Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	or the	e 2017	calendar year, or tax year beginning	, 2017	, and ending		, 20					
			C Name of organization			D Employer iden	tification number					
В	chack if a	pplicable	SPHINX FOUNDATION			02-6007	881					
Г	Addre		Doing business as									
	7 7	change	Number and street (or P O box if mail is	imber and street (or P O box if mail is not delivered to street address) Room/suite								
\vdash	┪	return	P.O. BOX 213			(603) 646	5-9651					
\vdash	Final	return/	City or town, state or province, country, a	and ZIP or foreign postal code		1,000,000						
\vdash	termin		HANOVER, NH 03755-021	- ·		G Gross receipts	\$ 564,749.					
\vdash	return Applie	n cation	F Name and address of principal officer									
L.	pendi	ing	P.O. BOX 213 HANOVER,	H(a) Is this a group subordinates?								
_			· · · · · · · · · · · · · · · · · · ·			H(b) Are all subordin						
<u> </u>		empt st	1 1001(0)(0)) (insert no) 4947(a)(1)	or 527	2 If "No," atta	ach a list (see instructions)					
<u></u>	Websi	ite: 🕨	N/A		·-··	H(C) Group exemp						
K	Form	of organ	ization X Corporation Trust	Association Other	L Year of for	mation 2006 Mis	State of legal domicale NH					
P	art I	Su	mmary	•								
	1	Briefly	describe the organization's mission of	r most significant activities. SEE S	CHEDULE O							
ø		_	-									
ă				· · · · · · · · · · · · · · · · · · ·		······································						
Ę	2	Check	this box later if the organization d	iscontinued its operations or dispos	ed of more than 2	5% of its not assets						
Activities & Governance	3		er of voting members of the governing	•			3 19.					
ن مع	4		er of independent voting members of t				4 19.					
8	l <u> </u>					• • • • • • •						
-	5		number of individuals employed in cale		-	• • • • • • •						
ᅗ	6		number of volunteers (estimate if necess			• • • • • • •	6					
٩	7a	Total o	unrelated business revenue from Part V	III, column (C), line 12	• • • • • • • •	[7a 0.					
	Ь	Net ur	nrelated business taxable income from l				7b					
				RECEIVED	\	Prior Year	Current Year					
a	8	Contri	butions and grants (Part VIII, line 1h)		ાઝા ∟	190,029						
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	8 . DFC × 7. 2018.		85,792	2. 78,275.					
Š	10		ment income (Part VIII, column (A), line	s 3, 4, and 7d)	. W [12,998	8. 64,776.					
œ	11		revenue (Part VIII, column (A), lines 5,		<u> </u>		0. 0.					
	12		revenue - add lines 8 through 11 (must		-··· ··-	288,819	9. 343,360.					
	13		s and similar amounts paid (Part IX, colu				0. 0.					
	14		its paid to or for members (Part IX, colu				0. 0.					
	4-						0. 0.					
Expenses	15		es, other compensation, employee bene			20,243						
ē	16a		ssional fundraising fees (Part IX, column			20,24	312.					
Ä	D.		fundraising expenses (Part IX, column (I			151 000	176 000					
_	17		expenses (Part IX, column (A), lines 11			151,088						
	18	Total of	expenses Add lines 13-17 (must equal	Part IX, column (A), line 25)		171,331						
	19	Reven	nue less expenses. Subtract line 18 from	n line 12		117,488	8. 166,239.					
seets or					Be	ginning of Current Ye	ear End of Year					
Set	20	Total a	assets (Part X, line 16)			2,438,054	4. 2,772,910.					
2 B	21		liabilities (Part X, fine 26)			+	0. 0.					
Net As Fund B	22		ssets or fund balances Subtract line 21	from line 20		2,438,054	1. 2,772,910.					
	rt II		nature Block									
			of perjury, I declare that I have examined the	s return, including accompanying sched	ules and statements	s and to the best of	my knowledge and belief, it is					
tru	e, corre	ect, and	complete Declaration of preparer (other than	officer) is based on all information of wh	ich preparer has an	y knowledge	,					
Sig	ın		Signature of officer			l Date						
He		I		DRECTO	DMD	Date						
			PETER FREDERICK	PRESID	ENT							
		+	Type or print name and title	December of the state of the st	. 15		Toni					
Palo	1	Print	Type preparer's name	Preparer's signature	Date	Check	IF PTIN					
	parer	<u></u>		L	<u> </u>	self-employer	d {					
	Only	Firm's	s name			Firm's EIN ▶						
UBE	Unity	Firm's	address >			Phone no						
Ma	y the		iscuss this return with the preparer	shown above? (see instructions))		Yes X No					
_			Reduction Act Notice, see the separat				Form 990 (2017)					

6663.000

SPHINX FOUNDATION

Designation of the last of the	(2017)	Page Z
Part II		
C -:-	Check if Schedule O contains a response or note to any line in this Part III	
	ly describe the organization's mission: SCHEDULE O	
SEE	SCREDULE O	
		
		4 . 4
	the organization undertake any significant program services during the year which were not listed	
prior	Form 990 or 990-EZ?	Yes No
	s," describe these new services on Schedule O.	
	the organization cease conducting, or make significant changes in how it conducts, any	• • • • • • • • • • • • • • • • • • • •
	ces?s;" describe these changes on Schedule O	Yes No
	s, describe these changes on schedule of cribe the organization's program service accomplishments for each of its three largest progra	am senures as measured h
expe	nses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of graintal expenses, and revenue, if any, for each program service reported.	
la (Cod	e) (Expenses \$ 82,197. including grants of \$) (Revenue \$	44,592.)
AΤ	TACHMENT 1	
b (Cod		16,841.
	COMMUNITY SERVICE: IN 2017, THE FOUNDATION INITIATED AND	
	NSORED A RESEARCH FELLOWSHIP IN THE COLLEGE'S POLITICS AND LAW	
	GRAM. ALSO, THE SPHINX FOUNDATION COMMISSIONED A FINE ART	
	NTING OF AN HISTORICAL SCENE IN HANOVER, NH, HOME OF DARTMOUTH	
	LEGE. THE FOUNDATION IS IN THE PROCESS OF LOANING THE WORK TO	
THE	COLLEGE FOR DISPLAY AT AN ON-CAMPUS MUSEUM.	
		
