29491 5311803-8

Form **990-PF** Department of the Treasury Internal Revenue Service

### **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.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For ca	ılen	dar year 2017 or tax year beginning		, and ending		
Name	e of	foundation			A Employer identification	number
тн	Œ	MARIE AND PAUL NAPOLI	FOUNDATION		11-3579283	_
Numb	er a	nd street (or P O box number if mail is not delivered to street	et address)	Room/suite	B Telephone number	
19	8	5-4 CEDAR SWAMP ROAD			516-626-31	.95
City	or to	own, state or province, country, and ZIP or foreign	postal code		C If exemption application is p	ending, check here
BR	100	OKVILLE, NY 11545				(
<b>G</b> Ch	eck	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here . PL
		Final return	Amended return		2. Foreign organizations me	setura the 85% test.
		Address change	Name change		2. Foreign organizations me check here and attach co	omputation .
H Ch			exempt private foundation		E If private foundation sta	
		ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	<del></del>	under section 507(b)(1)	(A), check here
		· I 1	ting method: X Cash	Accrual	F If the foundation is in a	
		Part II, col. (c), line 16) [Part I, colu	Other (specify)	<u> </u>	under section 507(b)(1)	(B), check here
\ <u>▶</u> \$	_		T			(d) Disbursements
' Par	[ ]	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes
	_	<del></del>	185,000.		N/A	(cash basis only)
		Contributions, gifts, grants, etc., received  Check   If the foundation is not required to attach Sch. B.	103,000.		N/A	<u> </u>
İ	3	Interest on savings and temporary	<del></del>			**
	J A	Dividends and interest from securities	2,838.	2,838.		STATEMENT 1
	7 5a	Gross rents	2,0001			
1		Net rental income or (loss)		R	ECEIVED	
	_	Net gain or (loss) from sale of assets not on line 10	0.	- 18	70	
<b>HNNWORevenue</b>	Ь	Gross sales price for all assets on line 6a 540,000.		I I I I		· · · · · · · · · · · · · · · · · · ·
Š	7	Capital gain net income (from Part IV, line 2)		100.	1010 101	3
Œ		Net short-term capital gain		00		À
S		Income modifications			DEN, UT	3
2	10a	Gross sales less returns and allowances				
		Less Cost of goods sold				·
5	C	Gross profit or (loss)				
	11	Other income	31,463.	31,463.		STATEMENT 2
	12	Total. Add lines 1 through 11	219,301.	34,301.		4,
1	3	Compensation of officers, directors, trustees, etc	0.	0.		0.
<b>ை</b>   1	14	Other employee salaries and wages				
'/A		Pension plans, employee benefits				
USSC 1		Legal fees			<del></del>	
e l		Accounting fees			<del></del>	ļ
ű		Other professional fees				<del></del>
. <u>*</u> []		Interest	11.	$\frac{11.}{229.}$	<del></del>	0.
- 21		Taxes STMT 3	449.	449.	<del> </del>	0.
ِ اچَّا ا		Depreciation and depletion	<del></del>	<del></del>		*.
들		Occupancy Travel, conferences, and meetings		<u> </u>		<del></del>
۶ ا <u>م</u>		Printing and publications				<del>                                     </del>
a		Other expenses STMT 4	100.	100.	<del></del>	0.
ţį,		Total operating and administrative	1000	100.	<del>                                     </del>	<del>                                     </del>
Operating	. 7	expenses. Add lines 13 through 23	340.	340.		0.
٥Ì,	25	Contributions, gifts, grants paid	47,200.	340.		47,200.
		Total expenses and disbursements.	,200	<del></del>		,
] ]		Add lines 24 and 25	47,540.	340.		47,200.
12		Subtract line 26 from line 12:				
]		Excess of revenue over expenses and disbursements	171,761.			, ,
		Net investment income (if negative, enter -0-)		33,961.		
}		Adjusted net income (if negative, enter -0-)		<u> </u>	N/A	
700501		-03-18 LHA For Panerwork Reduction Act Noti	ao aon instructions	· <del></del>		Form 990-PF (2017

