efile GRAPHIC print - DO NOT PROCESS

Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491070003008

2017

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| | | ndar year 2017, or tax year | beginning 01-01-20 | 17 , a | nd er | nding 12-31- | | |
|---------------------------------------|----------------|---|--|-----------------------|----------|-----------------------|---|---|
| | | indation R FOUNDATION | | | | 02-0569535 | entification numbe | ır |
| Num | bor and | I street (or P O box number if mail is no | at delivered to street address) | Room/suite | | | | |
| | | 7 74TH ST | or delivered to screet address) | Roomy suite | | B Telephone nu | mber (see instructio | ns) |
| | | , state or province, country, and ZIP or IY 10021 | foreign postal code | | | C If exemption | application is pendin | g, check here |
| G Ch | neck al | l that apply | ☐ Initial return of a f☐ Amended return | former public charity | | 2 Foreign or | ganizations, check h | the 85% |
| | | Address chan | | | | test, chec | k here and attach co | mputation 🕨 🔽 |
| H C | neck ty | pe of organization 🗹 Section 5 | 501(c)(3) exempt private f | oundation | | | indation status was n 507(b)(1)(A), chec | |
| | Section | 4947(a)(1) nonexempt charitable | e trust 🔲 Other taxable | private foundation | | | | |
| of ' | year <i>(f</i> | xet value of all assets at end from Part II, col (c), \$ 181,095 | J Accounting method ☐ Other (specify) (Part I, column (d) must | ✓ Cash ☐ Accru | ıal | | ation is in a 60-mont n 507(b)(1)(B), chec | |
| Pa | rt I | Analysis of Revenue and | Expenses (The total | (a) Revenue and | | 1 | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (equal the amounts in column (a) (see | · · · | expenses per books | (b) | Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , | received (attach | 75,000 | | | | |
| | 2 | schedule) Check If the foundation is i | not required to attach | | | | | |
| | 3 | Sch B | rv cash investments | 82 | | 82 | | |
| | 4 | Dividends and interest from secu | · | | | | | |
| | 5a | Gross rents | | | | | | |
| | ь | Net rental income or (loss) | | | | | | |
| He | 6a | Net gain or (loss) from sale of as | | | | | | |
| Revenue | ь 7 | Gross sales price for all assets or Capital gain net income (from Pa | | | | | | |
| Œ | 8 | Net short-term capital gain . | | | | | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allow | vances | | | | | |
| | ь | Less Cost of goods sold | | | | | | |
| | С | Gross profit or (loss) (attach scho | edule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | | |
| | 12 | Total. Add lines 1 through 11 | | 75,082 | | 82 | | |
| | 13 | Compensation of officers, directo | rs, trustees, etc | | | | | |
| | 14 | Other employee salaries and wag | jes | | | | | |
| es G | 15 | Pension plans, employee benefits | | | | | | |
| ens | 16a | Legal fees (attach schedule) . | | | | | | |
| ă. | b | Accounting fees (attach schedule |) | 500 | | | | |
| Operating and Administrative Expenses | С | Other professional fees (attach s | chedule) | | | | | |
| a E | 17 | Interest | | • | | | | |
| 3 | 18 | Taxes (attach schedule) (see inst | · · | 76 | | | | |
| <u>=</u> | 19 | Depreciation (attach schedule) a | nd depletion | | | | | |
| 를 | 20 | Occupancy | | | | | | |
| פַ | 21 | Travel, conferences, and meeting | | | | | | |
| <u>1</u> 31 | 22 | Printing and publications Other expenses (attach schedule | | 305 | | | | |
| Ĕ | | Total operating and administr | | 303 | | | | |
| era | 24 | Add lines 13 through 23 | · · · · · · · · · · · · · · · · · · · | 881 | | 0 | | , |
| o | 25 | Contributions, gifts, grants paid | | 89,500 | - | - | | 89,500 |
| | 26 | Total expenses and disbursen | nents. Add lines 24 and | 90,381 | | 0 | | 89,500 |
| | 27 | Subtract line 26 from line 12 | | 30,361 | | 0 | | 69,300 |
| | a | Excess of revenue over expen | ses and | -15,299 | | | | |
| | | disbursements Net investment income (if neg | ative enter -0-1 | | | 82 | | |
| | b c | Adjusted net income (if negative | | | \vdash | | | |
| For | | work Reduction Act Notice, see | | | <u> </u> | Cat No. 11289) | | ' -m 990-PF (2017 |

