONE						
	NONE						
		I		I	I		
		<u></u>					
Tota	number of other employees paid over \$50,000		<u> </u>	<u> ▶</u>			

Part	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	' (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	
Part		
raru	APA Summary of Direct Chantable Activities	,
	he foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of rizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	/A	
2_		}
3		
_		-
_		
4 _		
_		
Part	X-B Summary of Program-Related Investments (see instructions)	L
Des	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 _	ONE	<u> </u>
_		
2		-
		1
	her program-related investments. See instructions	
3	ONE	

Par	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	ign foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpose's		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	138,071.
С	Fair market value of all other assets (see instructions)	1c	
	Total (add lines 1a, b, and c)	1d	138,071.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	138,071.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	2,071.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	136,000.
_ 6	Minimum investment return. Enter 5% of line 5	6	5,908.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	5,908.
2 a	Tax on investment income for 2016 from Part VI, line 5 2a 14.		
b	Income tax for 2016 (This does not include the tax from Part VI) 2b	1]	
C	Add lines 2a and 2b	2c	14.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,894.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	5,894.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	5,894.
	t XII Qualifying Distributions (see instructions)	1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		102 002
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	193,803.
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	193,803.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0,
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	193,803.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculating wh	ether the foundation
	qualifies for the section 4940(e) reduction of tax in those years	-	

Pa	Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7				5,894.
	Undistributed income, if any, as of the end of 2016				
	Enter amount for 2015 only.				
	Total for prior years 20 14 ,20 13 ,20 12				
	Excess distributions carryover, if any, to 2016				
	From 2011				
	From 2012				
	From 2013	,			
	From 2014		ļ		
	From 2015		1		
	Total of lines 3a through e				
4	line 4 ► \$ 193,803.				
	Applied to 2015, but not more than line 2a				
	· ' '				
О	Applied to undistributed income of prior years (Election required - see instructions)				
_	Treated as distributions out of corpus (Election				
٠	required - see instructions)				
d	Applied to 2016 distributable amount				5,894.
	Remaining amount distributed out of corpus	187,909.			
5	Excess distributions carryover applied to 2016.				
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as				
-	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	187,909.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b			****	
С	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				
6	amount - see instructions				
Ĭ	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				
-					
′	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2017.	4.5			
	Subtract lines 7 and 8 from line 6a	187,909.	ļ		
	Analysis of line 9				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
_е	Excess from 2016 187,909.		ı		₹

Form	990-PF (2016)	NEW ERA C	AP FOUNDATION		81-	-1548325 Page 10
Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	t it is a private opera	ating	
	foundation, and the rulin	=	-		L-,	
b	Check box to indicate		is a private operating		section 4942(j)(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	· · · · · · · · · · · · · · · · · · ·	(e) Total
	justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 2013	<u></u>
	I or the minimum investment return from Part X for each					
	year listed					<u> </u>
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed	<u> </u>	<u></u>		 	
a	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
•	2d from line 2c				ļ	
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter				l	
	(1) Value of all assets (2) Value of assets qualifying					
	under section			i	1	
ь	4942(j)(3)(B)(i)				 	
	enter 2/3 of minimum invest-			 		
	ment return shown in Part X,					
С	line 6 for each year listed "Support" alternative test - enter					
_	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities		,			
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income.				<u> </u>	<u> </u>
Pa				only if the founda	tion had \$5,000 o	r more in assets at
		uring the year - see				
1	Information Regardin	-				
а	before the close of any					ved by the foundation
	NONE		•	, , , ,	(// / /	
<u></u>		the foundation who	own 10% or more o	f the stock of a corn	oration (or an equal)	ly large portion of the
-	ownership of a partner					y large pertient of the
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:	 	
	Check here ▶ X If 1	the foundation only i	makes contributions	to preselected char	itable organizations	and does not accept
	unsolicited requests f	or funds If the found	ation makes gifts, gra	ants, etc (see instruc	tions) to individuals of	or organizations under
	other conditions, comp	plete items 2a, b, c, an	d d			
а	The name, address, a	nd telephone number	or e-mail address of t	he person to whom ap	plications should be ad	dressed
b	The form in which app	lications should be sul	omitted and information	on and materials they	should include	
	Any submission dead	ines				
d	Any restrictions or lifactors	imitations on awards	, such as by geogra	aphical areas, charita	able fields, kinds of	institutions, or other