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Part IV	Capital Gains	and Losses for lax on in	nvestment	Income					_	
2-story brick warehouse; or common stock, 200 shs. MLC Co.)						(b) How acquired P - Purchase D - Donation		) Date a (mo., da	cquired ly, yr.)	(d) Date sold (mo., day, yr.)
1a .	·			<del></del>	<u> </u>					
b SI	EE ATTACHED	STATEMENT			<u> </u>					
С					<u> </u>					
<u>d</u>					<b> </b>					
<u>e</u>					L					
(e) G	Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			((		in or (loss) (f) minus (	
8										
b										
C										
d										
е	540,000.			540,00	0.					
Complet	te only for assets showin	g gain in column (h) and owned by	the foundation	on 12/31/69.					ol. (h) gain	
(i) FM	IV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			coi. (k L	osses (	ot less thar from col. (I	n)) 
a										
b										
C										
d										
е										
		∫ If gain, also ente	r ın Part I. line î	7	71					
2 Capital ga	ain net income or (net ca		- ın Part I, lıne	7	ΥL	2				0.
3 Net short	-term capital gain or (los	s) as defined in sections 1222(5) ar			<b>_</b> _ [					
	so enter in Part I, line 8,		ia (0 <i>)</i> .		٦					
	enter -0- in Part I, line 8	· · · · · · · · · · · · · · · · · · ·			31	3			N/A	
Part V	Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estn	ent Inco	me		
For optional	use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	come	.)				
•		•	, ,			•				
If section 49	40(d)(2) applies, leave th	nis part blank.								
Nas the four	ndation liable for the sect	ion 4942 tax on the distributable am	nount of any ve	ar in the base ner	od?					Yes X No
		under section 4940(e). Do not con			.ou.					
		ach column for each year; see the ii			ntries	<del></del> -		_		
	(a)	(b)			(c)					(d)
Calendar v	Base periód years year (or tax year beginnir		tributions	Net value of no		ıtable-	use assets	1	Dıstrıb col (b) divi	ution ratio ided by col. (c))
	2016		7,865.			25	2,525.		0011 (0) 4111	.07074
	2015		4,144.			21	9,896.			.21666
	2014		6,195.				7,670.			.08800
	2013		$\frac{0,133}{7,539}$ .	<del></del>			0.			.00000
			$\frac{7,339.}{0,057.}$				0.			.00000
<del></del>	2012		0,057.							.00000
. T-4-1 -41	San 4 h									275411
	ine 1, column (d)							_2		.37541
		5-year base period - divide the total of	on line 2 by 5.0	), or by the numbe	er of y	ears				0.7500
the found	lation has been in existen	ice if less than 5 years						_ 3		.075083
4 Enter the	net value of noncharitab	le-use assets for 2017 from Part X,	line 5				:	4		518,893
5 Multiply I	ine 4 by line 3							5		38,960
								<del>  </del>		
6 Enter 1%	of net investment incom	e (1% of Part I, line 27b)						6		340
7 Add lines	5 and 6							7		39,300
	ulifying distributions from	Part XII line 4						8	<del></del>	47,200
=		line 7, check the box in Part VI, line	1b, and compl	lete that part using	n a 1º	% tay r	ate.	0		-7,200
	art VI instructions.	, sees and some in that the inter-	, and comp	.o.o trat purt uomi	g u 1/	Juni				

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Form **990-PF** (2017)