| | 2 | Savings and temporary cash investments | 196,395 | 181,095 | 181,095 |
|---|-----|--|---------|---------|---------|
| | 3 | Accounts receivable ► | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| 2 | 8 | Inventories for sale or use | | | |
| ט | 9 | Prepaid expenses and deferred charges | | | |
| î | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | | | |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis > | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total access (to be completed by all filers, see the | | | |

Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 196,395 17 Accounts payable and accrued expenses . 18 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified persons 20 Mortgages and other notes payable (attach schedule). 21 Other liabilities (describe ... 22

Liabilities

3

4

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize) ▶

Add lines 1, 2, and 3

181,095 Total liabilities(add lines 17 through 22) 23 Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. Unrestricted Temporarily restricted Permanently restricted

181,095

181,096

181,095

Form **990-PF** (2017)

1

26 Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. Capital stock, trust principal, or current funds 27

Net Assets or Fund Balances 24 25 28 Paid-in or capital surplus, or land, bldg, and equipment fund 196,395 29 Retained earnings, accumulated income, endowment, or other funds 181,095 30 Total net assets or fund balances (see instructions) . 196,395 181,095 196,395 181,095 31 Total liabilities and net assets/fund balances (see instructions) .

Part III **Analysis of Changes in Net Assets or Fund Balances** Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with endof-year figure reported on prior year's return) 1 196,395 2 Enter amount from Part I, line 27a 2 -15,299

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

3

4

5

6

Page 3

| | - Capital Gains | | | | | | |
|---------|---|---|---------------------------------|--|---------------|---|--|
| | | (a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs | | (b) How acquire P—Purchase D—Donation | e Di | (c) ate acquired no , day, yr) | (d) Date sold (mo , day, yr) |
| 1a | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| - | | | | | | | |
| | | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | | Gain o | h) r (loss)) mınus (g) |
| a | | | | | - | | |
| b | | | | | $\overline{}$ | | |
| C | | | | | | | |
| d | | | | | $\overline{}$ | | |
| e | Complete - 1 C | s chowing same at the same at | nod by the C | on 12/24/55 | | | <u> </u> |
| | Complete only for assets | s showing gain in column (h) and ow | | | \dashv | | i) h) gain minus |
| | (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) of col (ı) l (ʒ), ıf any | c | ol (k), but not | n) gain minus less than -0-) or om col (h)) |
| а | | | | | | | |
| b | | | | | \Box | | |
| С | | | | | | | |
| d | | | | | | | |
| e | | | If gain, also enter in P | | | | |
| 3 | | gain or (loss) as defined in sections : ort I, line 8, column (c) (see instructions : | | | } 2 | | |
| Part | V Qualification l | Under Section 4940(e) for Re | duced Tax on Net | Investment | Incom | e | |
| (For on | _ | private foundations subject to the sec | | | | | |
| | | • | , , | | , | | |
| Was th | | eave this part blank ne section 4942 tax on the distributal ot qualify under section 4940(e) Do | | | rıod? | ☐ Ye | es 🗸 No |
| | | nount in each column for each year, | | | ntries | | |
| Bas | (a) se period years Calendar (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | | | (d) Distribution rati I (b) divided by c | |
| | 2016 | 88,500 | | 163,683 | | | 0 540679 |
| | 2015 | 87,500 | | 178,959 | | | 0 488939 |
| | 2014 | 82,163 | | 197,193 | | | 0 416663 |
| | 2013 | 92,096 | | 228,383 | | | 0 403252 |
| | 2012 | 59,000 | | 242,867 | | | 0 242931 |
| | Total of line 1, column (| • | | | 2 | | 2 092465 |
| r | number of years the four | o for the 5-year base period—divide l ndation has been in existence if less incharitable-use assets for 2017 fron | than 5 years | ´´ <u>⊢</u> | 3 4 | | 0 418493 150,164 |
| | Enter the net value of no Multiply line 4 by line 3 | | • | <u> </u> | 5 | | 62,843 |
| | | ent income (1% of Part I, line 27b) | | | 6 | | <u>62,843</u> 1 |
| | | , , , | | | 7 | | <u>1</u> 62,844 |
| | | ons from Part XII, line 4 , | | · · · · · · - | 8 | | 89,500 |
| | | ons from Part XII, line 4 , | | | | % tay rate So | |