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment								
	If recipient is an individual							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient						
a Paid duning the year								
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Total	<u> </u>		▶ 3a	178,953.				
b Approved for future payment	1	1	}	}				
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	<u> </u>	<u> </u>	<u> </u>					
Total								

r gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exemp
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
·					
			 		
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	<u> </u>		+	<u></u>	
Fees and contracts from government agencies			 		
lembership dues and assessments					
terest on savings and temporary cash investments.			14	717.	
ividends and interest from securities					·- · · · · · · · · · · · · · · · · · ·
et rental income or (loss) from real estate			 		_
Debt-financed property	ļ				
Not debt-financed property	 	 			
et rental income or (loss) from personal property		 	+	 	
ther investment income	<u> </u>	 		 	
ain or (loss) from sales of assets other than inventory	 		 		
et income or (loss) from special events ross profit or (loss) from sales of inventory					
ther revenue a					
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	<u> </u>	 		717	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns (b). Explain below how each activities.	culations)	ccomplishment of E	xempt Pur	poses	7
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activitie le No. Explain below how each activity	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities le No. Explain below how each activity	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calce tt XVI-B Relationship of Activitie e No. Explain below how each activity	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities and columns. Relationship of Activities e. No. Explain below how each activities.	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly t
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subtotal Add columns (b), (d), and (e)	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly t
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activitie No. Explain below how each activity	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly t
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otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activitie No. Explain below how each activity	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly t
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otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activitie No. Explain below how each activity	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly t
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subtotal Add columns (b), (d), and (e)	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly t
subtotal Add columns (b), (d), and (e)	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly t
subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcomate the columns of activities of	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities and columns. Relationship of Activities e. No. Explain below how each activities.	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities and columns. Relationship of Activities e. No. Explain below how each activities.	culations) es to the A	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	uted importantly t

1	Did the	e organization direct	tly or indirectly of	engage in any of the fol	lowing with	any other orga	nization described		Yes	No	
	in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political										
	organizations? Transfers from the reporting foundation to a noncharitable exempt organization of										
а	Transf	ers from the reportir	ng foundation to	a noncharitable exempt	organization	of					
	(1) Cas	sh						1a(1)		X	
	·-,							1a(2)		<u>X</u>	
b	b Other transactions: (1) Sales of assets to a noncharitable exempt organization										
(1) Sales of assets to a noncharitable exempt organization										X	
				ble exempt organization.				1b(2)		X	
	` '			assets				1b(3)		X	
		-						1		X	
		•						1		_ <u>X</u>	
	• •			ip or fundraising solicitation				1b(6)		<u>X</u>	
			_	ts, other assets, or paid e					[
		-		s," complete the followices given by the reporti	-		•				
		-		jement, show in column	_						
(a) Lir		(b) Amount involved	T	oncharitable exempt organization			ers, transactions, and shar				
(4, 2		N/A	(6) 110 01 11		N/A						
		.,,									
			† * 								
			1								
			1								
					1						
								·			
2a	Is the	foundation directly	or indirectly aff	iliated with, or related t	to, one or n	nore tax-exemp	t organizations		_	٦	
		•	,	ther than section 501(c)(3)) or in sec	tion 527?		Y	es 🔯	J No	
<u>b</u>	If "Yes	," complete the follo				·	 				
		(a) Name of organization	on	(b) Type of organiza	ation		(c) Description of relations	ship			
						+					