Form 990-		TACI	ION				57928		Page 4
Part V		0(a), 4	940(b),	4940(e), o					ns)
1a Exen	ipt operating foundations described in section 4940(d)(2), check here  and et								ŧ
	of ruling or determination letter: (attach copy of letter if nec				- 1	- 1			
<b>b</b> Dom	estic foundations that meet the section 4940(e) requirements in Part V, check here	► X a	and enter	1%		1		3	340.
	rt I, line 27b								
c All of	her domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	6 of Part	I, line 12,	col. (b).			÷		
2 Taxi	nder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of	hers, ent	ter -0-)			2			0.
3 Add	ines 1 and 2					3		- 3	340.
4 Subt	tle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	thers, en	ter -0-)			4			0.
5 Tax	pased on investment income. Subtract line 4 from line 3. If zero or less, enter -0-					5			340.
6 Cred	ts/Payments:								
a 2017	estimated tax payments and 2016 overpayment credited to 2017	6a		(	) <b>.</b>				
<b>b</b> Exen	pt foreign organizations - tax withheld at source	6b		(	J.	1			
	aid with application for extension of time to file (Form 8868)	6c		(	J.	1		,	
	up withholding erroneously withheld	6d		(	J .				
	credits and payments. Add lines 6a through 6d			· · · · · · · · · · · · · · · · · · ·		7			0.
	any penalty for underpayment of estimated tax. Check here if Form 2220 is attain	ched				8			0.
	lue. If the total of lines 5 and 8 is more than line 7, enter amount owed			•	<b>▶</b> [7	9			340.
10 Over	payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				▶ 1	0			
	the amount of line 10 to be; Credited to 2018 estimated tax			Refunded	<b>▶</b> 1	1			
	I-A   Statements Regarding Activities		_		:				
	g the tax year, did the foundation attempt to influence any national, state, or local legis	lation or	did it part	icipate or intervi	ene in	_		Yes	No
	olitical campaign?		•	•			18	a	X
	spend more than \$100 during the year (either directly or indirectly) for political purpos	ses? See	the instru	ctions for the d	efinition	1	11	5	X
	answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of							1:	<del></del>
	buted by the foundation in connection with the activities.						]	1	]
	ne foundation file Form 1120-POL for this year?						10	.  ** c	X
	the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear'					<u> </u>		1.
	On the foundation. > \$ 0 • (2) On foundation managers			(	J.		į į	<b>1</b>	
	the reimbursement (if any) paid by the foundation during the year for political expendi	-	imposed o		_			1 %	
	gers ►\$ 0.	ioro aux		,, roundanon					
	the foundation engaged in any activities that have not previously been reported to the IF	352					2	,	X
	s," attach a detailed description of the activities.						<u> </u>	1.	<del>                                     </del>
	he foundation made any changes, not previously reported to the IRS, in its governing ii	nstrumei	nt articles	of incorporation	n or			ŀ	
	rs, or other similar instruments? If "Yes," attach a conformed copy of the changes	iisu uirici	iii, ai tioios	or meorporatio	11, 01		3	<sup>†</sup> -	Х
_	ie foundation have unrelated business gross income of \$1,000 or more during the year	r2					48	-	X
	s," has it filed a tax return on <b>Form 990-T</b> for this year?	1:				N/			+
	there a liquidation, termination, dissolution, or substantial contraction during the year?					,	1   7		X
	s, attach the statement required by General Instruction T.						<u> </u>		<del> </del>
	ne requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	thor							
	language in the governing instrument, or	uici.						7	
		. directio	no that ac	afliat with the a	toto lou			and a	
	state legislation that effectively amends the governing instrument so that no mandatory	y airectic	ons that co	mnict with the s	itale lav	V	6	x	
	n in the governing instrument?	1.4. D. A						<del></del>	<del></del>
ו טוט נו	ne foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	iete Part	II, COL (C)	, and Part XV			7	┿┻	+
0- 5-4	the state to which the foundation was to a little black to write at 0 at 10 at							, ; ;	•
	the states to which the foundation reports or with which it is registered. See instruction	ns. 🟲 _						1,3	
NY				4	_		<u>   -</u>	7.9	1
	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	ttorney 6	ieneral (oi	r designate)					-  •
	ch state as required by General Instruction G? If "No," attach explanation			****			8		<del>                                     </del>
	foundation claiming status as a private operating foundation within the meaning of sec			4942(j)(5) for (	calenda	ır			
	2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," com				~	_	_ ]_3		$\frac{1}{X}$
<b>10</b> Did a	ny persons become substantial contributors during the tax year? If "Yes," attach a schedu	le listing t	heir names	and addresses	STI	ŊŢ	6 1		
							Form 9	990-PI	F (2017)