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, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

| | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, |
|-----------|--|
| Dowt VIII | information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, |
| Lair Attt | and Contractors |

| 1 List all officers, directors, trusted | es, fo | oundation managers an | d their compensation | (see instructions). | |
|--|---|--|---|---|---------------------------------------|
| (a) Name and address | Title, and average hours per week (b) devoted to position | | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | |
| CHARLES MAYER | PRES | SIDENT | 0 | • | 0 0 |
| 300 EAST 74TH ST | 5 00 | | | | |
| NEW YORK, NY 10021 DANIEL BOOCKVAR | CEC | TREAS | | , | 0 0 |
| 161 EST 75TH ST | 1 00 | TREAS | 0 | | 0 |
| New York, NY 10023 | | | | | |
| ROBERT LOPATIN | VPDI 1 00 | | 0 | (| 0 |
| 330 EAST 71ST STREET APT 5A New York, NY 10021 | 1 00 | | | | |
| 2 Compensation of five highest-pa | id er | nployees (other than th | nose included on line 1 | l—see instructions). If no | ne, enter "NONE." |
| (a) Name and address of each employee pa more than \$50,000 | aid | Title, and average hours per week (b) devoted to position | (c) Compensation | Contributions to employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE | | _ | | | |
| | | | | | |
| | | - | | | |
| | | | | | |
| | | - | | | |
| | | | | | |
| | | 1 | | | |
| | | | | | |
| | | 1 | | | |
| Total number of other employees paid ov | er \$5 | 0,000 | | | 0 |
| 3 Five highest-paid independent co | ontra | ctors for professional | | | ŧΕ". |
| (a) Name and address of each person | n pai | d more than \$50,000 | (b) Typ | e of service | (c) Compensation |
| NONE | | | | | |
| | | | | | |
| | | | 1 | | |
| | | | | | |
| | | | _ | | |
| | | | | | |
| | | | 1 | | |
| | | | | | |
| | | | 1 | | |
| Total number of others receiving over \$50 | 0,000 | for professional services. | | | |
| Part IX-A Summary of Direct (| Char | itable Activities | | | |
| List the foundation's four largest direct charitable organizations and other beneficiaries served, con | activ | ities during the tax year Inclu | ide relevant statistical inform | nation such as the number of | Expenses |
| 1 NONE | ieren | ces convened, research papers | s produced, etc | | 0 |
| 2 | | | | | |
| | | | | | |
| | | | | | |
| 3 | | | | | |
| | | | | | |
| | | | | | |
| 4 | | | | | |
| | | | | | |
| | | -1-1-1- | (| | |
| Part IX-B Summary of Program | | | · | and 3 | A ma a cont |
| Describe the two largest program-related inve | estme | nts made by the roundation di | uring the tax year on lines 1 | and Z | Amount 0 |
| 2 | | | | | |
| - | | | | | |
| | | | | | |
| All other program-related investments | See | ınstructions | | | |
| 3 | | | | | |
| | | | | | |
| | | | | | |
| Total. Add lines 1 through 3 . | • • | · · · · · · · · | | • | - 000 PT (05:=1 |
| | | | | | Form 990-PF (2017) |

2 Amounts set aside for specific charitable projects that satisfy the 3 3a

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

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.