•		16,841.
Ċ)	HISTORICAL PRESERVATION:	16,841)
C) THE	HISTORICAL PRESERVATION: SPHINX BUILDING, ORIGINALLY CONSTRUCTED IN 1905, IS LISTED ON	16,841.)
C) THE	HISTORICAL PRESERVATION: SPHINX BUILDING, ORIGINALLY CONSTRUCTED IN 1905, IS LISTED ON NATIONAL REGISTER OF HISTORIC PLACES. THE FOUNDATION IS	16,841.
C) THE THE	HISTORICAL PRESERVATION: SPHINX BUILDING, ORIGINALLY CONSTRUCTED IN 1905, IS LISTED ON NATIONAL REGISTER OF HISTORIC PLACES. THE FOUNDATION IS HITTED TO PRESERVING THE BUILDING AND ITS ROLE IN SUPPORTING	16,841)
THE THE COM	HISTORICAL PRESERVATION: SPHINX BUILDING, ORIGINALLY CONSTRUCTED IN 1905, IS LISTED ON NATIONAL REGISTER OF HISTORIC PLACES. THE FOUNDATION IS HITTED TO PRESERVING THE BUILDING AND ITS ROLE IN SUPPORTING EDUCATIONAL AND COMMUNITY SERVICE ACTIVITIES OF ITS	16,841.)
C) THE COM THE UND	HISTORICAL PRESERVATION: SPHINX BUILDING, ORIGINALLY CONSTRUCTED IN 1905, IS LISTED ON NATIONAL REGISTER OF HISTORIC PLACES. THE FOUNDATION IS HITTED TO PRESERVING THE BUILDING AND ITS ROLE IN SUPPORTING EDUCATIONAL AND COMMUNITY SERVICE ACTIVITIES OF ITS ERGRADUATES AND ADDITIONALLY ENSURING THAT THE BUILDING	16,841)
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THE COM	HISTORICAL PRESERVATION: SPHINX BUILDING, ORIGINALLY CONSTRUCTED IN 1905, IS LISTED ON NATIONAL REGISTER OF HISTORIC PLACES. THE FOUNDATION IS HITTED TO PRESERVING THE BUILDING AND ITS ROLE IN SUPPORTING EDUCATIONAL AND COMMUNITY SERVICE ACTIVITIES OF ITS ERGRADUATES AND ADDITIONALLY ENSURING THAT THE BUILDING	16,841)
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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	L	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ÌÌ	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7		-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
·	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u>-</u>		
9				
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	100		х
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable		}	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		х	
	complete Schedule D, Part VI	11a		
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	ا ا		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	\longrightarrow	X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 169 If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	\sqcup	X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If		1	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,]		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		[
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	7		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	l	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

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Page 3.

	and in
the organization described in section 301(c)(3) or 4947(a)(1) (other man a private foundation)? ./ Yes* ·	h
and organization described in ecouch surface, it could not be produced to the surface of the sur	
the organization required to complete Schedule 8, Schedule of Contributors (see instructions)?	
d the organization engage in direct or indirect political cumpaign activities on behalf of or in opposition to	
and ide tos for public office? If "Yes," complete Schedu'e C, Part I	o 1
ection 501(c)(3) organizations, Did the ofgenization engago in lobbying entivities or have a section 501(h) >	
ection in effect during the tex year? If Yes, complete Schedule C. Pert II.	
the organization a section 501(c)(4) 501(c)(5) or 501(c)(8) organization that receives membership dece.	
issauthon's, of survitar amounts as defined in Revenue Procedure 98-187 If Yes," complete Schodule C end III	•
id the organization maintain any donor advised runds or any similar lungs or accounts for which donors	
ave the right to provide advice on the distribution or investment of amoints in such funds of accounts? If	
(es. compicte Schedule D. Part J.	-
Latha arganization receive or hold a conservation easument including easements to preserve open space,	7
a environment, historio land areas, or historic structures? If Yes," complete Schedule D, Part II	
id the organization maintain collections of works of art, instorical treasures, or other similar assets? If "Yes," .	
amplete Schedule D. Part III	
diffe organization report an antount in Part X, line 21, for escrow or custodial account liability serve as a	
istodian for amounts, not listed in Part X, or provide credit countselling cabt management, credit repair or ship negotiation services? If "Yes," complete Schedule D, Part IV.	
in the organization, directly of through a related organization, hold assets in temporarily restricted	
ndownents, permanent endownents, or quash endownents? If 'Yes," convulore Schedule D, Part v	5
the eigenhatient bricker to dry of the following outstiens is "l'as" then comple's Schadule D. Pails W.	
II, Vill IX of X as applicable.	
id the organization report an expount for land building, and equipment in Part X and 102 th New []	a C
Omplere Schedure D. Pest V	
if the organization report an emount for investments-other securities in Part X, line 12 that is 5% or muro	
its total assets reported in Part X. Lina 162 F "Yes," complete Schedule D, Part VII. 11b X the organization report an amount for invasiments-program related in Part X, the 13-that is 5% or more.	
id the organization report at amount for investments-program related at their X, time its total assets reported in Part X, line 167 if "You," complete Sat clube D. Part VIII.	
id the organization sport an amount for other assets in Part X, line 15 unal is 5% or more or its total assets	
ported in Part X fine 187 if "Yes," complete Sanedulo D, Part IX	
d the organization report an authount for other liabilities in Part 4. line 257 if Yes," complete Schodula II, Port X	
d the organization's sepuration of consolidated financial statements for the tox year include a footnote that, a thirties	fc
a Crossization's liability for an certain far positions under (IN 48 USC 740)? If Yes "complete Songdille O, Part X	
d the organization obtain seport. Independent audited (maneral stutements for the tax iner? If Yey," complete	
théaile D Farts XI und XII.	
less this organization included in consolidated, independent sudded financial statements for the tax war? If (65,* and if the organization answered "No" to line 12s then completing Schodule D. Parts 'if and 'kill is optional. 125	
(cs/s and if the organization answeren "No" to time 12a men completing Schedule D. Pents "Land XII is optional . 12b the organization a school described in section 170(b)(ii)? If "Yes," complete Schedule E	
id the organization maintain an office, omployees, or agents outside of the United States?	
id the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	
namising business invostment, and program service activities outside the United States, or aggregate	ਮੈ
reign investments valued at \$100,000 or more? If Yes," coundlete Schedule F, Parts Lund IV	
dithe organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other essistance to or ,	
r sny foreign organization? If "Yes," complete Schridule F, Parts II and IV.	
id the organization (poort on Part IA, column (A) line's, more than \$5,000 of aggregate grunts or other satisfance to or for foreign inclination if "Yes," complete Schedule F, Parts III and IV	
id the organization report a total of inore than \$15,000 of expenses for professional fundraising services on	
at IX, column (A), lines 6 and 11e7 if "Yes," complete Schedule G, Part I (sea instructions).	
id the organization report more than \$15,000 total of hindraising event gross income and contributions on	
art VIII lines 1c and 8a? If "Yes" complete Schedule G, Pun II	
id the organization report more than \$15,000 of gross income from gaming activities on Paq VIII. line 9a?	19 E
"Yes" complete Schedula G. Part III	[]
Form 920 , 2017)	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	\ {	- {	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	-	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	208		
b	Schedule L Part IV	28ь	Ì	x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	$\neg \neg$	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32]	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		ŀ	
		35b		
3 <u>6</u>	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_ <u>x</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
00	Part VI	37	-	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	x	
	19? Note. All Form 990 filers are required to complete Schedule O.	38 Earm		(2017)
		1 10111	~~~ ((4117)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	\vdash	Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ا ـ م ا		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
Đ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	[[
_	grifts were not tax deductible?	6b	-	
7	G			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		
L	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
	required to file Form 8282?			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?	7f		-
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8				
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10				
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	• · · · · · · · · · · · · · · · · · · ·			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	لبيا	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O						
	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sect	ion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19						
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	}					
b	Enter the number of voting members included in line 1a, above, who are independent 1b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?	2	X	L			
3	Did the organization delegate control over management duties customarily performed by or under the direct	ļ					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6	·	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		 			
	one or more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		}	l v			
	stockholders, or persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	Ì					
	the year by the following:		х				
а	The governing body?	8a					
_	Each committee with authority to act on behalf of the governing body?	8b	-	-			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u> </u>)				
	on an entire true design a requeste information about pointed frequired by the internal frequence	0000	Yes	No			
102	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?	12b	Х	ļ			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done	12c	Х	ļ			
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		Х			
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		 -			
þ	Other officers or key employees of the organization	15b		ļ			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		:				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		x			
	with a taxable entity during the year?	16a		<u> </u>			
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Secti	on C. Disclosure	(140		Ь			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NH,						
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	504/-	1/2/-	osk/			
10	available for public inspection. Indicate how you made these available. Check all that apply.	301(0	,)(J)S	Offig)			
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	nalic	and			
	financial statements available to the public during the tax year	J. UJ.	P-110)	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and record steve conty 1378 PARK LANE FELHAM, NY 10803	s· ►					
	STEVE CORDY 1378 PARK LANE PELHAM, NY 10803						
JSA 7E1042	1 000	Form	990	(2017)			