	1990-PF (2017) THE MARIE AND PAGE NAPOLI FOUNDATION 11-3379	203		age o
Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
40		<del>  '</del> '-		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	ا ۱		х
	If "Yes," attach statement. See instructions	12		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ PAUL & MARIE NAPOLI FOUNDATION Telephone no. ▶516-62	6-6	7 <u>76</u>	
	Located at ▶ 1985-4 CEDAR SWAMP ROAD, BROOKVILLE, NY ZIP+4 ▶11	545		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
40	· · · · · · · · · · · · · · · · · · ·		Yes	No
10	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		103	X
	securities, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	* *		
	foreign country	<u> </u>		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1,0	Yes	No
18	During the year, did the foundation (either directly or indirectly):	1.7	, ,	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		,	ŀ
		4, 1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1	~**	·
	a disqualified person?		1	,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		,	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			,
	(5) Transfer any income or assets to a disqualified person (or make any of either available		٠,	(
	for the benefit or use of a disqualified person)?		, ,	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		- , i	' '
	If the foundation agreed to make a grant to or to employ the official for a period after	1		ٔ '
	termination of government service, if terminating within 90 days.)		,	
ь		<b>\</b>	,	,
	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A			
	· · · · · · · · · · · · · · · · · · ·	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance, check here		· , ,	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		ـ حالت	
	before the first day of the tax year beginning in 2017?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		'Supage	
	defined in section 4942(j)(3) or 4942(j)(5)):	<b>\</b>	n.e.ragra	1
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		. 4	l ' :
	before 2017?			1
	If "Yes," list the years ▶ , , , ,		•	
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
b			*	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		,	-
	statement - see instructions.) N/A	2b		<u> </u>
C	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		*	
	<b>&gt;</b>		* 15	ļ .
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		* .	
	during the year?		*	1
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after		ă	
-	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		١.,	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	] ]	,	1
				·
4.	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	3b		+-
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	×	X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jennardy before the first day of the tay year beginning in 20172	1 46	1	ιX

Care the Clatements regarding Activities for Willows	Oilli 47 20 May BC 1	ioquii ou (contin	<del>ueu)</del>		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4	_	es X No		-
<ol><li>Influence the outcome of any specific public election (see section 4955); o</li></ol>	r to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? See instructions		Y	s X No	]	ĺ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or			
the prevention of cruelty to children or animals?		Y	s X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h	nere				1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	rom the tax because it maintai	ned			
expenditure responsibility for the grant?	N	/A 🔲 Y	s 🔲 No		i
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			ì		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		-	,	
a personal benefit contract?	•	Y	s X No	Ŝ	1
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	X
If "Yes" to 6b, file Form 8870.			ļ-	300	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No	*	,
b If "Yes," did the foundation receive any proceeds or have any net income attribu			<b></b> _	7b	
Part VIII Information About Officers, Directors, Trust		nagers Highly		<u> </u>	ь
Paid Employees, and Contractors	ees, i dandation wa	ilagers, riigili	•		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	( <b>⋲</b> ) Exp ac count	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	ac count allowa	, otner nces
MARIE ELIZABETH KAISER NAPOLI	PRES, SEC'Y	511.01 0 7	Compensation	-	
1985-4 CEDAR SWAMP ROAD	l DEC 1	1			
BROOKVILLE, NY 11545	1.00	0.	0.		0.
	VP			<del> </del>	<del></del>
1985-4 CEDAR SWAMP ROAD		]			
BROOKVILLE, NY 11545	1.00	٥.	0.		0.
<u> </u>	DIRECTOR	· · · · ·		├──	<del>••</del>
2 CHESTNUT COURT	DIRECTOR			-	
<del> </del>	1.00	ο.	0.		0.
OLD WESTBURY, NY 11568	1.00		0.	ļ	<del></del>
<del> </del>					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		L	
2 Compensation of five highest-paid employees (other than those inc	(b) Title and average	enter NONE.	(d) Contributions to	(e) Exc	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Exp	, other
NONE	devoted to position		compensation	allowa	11062
NONE				ļ	
				<del> </del>	
				<del> </del>	
				<del> </del>	
				1	
				<del> </del>	
·····	:				
		<u> </u>	<u> </u>	<u> </u>	
Total number of other employees paid over \$50,000					0
			Form	990-PF	(2017)