			-			 	••				
	Under	r penalties of penury, I ded	lare that I have examin	ned this return, including accompa	anying schedules	and statements, and t	to the best of my knowledge	e and t	belief, it	is true	
	correc			axpayer) is based on all information of							
Sign		KRLW		1 11/3/2017	, T.	ANGLIVOY	■ · ·	discus			
Here	Sign	nature of officer or trustee		Date	Title	EU2COE1	with the pr	· -	ת ה	below No	
	0.3						(See Mondone	ــــــا (٥٠	. 103		
		Print/Type preparer's na	ame	Preparer's signature		Date	Check If	PTIN			
Paid		JEFFREY D HAS		JEFFREY D HASK	ELL	10/30/	Aleck [] "	P013	4577	0	
Prep	arer		OUNDATION S			1 = 27 3 07 .	Firm's EIN ▶ 5103				
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			AKE SUCCESS	•		11042	Phone no 800-83	39-1	754	_	
								rm 99	0-PF	(2016	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990.

Name of the organization Employer identification number NEW ERA CAP FOUNDATION

		81-1548325			
Organization type (check of	one)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a pr	rivate foundation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation			
	501(c)(3) taxable private foundation				
	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule	e and a Special Rule See			
General Rule					
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, ey or property) from any one contributor. Complete Parts I and II. See all contributions.				
Special Rules					
regulations unde 13, 16a, or 16b,	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form and that received from any one contributor, during the year, total cont 6 of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ,	orm 990 or 990-EZ), Part II, line tributions of the greater of (1)			
contributor, durir	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				
contributor, durin contributions tota during the year fo General Rule app	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution: An organization th	nat isn't covered by the General Rule and/or the Special Rules doesn't	t 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1_	ADPRO SPORTS INC.	_	Person		
	55 AMHERST VILLA RD.	\$6,000.	Payroll Noncash		
	BUFFALO, NY 14225		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	ANGELS BASEBALL LP	_	Person X		
	2000 GENE AUTRY WAY	\$ 5,000.	Payroll Noncash		
	ANAHEIM, CA 92806	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	BANC OF CALIFORNIA		Person X		
	18500 VON KARMAN AVE, STE 1100	\$ 5,000.	Payroll Noncash		
	IRVINE, CA 92612		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	BISON BASEBALL INC.		Person X		
	P.O. BOX 245	\$ 6,000.	Payroll Noncash		
,	BUFFALO, NY 14240	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5_	CAA SPORTS	_	Person X		
	2000 AVENUE OF THE STARS	\$17,000.	Payroll Noncash		
	LOS ANGELES, CA 90067	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6_	CHAMPS SPORTS		Person X		
	P.O. BOX 2663	\$6,000.	Payroll Noncash		
!	HARRISBURG, PA 17105	_	(Complete Part II for noncash contributions)		