FORM 380 (20	/1//										rayer
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

SPHINX FOUNDATION

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	box, office Individual	unles	Pos heck ss pe	rson	e than 50 Highest compensated employee	compensation trustee) from		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	<u> </u>		Щ			E E	ļ			<u> </u>
(1)PETER COWAN	0.									
BOARD MEMBER	0.	х						0.	0.	0.
(2)JAAN LUMI	0.		Н				-			
BOARD MEMBER	0.	х						0.	0.	0.
(3)MATT LEBLANC	0.				 					
BOARD MEMBER	0.	х			ļ			0.	0.	0.
(4)JERRY BIRD	0.	·								····
BOARD MEMBER	0.	х						0.	0.	0.
(5)DAVID HARRISON	0.						Г			
BOARD MEMBER	0.	х			Ì '	Ì .	'	0.	0.	0.
(6)RALPH MANUEL	0.				· · · ·					
BOARD MEMBER	0.	х						0.	0.	0.
(7)NEIL HARRINGTON	0.									•
BOARD MEMBER	0.	х						0.	0.	0.
(8)JIM TRUNCELLITO	0.									
BOARD MEMBER	0.	х						0.	0.	0.
(9) DENO MOKAS	٥.									
BOARD MEMBER	0.	x						0.	0.	0.
(10)JON MERRIMAN	0.									
BOARD MEMBER	0.	Х					i	0.	0.	0.
(11)MARTY MILLIGAN	0.									
BOARD MEMBER	0.	х						0.	0.	0.
(12)TED NEWHOUSE	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(13)TOM SLOSBERG	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)ROB ESPOSITO	0.									,
BOARD MEMBER	0.	Х						0.	0.	0.

Form 990 (2017)

	ection A. Officers, Directors, T (A) Name and title	(B) Average hours per week (list any hours for	(do i	not ch unles	Posi neck is per fadi	tion more rson i	than o	ane an	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	Es	(F) timated tount of other pensation	 1
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Farmer	organization (W-2/1099-MISC)	(W=2/1099-MI		fn org: and	om the anization d related inization	
15) WILSON BOARD N		0.	х						0.		0.			
16) KWAME (0.	х						0.		0.			_
17) PETER I	FREDERICK	0.	<u> </u>											_
8) ETHAN I	FRECHETTE	0.			X			ļ	0.		0.			-
SECRETA 19) STEVE (CORDY	0.			Х			-	0.		0.		•	
TREASU	RER	0.	_	H	Х			-	0.		0.			
			<u> </u>	$\left \cdot \right $				<u> </u>						
				$\left \cdot \right $		-								_
				ļ				_				····		_
								_						_
														_
			<u> </u>											_
1b Sub-total c Total from	continuation sheets to Part VII,	Section A						▶	0.		0.			_
2 Total numb	l lines 1b and 1c)	t limited to t	hose	liste				o re	0. eceived more than	\$100,000 of	0.	7		_
reportable	compensation from the organizati	on ▶	0.			<u>,</u>			 ,				Yes	N
	organization list any former off on line 1a? If "Yes," complete Sche											3	-	2
organizatı	ndividual listed on line 1a, is the on and related organizations g	reater than	\$15	0,0	00?	lf	"Yes	, " ·	complete Schedu	le J for suc	ch	-		
5 Did any p	erson listed on line 1a receive o	r accrue co	mpen	satio	on f	rom	any	นก	related organization	on or individu	ai	4		2
	s rendered to the organization? If " lependent Contractors	Yes," comple	te Scl	nedu	le J	for	such	per	son		•	5		<u>}</u>
	this table for your five highest col tion from the organization Report													
	(A) Name and business a	ddress						L	(B) Description of se	rvices	С	(C) ompens	ation	
								ļ_						_
										1				-
								F	,					_
2 Total num	ber of independent contractors ((including bi	ut not	lim	uted	l to	thos	ie li	isted above) who	received				<u>-</u>
	ber of independent contractors (\$100,000 in compensation from t				uted	l to		se li	isted above) who	received		Fa	990 (