Form 990-RF (2017) THE MARIE AND PAUL NAPOLI FOUNI	DATION 11	-3579283 Page 7
Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, er	nter "NONE."	
. (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del></del>		
<del></del>		
	<u></u>	
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant standard or organizations and other beneficiaries served, conferences convened, research papers p		Expenses
	noduced, etc.	<del>                                       </del>
1 N/A	<del></del>	4
		4
		<del> </del>
2		4
		4
_ <del></del>		<del></del>
3	<del></del>	4
		-
4		<del></del>
•		-
		╡
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 N/A		<del></del>
		†
		4
2		
		7
All other program-related investments. See instructions.		
3		
		_]
		_]
		<del> </del>

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;		
2	Average monthly fair market value of securities	1a	479,684.
	Average of monthly cash balances	1b	47,111.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	526,795.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)   1e   0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	526,795.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,902.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	518,893.
6	Minimum investment return. Enter 5% of line 5	6	25,945.
P	art XI. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here  and do not complete this part.)	d certaii	n
1	Minimum investment return from Part X, line 6	1	25,945.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	340.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	25,605.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	25,605.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	25,605.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	47,200. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	47,200.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	34 <u>0.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	46,860.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies	for the section

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI,				25,605.
line 7				23,003.
2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only			0.	1
b Total for prior years:				
b rotarior prior years.		0.		
3 Excess distributions carryover, if any, to 2017:	<del></del>			
a From 2012 40, 155.				,
bFrom 2013 18,010.				•
cFrom 2014 11,521.				,
dFrom 2015 41,761.				
eFrom 2016 5,509.				,
f Total of lines 3a through e	116,956.			,
4 Qualifying distributions for 2017 from	220,5001			1
Part XII, line 4: ►\$ 47,200.				
a Applied to 2016, but not more than line 2a			0.	j i
b Applied to undistributed income of prior				<u>*</u>
years (Election required - see instructions)		0.		Š
c Treated as distributions out of corpus				**
(Election required - see instructions)	0.			
dApplied to 2017 distributable amount		·		25,605.
e Remaining amount distributed out of corpus	21,595.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:		?		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	138,551.			
b Prior years' undistributed income. Subtract		0		<b>*</b>
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				, ! c
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				:
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract			<u> </u>	
lines 4d and 5 from line 1. This amount must	į			
be distributed in 2018				0.
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)	0.	·····		
8 Excess distributions carryover from 2012	40.4			
not applied on line 5 or line 7	40,155.	<del> , , , , , , </del>		
9 Excess distributions carryover to 2018.				Í
Subtract lines 7 and 8 from line 6a	98,396.			
10 Analysis of line 9:	ļ			,
a Excess from 2013 18,010.				,
b Excess from 2014 11,521.	ļ			
c Excess from 2015 41,761.				ţ
d Excess from 2016 5,509.				
e Excess from 2017 21,595.				<u> </u>

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Form **990-PF** (2017)

#### Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.		business income		y section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Gode	Amount	Sion code	Amount	function income
a	<del>                                     </del>		<del></del>		
b	_	<del></del>			
c	- <del>  -</del>				
d	_				
e		<del> </del>	<del>-                                     </del>		
ſ	_				
g Fees and contracts from government agencies				<del></del>	
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	2,838.	
Net rental income or (loss) from real estate:		<del>-</del>			800
a Debt-financed property					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income		<del></del>	14	31,463.	
Gain or (loss) from sales of assets other					
than inventory			18		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
c	_				
d					
e					
Subtotal. Add columns (b), (d), and (e)	<u> </u>		0.	34,301.	
Fotal. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.				13	34,30