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	ETE MARKETING SOLUTIONS, INC. 34179 GOLDEN LANTERN STE 203 DANA POINT, CA 92629	\$16,328.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	FIRST NIAGARA, N.A. 726 EXCHANGE ST., SUITE 900 BUFFALO, NY 14210	\$8,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	FOOT LOCKER, INC. 330 WEST 34TH ST. NEW YORK, NY 10021	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	FREED MAXICK CPAS, P.C. 424 MAIN ST, SUITE 800 BUFFALO, NY 14202	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	HADLEY EXHIBITS INC. 1700 ELMWOOD AVE. BUFFALO, NY 14207-2408	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	HEALTHNOW NEW YORK INC. P.O. BOX 80 BUFFALO, NY 14240-0080	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13	HUNT REAL ESTATE ERA		Person X		
	430 DICK RD.	\$ 6,000.	Payroll		
,	DEPEW, NY 14043		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	KRIEGER, NANCY S.		Person X		
	272 MC KINLEY PKY.	\$ 6,000.	Payroll Noncash		
	BUFFALO, NY 14220		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15_	LAWLEY SERVICES INC.		Person X		
	361 DELAWARE AVE.	\$ 12,000.	Payroll Noncash		
	BUFFALO, NY 14202		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			(d) Type of contribution Person		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll		
No.	Name, address, and ZIP + 4 LIDS FOUNDATION, INC.	Total contributions	Type of contribution Person X		
No.	Name, address, and ZIP + 4 LIDS FOUNDATION, INC. 10555 LIDS WAY	Total contributions	Person X Payroll Noncash (Complete Part II for		
16 (a)	Name, address, and ZIP + 4 LIDS FOUNDATION, INC. 10555 LIDS WAY ZIONSVILLE, IN 46077 (b)	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
16 (a) No.	Name, address, and ZIP + 4 LIDS FOUNDATION, INC. 10555 LIDS WAY ZIONSVILLE, IN 46077 (b) Name, address, and ZIP + 4	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution		
16 (a) No.	Name, address, and ZIP + 4 LIDS FOUNDATION, INC. 10555 LIDS WAY ZIONSVILLE, IN 46077 (b) Name, address, and ZIP + 4	\$ 10,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person X Payroll		
16 (a) No.	Name, address, and ZIP + 4 LIDS FOUNDATION, INC. 10555 LIDS WAY ZIONSVILLE, IN 46077 (b) Name, address, and ZIP + 4 M&T BANK ONE FOUNTAIN PLAZA	\$ 10,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person X Payroll Noncash (Complete Part II for		
(a) No	Name, address, and ZIP + 4 LIDS FOUNDATION, INC. 10555 LIDS WAY ZIONSVILLE, IN 46077 (b) Name, address, and ZIP + 4 M&T BANK ONE FOUNTAIN PLAZA BUFFALO, NY 14203 (b)	\$ 10,000. (c) Total contributions (c) For all contributions (c) (c)	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	Name, address, and ZIP + 4 LIDS FOUNDATION, INC. 10555 LIDS WAY ZIONSVILLE, IN 46077 (b) Name, address, and ZIP + 4 M&T BANK ONE FOUNTAIN PLAZA BUFFALO, NY 14203 (b) Name, address, and ZIP + 4	\$ 10,000. (c) Total contributions (c) For all contributions (c) (c)	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)		

Part I	, Contributors (See instructions). Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	MAINLAND HEADWEAR HOLDINGS LIMITED RM 1001-1005, NO. 9 SHEUNG YUET RD.	- s 10,000.	Person X Payroll		
	KOWLOON BAY KOWLOON HONG KONG	_ \$10,000.	Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20_	MILLIKEN & COMPANY	_	Person X Payroll		
	P.O. BOX 1838 M-235 SPARTANBURG, SC 29304	_ \$6,000. _	Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	MOHAWK GLOBAL LOGISTICS P.O. BOX 3065 SYRACUSE, NY 13320	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	NBA PROPERTIES, INC. 100 PLAZA DR. SECAUCUS, NJ 07094	\$ 6,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	NEW ERA CAP CO., INC. 160 DELAWARE AVENUE BUFFALO, NY 14202	\$399,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24	NEW YORK YANKEES ONE EAST 161ST ST. BRONX, NY 10451	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		

Name of organization NEW ERA CAP FOUNDATION Employer identification number 81-1548325

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25	NFL VENTURES LP 345 PARK AVENUE	\$ 6,000.	Person X Payroll Noncash		
	NEW YORK, NY 10154	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26	NOCO FOUNDATION INC.	_	Person X		
	2440 SHERIDAN DR.	\$6,000.	Payroll Noncash		
	TONAWANDA, NY 14150	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27	OCTAGON	_	Person X		
	7950 JONES BRANCH DRIVE, SUITE 700 N	\$\$	Payroll Noncash		
	MCLEAN, VA 22107	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28_	OMARA, BRIAN J.	_	Person X		
	28 ST. GEORGE PLACE		Payroll Noncash		
	PALM BEACH GARDENS, FL 33418	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	PEGULA SPORTS AND ENTERTAINMENT, LLC	_	Person X		
	1 SEYMOUR H. KNOX III PLAZA	\$ 25,000.	Payroll Noncash		
	BUFFALO, NY 14203	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30_	PHILLIPS LYTLE LLP	_	Person X		
	125 MAIN ST.	_ \$12,000.	Payroll Noncash		
	BUFFALO, NY 14203-2887	_	(Complete Part II for noncash contributions)		