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

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

4

5

3h

4

5

89.500

89.499

Form **990-PF** (2017)

Page 9

7,507

7,507

| Form 990-PF (20 | 017) |
|-----------------|------|
| Part XIII | Und |

b Total for prior years

From 2012. . . .

b From 2013. . . . c From 2014. .

d From 2015. . . .

XII, line 4 🕨 \$

indicated below:

e From 2016.

ons) (a)

| · /) | |
|-----------------------------------|------|
| Undistributed Income (see instruc | ctic |
| | |

| 1 | Distributable amount for 2017 from Part XI, line 7 | Γ |
|---|---|---|
| 2 | Undistributed income, if any, as of the end of 2017 | ſ |
| а | Enter amount for 2016 only | |

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017 (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 2018.

10 Analysis of line 9 a Excess from 2013. .

b Excess from 2014. .

c Excess from 2015. . .

d Excess from 2016. .

e Excess from 2017. .

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 e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 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 2012 not

4 Qualifying distributions for 2017 from Part

a Applied to 2016, 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

46.860 80,680

72.305

78.554 80,317

80.680 72,305

78.554

80.317

81.993

Corpus

358.716

81.993

440,709

46.860

393,849

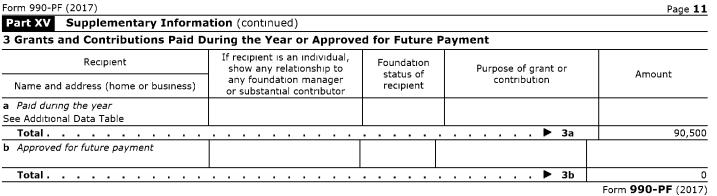
(b)

Years prior to 2016

(c)

2016

| orr | m 990-PF (2017) | | | | | Page 10 |
|-----|---|--------------------------|-----------------------|-------------------------|---------------------|----------------|
| ŀ | Private Operating Found | ations (see ınstr | uctions and Part \ | VII-A, question 9) | | |
| | If the foundation has received a ruling or de foundation, and the ruling is effective for 20 | 17, enter the date | of the ruling | ▶∟_ | | |
| b | Check box to indicate whether the organization | on is a private oper | atıng foundatıon des | scribed in section L | ☐ 4942(ر)(3) or ☐ | (5)(5) 4942 |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (e) Total |
| | income from Part I or the minimum investment return from Part X for each year listed | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | (6) 10141 |
| b | 85% of line 2a | | | | | |
| c | Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon | | | | | |
| а | "Assets" alternative test—enter | | | | | |
| | (1) Value of all assets | | | | | |
| b | "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| С | "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 support from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| Dε | Supplementary Information | | | organization ha | d \$5,000 or more | e in |
| | assets at any time during th Information Regarding Foundation Man | | tructions.) | | | |
| а | List any managers of the foundation who have before the close of any tax year (but only if | e contributed more | | | | n |
| | CHARLES MAYER | | | | | |
| b | List any managers of the foundation who ow ownership of a partnership or other entity) of NONE | | | | arge portion of the | |
| ا ، | | | | | | • |
| 2 | Information Regarding Contribution, Gr | ant, Gift, Loan, Sc | holarship, etc., Pr | ograms: | | |
| | Check here ▶ ☑ If the foundation only mak unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, a | tion makes gifts, gr | | | | der |
| а | The name, address, and telephone number of | or email address of | the person to whom | applications should | be addressed | |
| b | The form in which applications should be sul | omitted and informa | ation and materials t | hey should include | | |
| c | Any submission deadlines | | | | | |
| d | Any restrictions or limitations on awards, su factors | ch as by geographic | cal areas, charitable | fields, kinds of instit | cutions, or other | |
| | | | | | | |