Part XVI-B	Relationship of Activities to the Accomplish	ment of Exempt Purposes
------------	--	-------------------------

▼	the foundation's exempt purposes (other than by providing funds for such purposes).
$\neg$	
-+	
$\neg +$	
$\neg +$	

Form **990-PF** (2017)

723621 01-03-18

orm 990-PF (201	17) THE_	MARIE	AND F	AUL N	APOLI	FOUNDATI	ON	11-35/9283	Page 1
Part XVII	Information F	Regardin	g Trans	fers to a	nd Trans	sactions and	Relationships	With Noncharitable	
	Exempt Orga	nizations	S						

1 Did the	organization directly or indir	ectly engage in any (	of the followin	g with any other organization	on described in sec	tion 501(c)		Yes	No
(other	than section 501(c)(3) organi	izations) or in sectio	n 527, relatınç	to political organizations?				l	i
a Transf	ers from the reporting founda	ition to a noncharitat	ole exempt or	ganization of:					
(1) Ca	ash						1a(1)		X
(2) 01	her assets						1a(2)		X
<b>b</b> Other t	ransactions;								
(1) Sa	iles of assets to a noncharitat	ole exempt organizat	ion				1b(1)		X
(2) Pt	irchases of assets from a nor	ncharitable exempt o	rganization				1b(2)		X
	ental of facilities, equipment, o	or other assets					1b(3)		<u>X</u>
	eimbursement arrangements						1b(4)		X
	ans or loan guarantees						1b(5)		X
	erformance of services or mer	-	-				1b(6)		<u>X</u>
	g of facilities, equipment, mai						1c		
	•			* *		market value of the goods, o		ets,	
	nces given by the reporting to n ( <b>d)</b> the value of the goods, c			eu iess man iair market vait	ie in any transaction	n or sharing arrangement, sh	IOW III		
(a)Line no	(b) Amount involved			exempt organization	(d) Description	on of transfers, transactions, and s	haring arr	angeme	ents
w/Eine no	(B) Allount involved	(b) Name of	N/A	o oxompt organization	(u) Description	or transfers, transactions, and s	naing an	arigeme	
-			11/11						
						_ <del></del>			
			<del></del>	<del></del>		<del></del> .			
				·					
				-					
-									
								-	
2a Is the f	oundation directly or indirectl	ly affiliated with, or re	elated to, one	or more tax-exempt organi	zations described		_		_
	on 501(c) (other than section		ction 527?				Yes	X	No
<b>b</b> If "Yes,	complete the following sche				<del></del>				
**	(a) Name of orga	anization		(b) Type of organization		(c) Description of relationsh	ip	_	
	N/A								
<del></del>	<del> </del>								
Lin	der penalties of perjury, I declare ti	hat I have examined this	return includes	a accompanying pehodulas and	statements, and to the	a host of my knowledge			
	belief, it is true, correct, and com					■ Mav	the IRS d	išcusš prepar	thīs er
Here	'/NGr	e NG	1) (x	1	PRES,	Shov	n with the	See in	
1 4	ignature of officer or trustee	//	0	Date 1	Title	SEC	Yes		J No
	Print/Type preparer's nar	me U	Preparer's s		Date	Check   if PTIN			
	Jpo proparor 5 flat		11/1	4///	1 1 / 1	self- employed			
Paid	JOANNE GEY	r.TN	HULGE	ne joy M	5/4/18	· · · · · · · · · · · · · · · · · · ·	081	ი 54	
Prepare			LLP	X//	J	Firm's EIN ▶ 13-16			
Use On			7	() V		THINIS LIN P 19 10			
	Firm's address ▶ 75	0 THIRD A	VENUE						
		W YORK, N		7-2703		Phone no. 212-94	9-8	7 0 0	
	<u> </u>								(2017)
							500	- <del>-</del>	. ,