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
31	RAINBOW SANDALS, INC.		Person X Payroll		
	900 CALLE NEGOCIO	\$ 5,000.	Noncash		
	SAN CLEMENTE, CA 92673		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
32	SKY GLOBAL LLC		Person X		
	4476 MAIN ST, STE. 104	\$ 6,000.	Payroll Noncash		
	AMHERST, NY 14226	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
33	SPEED MOTOR EXPRESS OF W.N.Y., INC.		Person X		
	2299 KENMORE AVENUE	\$6,000.	Payroll Noncash		
	BUFFALO, NY 142071311		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
34	THE EMBLEM SOURCE, LLC		Person X		
	4575 WESTGROVE, SUITE 500	\$6,000.	Payroll Noncash		
	ADDISON, TX 75001		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
35_	THE MARTIN GROUP LLC		Person X		
	477 MAIN ST.	\$ 6,000.	Payroll Noncash		
	BUFFALO, NY 14203	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
36_	TOWN AUTOMOTIVE GROUP		Person X		
	3531 SOUTHWESTERN BLVD.	\$	Payroll Noncash		
	ORCHARD PARK, NY 14127		(Complete Part II for noncash contributions)		

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
37	UNIVERSITY OF PITTSBURGH MEDICAL CENTER 1400 LOCUST STREET, SUITE 4033 PITTSBURGH, PA 15219	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38_	WASSERMAN MEDIA GROUP, LLC 10960 WILSHIRE BLVD, STE 2200 LOS ANGELES, CA 90024	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39	WEST HERR AUTOMOTIVE GROUP 3448 MCKINLEY PKY, PO BOX 1998 BLASDELL, NY 14219	\$ 6,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
40	PORTLAND, OR 97208	\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)		

	,	81-15	18325
Part II	Noncash Property (See instructions) Use duplicate copies of	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	

Employer identification number

81-1548325

`the cor Us		ons completing Parte year (Enter this in	t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc. See instructions.)
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transf nd ZIP + 4		enship of transferor to transferee
(a) No.	(h) Purpose of gift	(a) Usa	of gift	(d) Description of how sift is hold
from Part I	(b) Purpose of gift	(c) Use	or gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transf nd ZIP + 4	-	enship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use	of guitt	(d) Description of how gift is held
Part I -	(b) r dispect of gill			
	Transferee's name, address, ar	(e) Transf nd ZIP + 4		onship 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) Transi		
 - -	Transferee's name, address, ar	nd ZIP + 4	Relation	onship of transferor to transferee

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

ATTACHMENT

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND	EXPENSES	10,000.	3,500.	500.	850.
	NOTHER	ADMINISTRATIVE FEES	ADMINISTRATIVE SET-UP FEE	DELAWARE INCORPORATION FEES	IRS APPLICATION FEES

6 F E	TOTALS

14,850.

<u></u>

CHARITABLE

14,850.

ATTACHMENT 2

FORM 990PF, PART VII-A - LIQUIDATION, TERMINATION, ETC. STATEMENT

AS EXPLAINED BELOW, THE FOUNDATION HAS NO PLANS FOR DISSOLUTION. THIS STATEMENT IS SUBMITTED TO REPORT THE DISTRIBUTION OF CERTAIN ASSETS DURING THE YEAR. THE DISTRIBUTIONS RESULTED IN A SUBSTANTIAL CONTRACTION OF ASSETS.