| Enter gross amounts unless otherwise indicated | | Unrelated bu | ısıness ıncome | Excluded by section | (e) Related or exempt | |
|--|--|--|----------------|-------------------------------------|--------------------------|--|
| Program | n service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | and contracts from government agencies | | | | | |
| Intere | rship dues and assessments st on savings and temporary cash ments | | | 03 | 82 | |
| | ds and interest from securities | | | | | |
| | tal income or (loss) from real estate | | | | | |
| | financed property | | | | | |
| | ebt-financed property notering in the control of the cont | | | | | |
| | nvestment income | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| ınvent | orỳ | | | | | |
| | ome or (loss) from special events | | | | | |
| | profit or (loss) from sales of inventory evenue a | | | | | |
| b | evenue a | | | | | |
| | | | | | | |
| | | | | | | |
| | The state of the s | l l | | | | |
| е | | | | | | |
| e | al Add columns (b) (d) and (o) | | | | 82 | |
| e Subtota Total. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | 13 | 82 | |
| Subtota Total. (See wo | al Add columns (b) (d) and (o) | ations) | | | | |
| e Subtota Total. (See wo | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | 82 |
| e Subtota Total. (See wo art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| eSubtota Total. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| e Subtota Total. (See wo art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | |
| e Subtota Total. (See wo art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplish income is report | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | |

| orm 9 | 90-PF (| 2017) | | | | | | | Pag | ge 1 3 |
|--------------|----------------------|---|---------------------------------|---------------------------------|--------------------------------|---|------------------------|---|----------|---------------|
| Part | XVII | Information Re Exempt Organia | | ansfers To a | and Transaction | ns and Relatio | nships With Non | charitable | | |
| | | ganization directly or in Code (other than sectio | | | | | | n 501 | Yes | No |
| a Tra | insfers f | from the reporting foun | dation to a nor | ncharitable ex | empt organization | of | | | | |
| ` ` | | | | | | | | 1a(1) | | No |
| ` ' | | assets | | | | | | . 1a(2) | | No |
| | | sactions | | | | | | 45.43 | | N |
| | | of assets to a nonchari lases of assets from a n | • | _ | | | | . 1b(1) . 1b(2) | | No No |
| | | al of facilities, equipmen | | | | | | . 1b(2) | | No |
| ٠, | • | bursement arrangemen | • | | | | | 1b(4) | | No |
| | | s or loan guarantees. | | | | | | . 1b(5) | | No |
| | | mance of services or m | | | | | | 1b(6) | | No |
| c Sha | arıng of | facilities, equipment, n | nailing lists, ot | her assets, or | paid employees. | | | . 1c | | No |
| of t | the good any tran | ver to any of the above ds, other assets, or ser- nsaction or sharing arra (b) Amount involved | vices given by ngement, shov | the reporting w in column (c | foundation If the | foundation receive goods, other asse | ed less than fair mark | et value ed | ngemen | ts |
| . , | | | (-) | | γ | , | , | | J | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | _ | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | _ | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 3- I- 4 | - h - 6 | | | | <u> </u> | | | | | |
| des | scribed | ndation directly or indire in section 501(c) of the omplete the following so | Code (other th | * | * | | | . 🗆 Yes | ~ | No |
| | | (a) Name of organization | on | (1 | b) Type of organization | n | (c) Description of | of relationship | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Ciam | of m whic | er penalties of perjury, ly knowledge and belief h preparer has any kno | , it is true, cori | | | | | sed on all infor | mation | of |
| Sign Here | , | ***** | | | 2018-03-11 | ***** | | May the IRS di return with the prepai | | |
| | | Signature of officer or to | rustee | | Date | Title | | below (see instr)? | Yes [| ☑ No |
| | | Print/Type preparer's | name F | Preparer's Sigi | nature | Date | Check if self- | TIN | | |
| Paid | | Bill Berger | | | | 2018-03-11 | employed ▶ ☑ | P01216 | 822 | |
| - | arer Only | | am Berger | | | | F | rm's EIN ▶ | | |
| | - | | Wintergreen [| | | | P | hone no (732 |) 536-5 | 5876 |
| | | | | | | | | | | |

Englishtown, NJ 07726

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year RICKY HINKSON NONE GENERAL WELFARE 2,000 2822 BRONX RIVER PKWY APT N1