Form	990 (2	2017) SI	PHINX FOUN	IDATION			02-6007	881 Page 9
Par	t VIII	Statement of Revenu	l e					
		Check if Schedule O con		se or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tau under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1b 1c 1d 1e 1e	200, 309. 4, 915	200,309			
Program Service Revenue	2a b	MEMBERSHIP DUES		Business Code 900099	78,275.	78,275.		
	c d e f g	All other program service rever		•	78,275			
	3 4 5	Investment income (incluand other similar amounts). A income from investment of ta Royalties	udıng dıvıden ATTACHMENT x-exempt bond	ds, interest, 2	33,166. 0. 0.			33,166
	6a b c d 7a	Gross amount from sales of	(i) Securities	(ii) Other	0.			
Other Revenue	b c d	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundrais	ing		31,610			31,610
	c 9a	events (not including \$ of contributions reported on lin See Part IV, line 18 Less. direct expenses Net income or (loss) from func Gross income from gaming a See Part IV, line 19	ne 1c) a b draising events a		0.			
	С	Less direct expenses Net income or (loss) from gar Gross sales of inventory returns and allowances	ming activities. y, less	>	0.			
	b b	Less cost of goods sold Net income or (foss) from sales Miscellaneous Revenue	of inventory.	Business Code	0.			
	11a b							-

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64,776. Form **990** (2017)

78,275.

0. 343,360.

Part IX Statement of Functional Expenses			02 00	707001 Page 10
Section 501(c)(3) and 501(c)(4) organizations mus		All other organization	ns must complete colur	nn (A).
Check if Schedule O contains a resp				
Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9b, and 10b of Part VIII.	TOILL CAPCILOGS	expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations				
and domestic governments See Part IV, line 21	0.			
2 Grants and other assistance to domestic	İ			
individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,		İ		
trustees, and key employees	0.			
6 Compensation not included above, to disqualified	ļ			
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.		·	
7 Other salanes and wages	0.			
8 Pension plan accruals and contributions (include	_		·	
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees).				
a Management	0.			
b Legal	0.			
c Accounting	13,215.		13,215.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	312.			312.
f Investment management fees	0.			
9 Other (If line 11g amount exceeds 10% of line 25, column		İ		
(A) amount, list line 11g expenses on Schedule O)	0.			
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.		'	
15 Royalties	0.			
16 Occupancy	24,231.	24,231.		
17 Travel	593.	593.		
18 Payments of travel or entertainment expenses	_			
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,507.	892.	615.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	36,802.	36,802.		
23 Insurance	8,122.	8,122.		
24 Other expenses Itemize expenses not covered			1	
above (List miscellaneous expenses in line 24e If	İ			
line 24e amount exceeds 10% of line 25, column	İ			
(A) amount, list line 24e expenses on Schedule O)	51.065	51.065		
a EDUCATIONAL PROGRAMS	51,065.	51,065.		
bSUPPLIES	7,716.	6,268.	1,448.	
eREAL ESTATE TAXES	15,833.	15,833.	· · · · · · · · · · · · · · · · · · ·	
dPOSTAGE	219.	145.		74.
e All other expenses	17,506.	509.	11,645.	5,352.
25 Total functional expenses Add lines 1 through 24e	177,121.	144,460.	26,923.	5,738.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	İ	[
from a combined educational campaign and		İ		
fundraising solicitation. Check here 🕨 💹 if	Į		1	

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Form **990** (2017)

following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Page 11

	tΧ	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
П	1	Cash - non-interest-bearing	153,635.		228,498.
	2	Sayings and temporary cash investments	1,526,349.	2	1,823,145.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,	-		
- 1		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	<u> </u>	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	-	Inventories for sale or use	0.	8	0.
4		Prepaid expenses and deferred charges	0.	9	0.
].		Land, buildings, and equipment cost or		-	
- 1		other basis. Complete Part VI of Schedule D 10a 1,125,065.			
ı	b	Less: accumulated depreciation	753,070.	10c	716,267.
[.	11	Investments - publicly traded securities		11	0.
- 1	12	Investments - other securities See Part IV, line 11		12	0.
- 1	13	Investments - program-related See Part IV, line 11		13	0.
- 1	14	Intangible assets		14	0.
- 1	15	Other assets. See Part IV, line 11	5,000.		5,000.
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,438,054.		. 2,772,910.
	17	Accounts payable and accrued expenses.		_	0.
	18	Grants payable		18	0.
- 1	19	Deferred revenue		19	0.
- 1	20	Tax-exempt bond liabilities	0.		0.
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0.
	22	Loans and other payables to current and former officers, directors,			
iğ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L	0	22	0.
-5 .	23	Secured mortgages and notes payable to unrelated third parties		23	0.
- 1	23 24	Unsecured notes and loans payable to unrelated third parties.		24	0.
	44 25			24	0.
- [25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
- 1			0	25	0.
- 1.	26	of Schedule D Total liabilities. Add lines 17 through 25.	0.	26	0.
\neg	20	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.		20	
걸	27		2,044,968.	27	2,379,824.
	28	Unrestricted net assets Temporarily restricted net assets	125,149.	28	125,149.
8	29	Permanently restricted net assets	267,937.	29	267,937.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
gj l	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A B	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances	2,438,054.	33	2,772,910.
	34	Total liabilities and net assets/fund balances	2,438,054.	34	2,772,910.
		Total manifest and not account and calabod, , , , , , , , , , , , , , , , , , ,	2, 100, 004.	J-7	Form 990 (2017)