THE FOLLOWING INFORMATION IS SUBMITTED IN ACCORDANCE WITH TREASURY REGULATION SECTION 1.6043-3(A)(1) AND THE FORM 990-PF INSTRUCTIONS: TYPICALLY, A FINDING OF A SUBSTANTIAL CONTRACTION OF ASSETS IS MADE BY REFERENCE TO THE FAIR MARKET VALUE OF A FOUNDATION'S NET ASSETS ON THE FIRST DAY OF ITS CALENDAR YEAR. HOWEVER, THE TAXABLE YEAR ENDING DECEMBER 31, 2016 WAS THE YEAR IN WHICH THE FOUNDATION RECEIVED ITS INITIAL ENDOWMENT AND THE FINDING OF A SUBSTANTIAL CONTRACTION IN THIS CASE WAS MADE BY REFERENCE TO THE FAIR MARKET VALUE OF THE FOUNDATION'S ASSETS ON THE DATE THAT IT RECEIVED ITS INITIAL ENDOWMENT. ACCORDINGLY, THE DEGREE OF CONTRACTION OF THE FOUNDATION'S NET ASSETS MAY HAVE BEEN EXAGGERATED.

DURING THE TAXABLE YEAR ENDING DECEMBER 31, 2016, THE FOUNDATION MADE DISTRIBUTIONS FROM ASSETS FROM SOURCES OTHER THAN CURRENT INCOME. COLLECTIVELY, THE DISTRIBUTIONS IN EXCESS OF CURRENT INCOME TOTALED \$178,953. THIS AMOUNT REPRESENTS MORE THAN 25% OF THE FOUNDATION'S NET ASSETS OF \$10,000 (AS MEASURED BY FAIR MARKET VALUE) ON THE DAY THAT THE FOUNDATION RECEIVED ITS INITIAL ENDOWMENT IN THE FOUNDATION'S TAXABLE YEAR ENDING DECEMBER 31, 2016. ALTHOUGH THE FOUNDATION TECHNICALLY EXPERIENCED A SUBSTANTIAL CONTRACTION, IT WILL CONTINUE IN EXISTENCE AND HAS NO PLANS FOR DISSOLUTION.

THE FOUNDATION MADE DISTRIBUTIONS OF CASH TO THE GRANTEES LISTED IN THE ATTACHMENT TO PART XV, LINE 3A; EACH SUCH GRANT WAS MADE SOLELY FOR THE CHARITABLE PURPOSE SPECIFIED THEREIN.

ATTACHMENT

LINE 10 - SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PF,

NEW ERA CAP FOUNDATION

NAME AND ADDRESS

CAA SPORTS 2000 AVENUE OF THE STARS LOS ANGELES, CA 90067 ETE MARKETING SOLUTIONS, INC. 34179 GOLDEN LANTERN STE 203 DANA POINT, CA 92629

NEW ERA CAP CO., INC. 160 DELAWARE AVENUE BUFFALO, NY 14202 PEGULA SPORTS AND ENTERTAINMENT, LLC 1 SEYMOUR H. KNOX III PLAZA BUFFALO, NY 14203

NEW ERA CAP FOUNDATION	2016 FORM 990-PF			81-1548325	
FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS,	ERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	IMENT 4	
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
CHRISTOPHER H KOCH FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	PRES / DIR 1.00	·	· 0	. 0	
LORRIE TURNER FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR / SEC 1.00		.0	.0	
KEVIN WILSON FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR / TREAS 1.00	.0			
	GRAND TOTALS	0.	0	0	

2016 FORM 990-PF	
NEW ERA CAP FOUNDATION	

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

81-1548325

ATTACHMENT 5

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CITY OF HOPE	N/A	GENERAL & UNRESTRICTED	56,453
1500 E DUARTE RD	PC		
DUARTE, CA 91010			
CRADLE BEACH CAMP INC	N/A	GENERAL & UNRESTRICTED	122,500
8038 LAKE SHORE RD	PC		
ANGOLA, NY 14006			

178,953

TOTAL CONTRIBUTIONS PAID