Capital dallis allu Lu	33C3 IOI TEX OII IIIVESUIICIIL IIICOIIIC				
(a) List and 2-story br	describe the kind(s) of property solute warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
•	PLC L/O TC-CYN R		P	08/25/160	
	AG L/O TC-CYN RT		P	09/06/16	
	AG L/O TC-CYN ND		P	10 - / 0 0 / - / [5	07/17/17
d GS FINANCE COR	P L/O TA-CYN SPX		P	09/09/160	3/20/17
e JP MORGAN CHAS	E FINANCIAL L/O	TC-CYN RTY SPX	P	07/01/160	1/10/17
f BARCLAYS BANK			P	12/22/160	6/29/17
g BARCLAYS BANK			P		9/06/17
h BARCLAYS BANK			P	100,00,0,0	1000
				0 - 7 0 - 7 - 7	
DEUTSCHE BANK			P	03/08/17	
DEUTSCHE BANK	AG L/O TC-CYN RT	Y SPX	P	03/17/171	2/27/17
k					
1					
m				1	
n				1	
	<del></del>	<del></del>	<del></del>	<del> </del>	
0	(4) Day was sate of all stand	(a) Cook an other basis	<del></del>	1	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) plus (f) minus (g)	
a 50,000.		50,000.	·		0.
b 30,000.		30,000.			0.
<u> </u>		50,000.			0.
50,000.	<u></u>	50,000.			
d 50,000.		50,000.			0.
e 50,000.		50,000.			0.
f 30,000.		30,000.			0.
g 50,000.		50,000.			0.
h 100,000.		100,000.			0.
30,000.		30,000.	<del>,</del> <del>-</del>	<del></del>	0.
100,000.		100,000.			0.
k 20070		100,000:		<del></del>	
<u> </u>	<del></del>				
<del></del>					
m					
n					
0			· · · · · · · · · · · · · · · · · · ·		
Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69		sses (from col. (h))	
(1) 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(j) Adjusted basis	(k) Excess of col. (i)		of col. (h) gain over (	col. <b>(</b> k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), ıf any	but n	ot less than "-0-")	
a	<del></del>				0.
b					0.
					0.
C					
<u>d</u>					0.
<u>e</u>					0.
f					0.
g					0.
h					0.
1					0.
· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>		0.
ı V					
<u>k</u>	ļ <del> </del>				
<u> </u>					
m					
n					
0					
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7	2		0.
,	· , c ii (1035), cilici -0	_		<del></del>	<u>_</u>
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) an	d (6):			
If (loss), enter "-0-" in Part I, line 8,	commit (6). }	Ϋ́I	,	N/A	
(1000), sitter o milati, mile C	,	<i>J</i>	ا ق	1A / 🗗	

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient ST. JOHN'S UNIVERSITY SECTION 501 UNRESTRICTED 8000 UTOPIA UNIVERSITY **c**(3) CONTRIBUTION JAMAICA, NY 11439 500. MARC LUSTGARTEN PANCREATIC CANCER SECTION 501 UNRESTRICTED FOUNDATION C(3) CONTRIBUTION 415 CROSSWAYS PARK DRIVE, SUITE D 200. WOODBURY, NY 11797 Total from continuation sheets 700.

# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

Employer identification number

T	THE MARIE AND PAUL NAPOLI FOUNDATION	11-3579283					
Organization type (check	cone):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note: Only a section 5010  General Rule  X For an organizat	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Function of the following form 990, 990-EZ, or 990-PF that received, during the year, contributions totals	ng \$5,000 or more (in money or					
property) from a	ny one contributor. Complete Parts I and II. See instructions for determining a contributo	or's total contributions.					
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 stor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the complete Parts I and II.	a, or 16b, and that received from					
year, total contri	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contribution is checked, ente purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it <b>must</b> answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