2,000

2,000

Bronx, NY 10467 RANGI MCNEIL345 W 123RD ST APT 4 NONE GENERAL WELFARE New York, NY 10027 MARC GANZLASS NONE GENERAL WELFARE

39 WITHERS STREET APT 3R Brooklyn, NY 11211 REBEKAH DINNERSTEIN NONE GENERAL WELFARE

2,000 400 W 43RD ST APT 6M New York, NY 10036 NONE GENERAL WELFARE 2,000

ANDRES LARACURNTE 221 SEAMAN AVE APT B10 New York, NY 10034

90,500 Total . . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, 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 ELLA MURRAY2242 VANDAVEER PLACE NONE GENERAL WELFARE 2,000 Brooklyn, NY 11226

| 206 E 31ST STREET APT 15A New York, NY 10016 | NONE | GENERAL WELFARE | |
|---|------|-----------------|--|
| JOSEPHINE MCKEE 310 BEVERLY ROAD APT 5P | NONE | GENERAL WELFARE | |

NONE

JONED CROET

3a

| JOSEPHINE MCKEE 310 BEVERLY ROAD APT 5P Brooklyn, NY 11218 | NONE | GENERAL WELFARE | 2,000 |
|--|------|-----------------|-------|
| ALICE JOHNSON 215 E 95TH STREET APT 12A | NONE | GENERAL WELFARE | 2,000 |

CENEDAL MELEADE

2,000

| BIOOKIYII, NI 11218 | | | |
|--|------|-----------------|-------|
| ALICE JOHNSON 215 E 95TH STREET APT 12A New York, NY 10128 | NONE | GENERAL WELFARE | 2,000 |
| JAMIE PAUL DALLAS | NONE | GENERAL WELFARE | 2,000 |

| 215 E 95TH STREET APT 12A New York, NY 10128 | | | |
|--|------|-----------------|------|
| JAMIE PAUL DALLAS 314 WASHINGTON AVE APT 3 Brooklyn, NY, 11205 | NONE | GENERAL WELFARE | 2,00 |

| New York, NY 10128 | | | |
|---|------|-----------------|----|
| JAMIE PAUL DALLAS 314 WASHINGTON AVE APT 3 Brooklyn, NY 11205 | NONE | GENERAL WELFARE | 2, |

| JAMIE PAUL DALLAS 314 WASHINGTON AVE APT 3 Brooklyn, NY 11205 | NONE | GENERAL WELFARE | |
|---|------|-----------------|--------|
| Total | | | 90,500 |

| orm 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|---|--|-----------|----------------------------------|--------|
| Recipient | If recipient is an individual, Foundation show any relationship to 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 | | | | |
| DANIELLE ARTHURBY 510 W 52ND STREET APT 6B New York, NY 10019 | NONE | | GENERAL WELFARE | 2,000 |
| RICHARD DURING 1 50 50TH AVE APT426 Long Island City, NY 11101 | NONE | | GENERAL WELFARE | 1,500 |
| JENNIFER PILEK 66 14 WOODSIDE AVD APT 402A Woodside, NY 11377 | NONE | | GENERAL WELFARE | 2,000 |
| SHAWKANE SPENCER 100 W 121ST STREET APT 52 New York, NY 10027 | NONE | | GENERAL WELFARE | 2,000 |
| DANIELLE MICHELLE DANIELS | NONE | | GENERAL WELFARE | 2,000 |

90,500

158 13 72ND AVE APT 41 Fresh Meadows, NY 11365

Total . . 3a Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KAI PEARLIN MARTIN NONE GENERAL WELFARE 2,000 36 W 45TH STREET APT 03 New York, NY 10036 NONE **GENERAL WELFARE** 2,000 ALEXSANDR GRABOUSKLY

| Brooklyn, NY 11214 | | | |
|---|------|-----------------|-------|
| MELISSA EDER29 E 7TH STREET APT 5W New York, NY 10003 | NONE | GENERAL WELFARE | 2,000 |
| LAVERN RECTOR PO BOX 1205 LINCOLN STATION New York NY 10031 | NONE | GENERAL WELFARE | 1,000 |