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form 990 (2017)

Х

2c

За

3h

Schedule O

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

SPI	IINX	FOUNDATION					02-60078	81
Рa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	complet	e this pa	art.) See instructions) .
The	orga	nization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	<u></u>
1		A church, convention of chi	urches, or associa	tion of churches desc	nbed in s	ection 1	70(b)(1)(A)(i).	$\cap \mathcal{V}$
2		A school described in secti	on 170(b)(1)(A)(il)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	0,
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii) <u>.</u>	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and si	tate.					
5		An organization operated to	for the benefit of	a college or universit	ty owne	d or ope	erated by a governme	ental unit described in
	_	section 170(b)(1)(A)(iv). (C	Complete Part II)					
6	Ш	A federal, state, or local go	•			•	., ., ., .	
7	_	An organization that norma			ipport fr	om a go	vernmental unit or fro	om the general public
	$\overline{}$	described in section 170(b)		•				
8		A community trust describe						
9		An agricultural research org						
		or university or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or
	_	university.				·	. 4 . 21	
10	_	An organization that norma receipts from activities rela support from gross investmacquired by the organization	ited to its exempt finent income and union after June 30, 1	iunctions - subject to on nrelated business tax 1975. See section 509	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its
11	\blacksquare	An organization organized	•	•	•		* * * * * * * * * * * * * * * * * * * *	
12		An organization organized		-	-			• • •
		of one or more publicly su	• •					
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lii	nes 12e, 12f, and 12g
а	L	J Type I A supporting orga	•	•	•		• , ,,	
		the supported organization	` '	• • • • • • • • • • • • • • • • • • • •		ajority of	the directors or truste	es of the
_		supporting organization \	•	•				
b	L	J Type II. A supporting org	•				• • •	
		control or management of		_	the sam	e persor	is that control or man	age the supported
		organization(s). You must	•				***	
С	L.,	☐ Type III functionally integ		• •				lly integrated with,
_		its supported organization	. , .	•		•	• •	ted emenington(s)
đ		Type III non-functionally that is not functionally into			•			-
		that is not functionally into requirement (see instruct			•		•	an allenuveness
	_	Check this box if the orga	•	•				I Type III
٠		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	i, type iii
f	Ent	er the number of supported	* *		porting	nganizai		
q		vide the following information	•					
		me of supported organization	(ji) ĒIN	(ill) Type of organization	(îv) lạ thẹ	oußevisition	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in yo	ur governing ment?	support (see instructions)	other support (see instructions)
				above (see insulucions))	Yes	No	instructions)	ilistidatolis)
(A)								
								
(B)								
(C)								
(D)								
(E)							,	
Tota	al							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	170,188.	168,499.	337,232.	266,050.	270,633.	1,212,602.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		i				0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	170,188.	168,499.	337,232.	266,050.	270,633.	1,212,602.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount				•			
	shown on line 11, column (f)						348,338	
6	Public support. Subtract line 5 from line 4						864,264.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7 8	Amounts from line 4	170,188.	168,499.	337,232.	266, 050. 22, 564.	270,633. 50,394.	1,212,602 88,716.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.	
11	Total support. Add lines 7 through 10		<u> </u>	<u>_</u>		<u>l</u>	1,301,318.	
12	Gross receipts from related activities, etc. (s	•				12		
13	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supplies.			d, third, fourth,	or fifth tax yea	er as a section	501(c)(3) ▶	
	Public support percentage for 2017 (li			11 column (f)	Т	14	66.41%	
14 15	Public support percentage for 2017 (iii						77.72%	
	331/3% support test - 2017. If the org							
iva	box and stop here. The organization qu						X ► X	
h	331/3% support test - 2016. If the org	•		•				
	this box and stop here. The organization						1 1	
17a	10%-facts-and-circumstances test - 2	-		•				
•••		•	•		=			
b	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization							
	instructions						▶□	

Schedule A (Form 990 or 990-EZ) 2017 Part III Support Schedule for O	ragnizatione Do	ecribed in Sec	tion 509/31/21	 	· · · · · · · · · · · · · · · · · · ·	Page ²
(Complete only if you ch If the organization fails to	ecked the box o	n line 10 of Pa	rt I or if the org			er Part II.
Section A. Public Support	, quality direct ut	19 (636) 13(60 D	olow, picase o	ompiete i ait i	.,	/
	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Total
calendar year (or fiscal year beginning in)	/ - 	(0) 2014	(6) 2013	(4) 2010	(6) 2017	(i) iotai
1 Gifts, grants, contributions, and membership	1	İ				
received (Do not include any "unusual grants	·	 		 	 / 	
2 Gross receipts from admissions, merchand	1	1	J			
sold or services performed, or facilit						
furnished in any activity that is related to t					/	
organization's tax-exempt purpose				ļ	/	
3 Gross receipts from activities that are not	an		1		1 1	
unrelated trade or business under section 51	3 .	_	ļ <u>.</u>	 		
4 Tax revenues levied for t	he					
organization's benefit and either paid	1		ļ			
or expended on its behalf	••	ļ			ļ <u>.</u>	
5 The value of services or facility	es				1	
furnished by a governmental unit to ti	he				1	
organization without charge			1	<u> </u>	1	
Total. Add lines 1 through 5						
a Amounts included on lines 1, 2, and	3					
received from disqualified persons						
b Amounts included on lines 2 and	•	ļ]	
received from other than disqualifi persons that exceed the greater of \$5,0	1					
or 1% of the amount on line 13 for the ye						
c Add lines 7a and 7b			/			
B Public support. (Subtract line 7c fro			₫ <u>~~~</u>	1		
line 6)]	
ection B. Total Support	· · · · · · · · · · · · · · · · · · · 		1	·	l 	
alendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6		+ · · · · · · · ·	(0) 2010	(4)2010	(0,2011	(1) 10101
Da Gross income from interest, dividend		 	 	 	 	
payments received on securities loar					ŧ	
rents, royalties, and income from simi	lar				<u> </u>	
Sources	<u></u>	/			 	
b Unrelated business taxable income (le					i 1	1
section 511 taxes) from business						
acquired after June 30, 1975	——————————————————————————————————————	 	 	 		
c Add lines 10a and 10b	, , , , , , , , , , , , , , , , , , , ,			ļ		
1 Net income from unrelated busine						
activities not included in line 10 whether or not the business is regula					1	
carried on	". _/		ļ	<u> </u>	1	
Other income. Do not include gain	or /	ļ				
loss from the sale of capital asset	ets/				l i	
(Explain in Part VI)	<i>[</i>	<u> </u>			į l	
Total support. (Add lines 9, 10c, 📶	í 1,					
and 12)	••		l			
4 First five years. If the Form 990	is for the organiz	ation's first, seco	ond, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
organization, check this box and stop h	nere					▶□
ection C. Computation of Public S			•			
5 Public support percentage for 2017 (li	ne 8, column (f) divid	ded by line 13, colu	mn (f))		15	%
Public support percentage from 2016	Schedule A, Part III, I	ine 15			16	%
ection D. Computation of Investr						
Investment income percentage for 201			13 column (fl)		17	%
3 Investment income percentage from 20	•	•			18	
a 331/3% support tests - 2017. If the						
	-					
17 is not more than 331/3%, chec						· · · · · · · · · · · · · · · · · · ·
b 331/3% support tests - 2016. If the	=					
line 18 is not more than 331/3%, cl		•	•			
O Private foundation. If the organizate A	ion ala not check	a box on line	14, 198, or 191			
iA -1221 1 000				S	ichedule A (Form 99	or 990-EZ) 20