#### THE MARIE AND PAUL NAPOLI FOUNDATION

11-3579283

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARIE ELIZABETH KAISER NAPOLI  1985-4 CEDAR SWAMP ROAD  BROOKVILLE, NY 11545	\$\$\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PAUL JOSEPH NAPOLI  1985-4 CEDAR SWAMP ROAD  BROOKVILLE, NY 11545	\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-01		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

# THE MARIE AND PAUL NAPOLI FOUNDATION

11-3579283

Part ii	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date recei ved
23453 11-0		\$	990 990.E7 or 990 -PF) (2017

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) **Employer identification number** Name of organization THE MARIE AND PAUL NAPOLI FOUNDATION 11-3579283

| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

FORM 99.0-PF DIVIDEN	DS AND INTE	REST FROM SE	CURITIES	STATEMENT	1
. GROSS SOURCE AMOUNT	CAPITA GAINS DIVIDEN	REVENU			
UBS 0204 2,81 UBS 0204 2	1. 7.	0. 2,8	11. 2,811 27. 27		
TO PART I, LINE 4 2,83	8.	0. 2,8	2,838		
FORM 990-PF	OTHER	INCOME		STATEMENT	2
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOI	
UBS 0204 - MISC INCOME	_	31,463	. 31,463.		·
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	31,463	31,463.		
FORM 990-PF	TA	XES		STATEMENT	3
	(A)	(B)	(C)		
DESCRIPTION	EXPENSES PER BOOKS	NET INVEST	- ADJUSTED	( D) CHAR.ITAI PUR.POSI	
DESCRIPTION FOREIGN TAXES PAID FEDERAL TAX	<b>EXPENSES</b>	NET INVEST MENT INCOM  3	- ADJUSTED E NET INCOME	CHARITAI	
FOREIGN TAXES PAID	EXPENSES PER BOOKS	NET INVEST MENT INCOM  3 . 19	ADJUSTED NET INCOME 7.	CHARITAI	ES O.
FOREIGN TAXES PAID FEDERAL TAX	EXPENSES PER BOOKS 37 192 229	NET INVEST MENT INCOM  3 . 19	ADJUSTED NET INCOME  7. 2.	CHARITAI	0. 0.
FOREIGN TAXES PAID FEDERAL TAX TO FORM 990-PF, PG 1, LN 18	EXPENSES PER BOOKS 37 192 229	NET INVEST MENT INCOM  . 3 . 19 . 22	ADJUSTED NET INCOME  7. 2. 9. (C) ADJUSTED	CHAR ITAI PUR POSI	0. 0. 0.
FOREIGN TAXES PAID FEDERAL TAX TO FORM 990-PF, PG 1, LN 18 FORM 990-PF	EXPENSES PER BOOKS  37 192  229  OTHER I	NET INVEST MENT INCOM  . 3 . 19 . 22  EXPENSES  (B) NET INVEST MENT INCOM	ADJUSTED NET INCOME  7. 2. 9. (C) ADJUSTED NET INCOME	CHAR ITAI PUR POSI  STATEMENT  (D) CHAR ITAI	0. 0. 0.

FORM 990-PF OT	THER INVESTMENTS		STATEMENT	5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	r
INVESTMENTS	COST	469,695.	540,8	89.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	469,695.	540,8	89.
NAME OF CONTRIBUTOR	ADDRESS			
NAME OF CONTRIBUTOR  MARIE ELIZABETH KAISER NAPOLI	ADDRESS ———————————————————————————————————	CHAND DOAD		
MARIE EDIZADETH RAIDER WAFOUL	BROOKVILLE, N	<del>-</del> · · ·		
PAUL JOSEPH NAPOLI	1985-4 CEDAR BROOKVILLE, N	- · · · · · · · · · · · · · · · · · · ·		
		-		
	XV - LINE 1A COUNDATION MANAGE	RS	STATEMENT	7

NAME OF MANAGER

MARIE ELIZABETH KAISER NAPOLI PAUL JOSEPH NAPOLI