NONE GENERAL WELFARE 2,000

ANNE VIEUX853 MANHATTAN AVE APT 3 Brooklyn, NY 11222

Total 90,500 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HYDEMI TAKAGI NONE GENERAL WELFARE 2,000 146 HERKMER SYTEER APT 1 Brooklyn, NY 11216 NONE 2,000 SHARON LANDSTROM GENERAL WELFARE E OFTH STREET ART 12A

| New York, NY 10128 | | | |
|--|------|-----------------|-------|
| REBECCA GAFFNEY64 STAGG STREET Brooklyn, NY 11206 | NONE | GENERAL WELFARE | 2,000 |
| MAY AUSTIN1373 GREENE AVD APT 3L Brooklyn, NY 11237 | NONE | GENERAL WELFARE | 2,000 |

GENERAL WELFARE 2,000 New York, NY 10040

JAMES CRONIN4580 BROADWAY APT 2K | NONE

Total 90,500

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SHONDELLE GRIFFITH NONE GENERAL WELFARE 2.000 83 KINGSTON AVE APT 2B Brooklyn NY 11212

| Brooklyn, NY 11213 | | | |
|--|------|-----------------|--|
| VOLENTEERS IN MEDICINE BERKSHIRES 777 MAIN STREET Great Barrington, MA 01230 | NONE | GENERAL WELFARE | |

GENERAL WELFARE

GENERAL WELFARE

GENERAL WELFARE

NONE

NONE

NONE

DAVALOIS FEARON

Bronx, NY 10467 JOEL QUINONES

Bay Shore, NY 11706

New York, NY 10013

Total . . 3a

601 PELHAM PKWY APT 219

99 SOUTH CLINTON AVE APT 16C

ELIZABETH NOE110 LAFAYETTE STREET

2,000

90,500

5,000

2,000

2,000

| 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 | | | | | |
| ARHTUR SIWHEC 32 SUTTON STREET APT 2R Brooklyn, NY 11222 | NONE | | GENERAL WELFARE | 2,000 | |
| SHIRAW KHANUKAEN 423 W 120TH STREET APT 4 New York, NY 10027 | NONE | | GENERAL WELFARE | 2,000 | |
| RISHMA OHANRAJ8974 210TH STREET Queens Village, NY 11427 | NONE | | GENERAL WELFARE | 2,000 | |
| ALYXX MORGEN 202 E 21ST STREET APT3D New York, NY 10010 | NONE | | GENERAL WELFARE | 2,000 | |
| | | | | | |

GENERAL WELFARE

2,000

90,500

| 423 W 120TH STREET APT 4 New York, NY 10027 | | | |
|---|------|-----------------|------|
| RISHMA OHANRAJ8974 210TH STREET Queens Village, NY 11427 | NONE | GENERAL WELFARE | 2,00 |
| ALYXX MORGEN | NONE | GENERAL WELFARE | 2,00 |

STACEY ROBINSON2 B DEBS PLACE

Bronx, NY 10475

Total . За

NONE

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 TA 23 2,000

| TAMARA SANTIBANEZ 235 LEONARD PLACE APT 2L Brooklyn, NY 11211 | NONE | GENERLA WELFARE | |
|---|------|-----------------|--|
| JON MARK MCDONALD 179 BENNETT AVE APT 9A | NONE | GENERAL WELFARE | |

3a

| JN MARK MCDONALD 79 BENNETT AVE APT 9A ew York, NY 10040 | NONE | GENERAL WELFARE | |
|--|------|-----------------|--|
| AROLS BRUNS68 JOHN STREET APT 2D | NONE | GENERAL WELFARE | |

| New York, NY 10040 | | | |
|---|------|-----------------|-------|
| CAROLS BRUNS68 JOHN STREET APT 2D Brooklyn, NY 11201 | NONE | GENERAL WELFARE | 1,000 |
| SETH TOBOCMAN 176 E 3RD STREET APT 1A | NONE | GENERAL WELFARE | 2,000 |