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	Organizations

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b_		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		 -
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

JSA

Schedule A (Form 990 or 990-EZ) 2017

determine whether the organization had excess business holdings.)

SPHINX FOUNDATION

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	
Section	on B. Type I Supporting Organizations			
		<u>_</u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			l
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ļ
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		├
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		1
Sacti	on C. Type II Supporting Organizations			
Secu	on o. Type ii oupporting organizations		Yes	No
_	NATIONAL STATES AND ASSESSMENT OF THE STATES A	·····	163	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	-110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pnor			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			İ
	provided?	1		l
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		ļ ———	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	'		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	}	l
	supported organizations played in this regard	3		ĺ
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part Vi identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			ĺ
	activities but for the organization's involvement	2b		— —
3	Parent of Supported Organizations Answer (a) and (b) below.			ĺ
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ı
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		L

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S				
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (expla	in in Part VI). See			
instructions. All other Type III non-functionally integrated supporting organize	ations n	nust complete Section	ns A through E (B) Current Year			
Section A - Adjusted Net Income	Section A - Adjusted Net Income					
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8					
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year).						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other	7					
factors (explain in detail in Part VI)						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	\top					
see instructions)	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		T			
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6					
7 Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	g organization (see			
instructions)		3	,			

Schedule A (Form 990 or 990-EZ) 2017

Part		Supporting Organizat	ions (continuea)	,					
Sect	on D - Distributions			Current Year					
1									
2	Amounts paid to perform activity that directly furthers exer								
	organizations, in excess of income from activity	···							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations						
4	Amounts paid to acquire exempt-use assets								
5_	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which	the organization is resp	onsive						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2017 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017					
1	Distributable amount for 2017 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2017								
	(reasonable cause required-explain in Part VI) See								
	instructions								
3	Excess distributions carryover, if any, to 2017								
а									
b	From 2013		·						
c	From 2014								
d	From 2015								
е	From 2016								
f	Total of lines 3a through e			_					
9	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2017 distributable amount								
i	Carryover from 2012 not applied (see instructions)								
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f								
4	Distributions for 2017 from								
	Section D, line 7 \$								
a	Applied to underdistributions of prior years								
b	Applied to 2017 distributable amount								
c	Remainder Subtract lines 4a and 4b from 4								
5	Remaining underdistributions for years prior to 2017, if								
	any Subtract lines 3g and 4a from line 2 For result								
	greater than zero, explain in Part VI See instructions		<u>.</u>						
6	Remaining underdistributions for 2017 Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI See instructions.								
7	Excess distributions carry over to 2018. Add lines 3j								
	and 4c								
8	Breakdown of line 7:		· · · · · · · · · · · · · · · · · · ·						
а	Excess from 2013								
b	Excess from 2014								
С	Excess from 2015								
d	Excess from 2016								
е	Excess from 2017			<u></u>					
			Cabadula	A (Form 990 or 990-F7) 2017					

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990).

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

QMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Open to Public Inspection

SPH	INX FOUNDATION		02-6007881
Pa	Organizations Maintaining Donor Adv		Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		•
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	· · · · · · · · · · · · · · · · · · ·	
	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		• • • • • • • • • • • • • • • • • • • •
Pэ	rt II Conservation Easements.		·····
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	
	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., rec		of a historically important land area
		· []	of a certified historic structure
	Protection of natural habitat	Preservation	or a certified historic structure
	Preservation of open space		Also forms of a common state
	Complete lines 2a through 2d if the organization he	eid a quaimed conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year		l
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified		2c
đ	Number of conservation easements included in (c		
	historic structure listed in the National Register		2d
	Number of conservation easements modified, tran	nsferred, released, extinguished, or termin	ated by the organization during the
	tax year 🕨		
	Number of states where property subject to conse	rvation easement is located >	· · · · · · · · · · · · · · · · · · ·
	Does the organization have a written policy reg	garding the periodic monitoring, inspect	ion, handling of
	violations, and enforcement of the conservation ea	sements it holds?	Yes No
	Staff and volunteer hours devoted to monitoring, inspec-	ting, handling of violations, and enforcing con	servation easements during the year
			
	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year
	▶ \$	•	
	Does each conservation easement reported on line	2(d) above satisfy the requirements of section	on 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
,	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	nts.	
Ра	rt III Organizations Maintaining Collections		r Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
a			revenue statement and halance shee
u	If the organization elected, as permitted under SI works of art, historical treasures, or other simils	ar assets held for public exhibition, edu	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the to	potnote to its financial statements that des	cnoes these items.
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar		cation, or research in furtherance o
	public service, provide the following amounts relati	•	► ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of a		- · · ·
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1.		
b	Assets included in Form 990, Part X		> \$
OF F	aperwork Reduction Act Notice, see the Instructions for	r Form 990.	Schedule D (Form 990) 201