2,000

| Brooklyff, NY 11201 | | | |
|--|------|-----------------|-------|
| SETH TOBOCMAN 176 E 3RD STREET APT 1A New York, NY 10009 | NONE | GENERAL WELFARE | 2,000 |
| LAWRENCE PARKER | NONE | GENERAL WELFARE | 2,000 |

| 176 E 3RD STREET APT 1A New York, NY 10009 | | | , |
|---|------|-----------------|-------|
| LAWRENCE PARKER 910 RIVERDISE DR APT 4H1 | NONE | GENERAL WELFARE | 2,000 |
| New York NY 10032 | | | |

| New York, NY 10009 | | | |
|---|------|-----------------|-------|
| LAWRENCE PARKER 910 RIVERDISE DR APT 4H1 New York, NY 10032 | NONE | GENERAL WELFARE | 2,000 |
| | | | |

| 1011 1011, 111 10003 | | | |
|---|------|-----------------|--------|
| LAWRENCE PARKER 910 RIVERDISE DR APT 4H1 New York, NY 10032 | NONE | GENERAL WELFARE | 2,00 |
| Total | | | 90,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Amount Recipient show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SARAH FONSECA8415 4TH AVE APT F5 NONE GENERAL WELFARE 2,000 Brooklyn, NY 11209 CHRISTINA MASSEY NONE GENERAL WELFARE 2,000 549 41ST STREET APT 4E Brooklyn, NY 11232 00 ดด

| CARLOS SOUFFRONGP O BOX 20565 New York, NY 10025 | NONE | GENERAL WELFARE | 2,000 |
|--|------|-----------------|-------|
| MICHAEL WAUGH 244 ROEBLING STREET APT 9 Brooklyn, NY 11211 | NONE | GENERAL WELFARE | 2,000 |

ALEXANDER MCNEIL NONE GENERAL WELFARE

2,000 2950 BAIN BRIDGE AVE APT 2C

Bronx, NY 10458

Total. 90,500 3a

| efile GRAPHIC print - DO NOT P | ROCESS | As Filed D | ata - | D | LN: 93491070003008 | | |
|----------------------------------|--------|------------------|--------------------------|------------------------|---|--|--|
| TY 2017 Accounting Fees Schedule | | | | | | | |
| Accounting Fees Schedule | | THE MAY 02-05695 | ER FOUNDATION | | | | |
| Category | Amo | ount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| ACCOUNTING FEES | | 500 | 0 | 0 | 0 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491070003008 |
|--------------------------------------|----------------------|---------------------|
| TY 2017 Other Decreases Sche | edule | |
| Name: | THE MAYER FOUNDATION | |
| EIN: | 02-0569535 | |
| De | escription | Amount |
| ROUNDING | | 1 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491070003008 |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|
| TY 2017 Other Expenses School | edule | | | |
| Name: | THE MAYER FO | UNDATION | | |
| EIN: | 02-0569535 | | | |
| Other Expenses Schedule | , | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |

305

| Other Expenses Schedule | |
|-------------------------|----|
| Description | Re |

BANK SERVICE CHARGES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 934910700030 | 80 |
|--------------------------------------|-----------------|--|----|
| TY 2017 Substantial Contribut | ors | | |
| Schedule | | | |
| Name: | THE MAYER FO | OUNDATION | |
| EIN: | 02-0569535 | | |
| Name | | Address | |
| CHARLES MAYER | | 300 EAST 74TH ST 35A NEW YORK, NY 10021 | |
| EVA MAYER | | 54R HOPE ST STAMFORD, CT 06906 | |

| TY 2017 Taxes Schedule Name: THE MAYER FOUNDATION | | | | | |
|--|--------|--|--------------------------|------------------------|---|
| EIN: 02-0569535 | | | | | |
| Category | Amount | | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |

EXCISE TAXES