Sche	Jule D (Form 990) 2017								Page 2
Par	t III Organizations Maintainir	ng Collections	of Art, His	torical Tre	easures,	or Other S	Similar Asse	ts (contin	ued)
3	Using the organization's acquisition	n, accession, and	tother reco	rds, check	any of th	e following t	hat are a sigi	nificant use	of its
	collection items (check all that appl	y):							
а	Public exhibition		d [Loan or	exchange	programs			
b	Scholarly research		e l	Other					
С	Preservation for future gener	rations		_				* · · · - · ·	
4	Provide a description of the organ		ns and expl	ain how the	ev furthei	the organiz	ation's exemp	t purpose i	ın Part
-	XIII				,	3-			
5	During the year, did the organization	n solicit or receive	e donations o	of art histor	ical treasi	ures or other	sımılar		
•	assets to be sold to raise funds rath							Yes	No
Par	t IV Escrow and Custodial Ar		manica as pe	art or the or	garnzation	10 00110011011			110
ı aı	Complete if the organizat		es" on Forr	n 990 Par	t IV line	9 or reporte	ed an amoun	t on Form	
	990, Part X, line 21.	ion anomored i	C5 0111 011	., 000, , a,		o, or report	ou an amoun		
12	Is the organization an agent, truste	e custodian or o	ther intermed	diany for cou	ntributions	or other acc	ate not		
ıa	included on Form 990, Part X?			•			_	Yes	No
	If "Yes," explain the arrangement in					• • • • • • •			140
D	ii res, explain the arrangement ii	II Fait Aili ailu Coi	inplete the lo	liowing table	" —		Amaunt		
	Danisana kalana				-	ļ	Amount		
C	Beginning balance								
a	Additions during the year								
_	Distributions during the year					1			
f	Ending balance					1			
	Did the organization include an am							Yes	No
	If "Yes," explain the arrangement is	n Part XIII. Check	here if the e	xplanation h	as been p	rovided on Pa	art XIII <u>, , , ,</u>		
Par	t V Endowment Funds.								
	Complete if the organizat							. ,	
		(a) Current year	(b) Pri	or year	(c) Two yea	ers back (d)	Three years back	(e) Four yea	ars back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains,] ,	J		,			
-	and losses		i						
d	Grants or scholarships		ł						
	Other expenditures for facilities		i						
_	and programs		ì	1					
•	Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage		r and halana		ohima (a)	hold as			
-	Board designated or quasi-endown		%	e (iiile 19, c	Olullii (a),	TIEIU AS			
	Permanent endowment ▶	%							
	Temporarily restricted endowment		%						
•	The percentages on lines 2a, 2b, a								
32	Are there endowment funds not in			ation that ai	re held ar	d administer	ad for the		
Ja	organization by	the possession of	the organiza	ation that a	e neia ai	ia administere	so for the	Ye	s No
	,							3a(i)	+
	(i) unrelated organizations								+
	(ii) related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related	-	•				• • • • • • •	3b	
4	Describe in Part XIII the intended ut		zauon's endo	wment rund	<u>s. </u>			······································	
Par	t VI Land, Buildings, and Equi Complete if the organiza	tion answered "	Yes" on For	m 990. Pa	rt IV. line	11a. See F	orm 990. Pai	t X. line 1	0.
	Description of property	(a) Cost	or other basis	(b) Cost or o	other basis	(c) Accumula	ted (1) Book value	
_	Land	(inv	restment)	(oth	er)	depreciatio	n		
1a	Land			<u> </u>	0 505				400
Ь	Buildings			1,10	0,595.	385,	16/-	/15	<u>,428.</u>
	Leasehold improvements								
	Equipment			2	4,470.	23,	531		839.
	Other							 	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	orm 990, Part	X, column ((B), line 10	Oc.)	. ▶	716	,267.

Schedule D (Form 990) 2017

	SPHINX FOUNDAT	CION		02-6007881
·	Investments - Other Securities.			Page
Part VII	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1) Financi	al derivatives			
	-held equity interests			
(3) Other_				
(A)			, ,, ,,,,,	
(B)				
(C)			· · · · · · · · · · · · · · · · · · ·	-, ·· · · · · · · · · · · · · · · · · ·
(D)				
<u>(E)</u>				
<u>(F)</u>				
(G)			·	
(H)	(I) was a second of the second			
	n (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>		
Part VIII	Investments - Program Related. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11c See I	Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				·
(6)		ļ		·
_(7)				
_(8)				
_(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See	Form 990, Part X, line 15.
	(a) De	scription		(b) Book value
(1)			·····	
(2)				
(3)				
(4)				
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)		-		
<u>(8)</u>		 		
(9)	umn (b) must equal Form 990, Part X, col. (B)	lino 15 \		
Part X	Other Liabilities.	шө тэ.)		
raitA	Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11	f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	е	
(1) Fede	ral income taxes			
(2)				
(3)			-	
(4)				
(5)				
(6)				
(7)				
(8)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
SPHINX FOUNDATION

Inspection about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Inspection is at www.lrs.gov/form990.

Employer identification number

02-6007881

FORM 990, PART I, LINE 1 AND PART II, LINE I SPHINX FOUNDATION (THE FOUNDATION) PROMOTES CERTAIN EDUCATIONAL AND CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE). MORE SPECIFICALLY, THE PURPOSES FOR WHICH THE CORPORATION IS FORMED INCLUDE: A) TO EDUCATE THE STUDENTS OF DARTMOUTH COLLEGE ("DARTMOUTH' OR THE 'COLLEGE') AND MEMBERS OF THE COLLEGE COMMUNITY AND MEMBERS OF THE GENERAL PUBLIC WITH THE PURPOSE OF FURTHERING KNOWLEDGE OF THE HISTORY AND TRADITIONS OF DARTMOUTH B) TO PRESERVE AND CARRY ON THE EDUCATIONAL AND CHARITABLE TRADITIONS AND CEREMONIES OF THE SPHINX ORGANIZATION WHICH, SINCE ITS FOUNDING IN 1885, HAS PROMOTED THE IDEALS OF ACADEMIC EXCELLENCE, COMMUNITY SERVICE, HIGH MORAL PURPOSE AND RESPECT FOR THE TRADITIONS AT THE COLLEGE, AND TRAINED AND EDUCATED SELECTED UNDERGRADUATE MEMBERS OF THE COLLEGE TO BECOME PROSPECTIVE LEADERS OF THE COLLEGE, LOCAL, NATIONAL AND GLOBAL COMMUNITY C) TO BE A RESERVOIR OF DARTMOUTH'S HISTORY AND TRADITIONS IN THE COLLEGE COMMUNITY AND PROVIDE A MUSEUM OF COLLEGE AND SPHINX MEMORABILIA AND LITERATURE D) TO SERVE AND SUPPORT THE COLLEGE AND COMMUNITY E) TO PRESERVE AND MAINTAIN THE HISTORIC BUILDING AT EAST WHEELOCK STREET, HANOVER, NEW HAMPSHIRE KNOWN AS THE 'TOMB'.

FORM 990, PART VI, SECTION A, LINE 2
BOARD MEMBERS DAVID HARRISON AND PHILIP HARRISON ARE BROTHERS.

FORM 990, PART VI, SECTION A, LINE 8B

THE ORGANIZATION DID NOT CONTEMPORANEOUSLY DOCUMENT THE MEETINGS HELD OR

6663.000

Employer Identification number 02-6007881

WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR BY EACH COMMITTEE WITH

AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY BECAUSE THERE IS NO

COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11

COPIES OF FORM 990 ARE DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW PRIOR
TO FILING, WHICH IS DOCUMENTED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 12C

COPIES OF THE CONFLICT OF INTEREST POLICY ARE DISTRIBUTED TO EACH

INDIVIDUAL ANNUALLY. A SIGNED COPY MUST BE OBTAINED FROM EACH INDIVIDUAL.

FORM 990, PART VI, SECTION C, LINE 19
COPIES ARE MADE AVAILABLE VIA ANNUAL FILING WITH THE STATE OF NEW
HAMPSHIRE

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

A) EDUCATION: DURING 2017 THE FOUNDATION CONDUCTED ITS FORMAL

ANNUAL COURSE ON DARTMOUTH AND SPHINX HISTORY AND TRADITIONS FOR

THE CLASS OF 2018 UNDERGRADUATE MEMBERS. THE COURSE WAS CONDUCTED

IN THE SPHINX BUILDING AND OVERSEEN BY ALUMNI MEMBERS. THE COURSE

COMBINED LECTURES, ORAL REVIEW SESSIONS WITH READING ASSIGNMENTS.

THERE WERE THREE SESSIONS PER ACADEMIC QUARTER (EXCLUDING SUMMER)

AND INCLUDED GUEST LECTURES. UNDERGRADUATE MEMBERS SUCCESSFULLY

PASSED THE ORAL EXAM IN MAY 2017. UNDERGRADUATE MEMBERS MADE

EXTENSIVE USE OF THE SPHINX FACILITIES WHICH INCLUDE THE LIBRARY.

AND STUDY STATIONS. THE FOUNDATION MAINTAINS THE BUILDING'S

ATTACHMENT 1 (CONT'D)

WIRELESS AND HIGH SPEED CONNECTIVITY TO ENSURE THE SPHINX BUILDING PROVIDES THE STRONGEST SUPPORT FOR UNDERGRADUATE ACADEMIC ACTIVITIES. GENERAL ACTIVITIES OF UNDERGRADUATE MEMBERSHIP IN SPHINX INCLUDE EXTENSIVE PEER DRIVEN LEARNING EXPERIENCES THAT TAKE PLACE IN THE SPHINX BUILDING. THESE INCLUDE INFORMAL ACADEMIC DEBATE AND DISCOURSE, FULFILLMENT OF GROUP LEADERSHIP ROLE, GROUP GOAL SETTING AND PLANNED ACTIVITIES, BASIC BUDGET MANAGEMENT, AND INTERACTION WITH COLLEGE OFFICIALS. THE SPHINX FOUNDATION ORGANIZES AND SUPPORTS PUBLIC LECTURES AND PARTNERS WITH THE COLLEGE'S CONTINUING ALUMNI EDUCATION PROGRAMS WHEN REQUESTED AND APPROPRIATE. IN 2017 THE FOUNDATION CONTINUED ITS SUPPORT OF THE 'HILL WINDS SOCIETY', A DIVERSE GROUP OF UNDERGRADUATES SELECTED TO BE 'AMBASSADORS' TO THE VISIT ALUMNI BODY. THE HILL WINDS SOCIETY WAS FOUNDED IN 2008 AND CONSISTS OF MEMBERS SELECTED ON THE BASIS OF CAMPUS INVOLVEMENT, COMMUNICATION SKILLS, LEADERSHIP POTENTIAL AND AN INFECTIOUS DARTMOUTH SPIRIT. THE FOUNDATION FURTHER FULFILLS ITS EDUCATIONAL MISSION BY FUNDING THE COST OF PURCHASING AND DISTRIBUTING COPIES OF THE FIRST YEAR READING PROGRAM BOOK TO THE INCOMING UNDERGRADUATE CLASS. THE BOOK IS SELECTED BY MEMBERS OF THE FACULTY OF DARTMOUTH TO BE READ BY THE ENTIRE 'FRESHMAN' CLASS OF OVER 1,100 STUDENTS DURING THE SUMMER PRIOR TO THEIR MATRICULATION AT THE COLLEGE. BY DOING SO, THE SPHINX FOUNDATION PROVIDES AN IMPORTANT AND COMMON FOUNDATION FOR THE RIGOROUS ACADEMIC CURRICULUM TO FOLLOW FOR EVERY DARTMOUTH STUDENT. IN ADDITION, THE FOUNDATION UNDERWROTE THE OPERATION OF

Schedule O (Form 990 or 990-EZ) 2017			Page 2	
Name of the organization			Employer Identification number 02-6007881	
SPHINX FOUNDATION		 	02-6007661	
•			ATTACHMENT 1	(CONT'D)
A STUDENT AND VISITOR INFORMATION BOO	TH ON CAMPU	S.		
•				
•			A MINA OLIVONIM O	
FORM 990. PART VIII - INVESTMENT INCOM	ri c		ATTACHMENT 2	
FORM 990, PART VIII - INVESTMENT INCOM	<u> </u>			
·	(A)	(B)	(C)	(Ď)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INVESTMENT INCOME	33,16	6.	•	33,166.
TOTALS .	33,16		, –	33,166.