Department of the Treasu Interna, Revenue Service

EXTENDED TO NOVEMBER 15, 2018 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.

	Ford	calen	dar year 2017 or tax year beginning		, and ending	,		
	Nan	ne of	foundation			A Employer identification	number	
	C	HA	RLES A. MASTRONARDI FOU	NDATION				
•	C	70	WILMINGTON TRUST COMPA	MY		13-6167916		
	Num	nber a	nd street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number		
	1	10	0 NORTH MARKET STREET		612230	(302)651-1	942	
	City	or to	own, state or province, country, and ZIP or foreign p	ostal code	I	C if exemption application is p	ending, check here	
	_		MINGTON, DE 19890-0001				•	
			all that apply: Initial return		rmer public charity	D 1. Foreign organizations	. check here	
			Final return	Amended return	The past of the same	l	,	
			Address change	Name change	- 11	Foreign organizations me check here and attach co	eting the 85% test,	
5	H C	heck	type of organization: X Section 501(c)(3) ex		-	1		
1		_		Other taxable private founda	ution \	E If private foundation state under section 507(b)(1)		
				ing method: X Cash	Accrual	1	• •	
			´ I ===		Acciual	F If the foundation is in a (
11		0111 F -\$	lart II, col. (c), line 16)	ther (specify)	<u> </u>	under section 507(b)(1)	(B), check here	
U	÷			1		4344	(d) Dishimos anto	
	Pa	rt I	(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	(d) Disbursements for charitable purposes	
1	_			CAPCIISCS PCI DOURS	moonic		(cash basis only)	
			Contributions, gifts, grants, etc., received			N/A		
		2	Check X if the foundation is not required to attach Sch B	4 5 4 0	4 5 4 6			
		3	Interest on savings and temporary cash investments	4,540.	4,540.		STATEMENT 1	
		4	Dividends and interest from securities	379,180.	368,623.		STATEMENT 2	
		5a	Gross rents					
		b	Net rental income or (loss)					
	ø	6a	Net gain or (loss) from sale of assets not on line 10	440,757.				
	Revenue	b	Gross sales price for all assets on line 6a 5,740,851.			PECEIVED	*	
		7	Capital gain net income (from Part IV, line 2)		440,757	700	***	
		8	Net short-term capital gain		500	11151 N & 2018 19		
		9	Income modifications		Ö	1011 0 - 201 02		
		10a	Gross sales less returns and allowances		1	4 194 12 15		
			Less Cost of goods sold					
		c	Gross profit or (loss)					
		11	Other income	52.	0.		STATEMENT 3	
		12	Total. Add lines 1 through 11	824,529.	813,920.			
		13	Compensation of officers, directors, trustees, etc	0.	0.	<u> </u>	0.	
<u>ര</u> േ		14	Other employee salaries and wages					
2018		15	Pension plans, employee benefits					
	96	40.	Legal fees STMT 4	8,626.	4,313.		4,313.	
0 1	ä	Ь	Accounting fees STMT 5	3,250.	1,625.		1,625.	
 4	Expense	l c	Other professional fees STMT 6	126,361.	84,241.		42,120.	
SCANNED JUL	ě		Interest		<u>, </u>		<u> </u>	
7	Administrative		Taxes STMT 7	17,057.	6,294.		0.	
	st		Depreciation and depletion		-,			
豐	듩		Occupancy					
Z	호		Travel, conferences, and meetings	4,000.	0.		4,000.	
65	ੁਣੇ		Printing and publications	- 1,000.		<u> </u>	1,0001	
U)	_ E	23	Other expenses STMT 8	23,134.	22,359.		775.	
	Ē		Total operating and administrative	23,134.	22,333.		773.	
	Operating	27		182,428.	118,832.		52,833.	
	ဝီ	0.5	expenses. Add lines 13 through 23	950,000.	110,032.		950,000.	
	-		Contributions, gifts, grants paid	330,000.	<u> </u>	 · · · 	330,000.	
		26	Total expenses and disbursements.	1,132,428.	118,832.		1,002,833.	
		67	Add lines 24 and 25	1,134,440.	110,032.		1,004,033.	
			Subtract line 26 from line 12:	207 000				
		Ι.	Excess of revenue over expenses and disbursements	<307,899.				
			Net investment income (if negative, enter -0-)		695,088.	37/3	<u> </u>	
		•	Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	000 DE (0043)	
	7235	01 01	-03-18 LHA For Paperwork Reduction Act Notice	ce, see instructions.		018	Form 990-PF (2017)	

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Ξ		Attached scheduler and amounts in the description	Beginning of year	of year			
P	<u>art</u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
_	1	Cash - non-interest-bearing	()	(-)			
	2	Savings and temporary cash investments	728,952.	590,930	590,930.		
	l	Accounts receivable	120/3021				
	ľ	Less: allowance for doubtful accounts					
		Pledges receivable					
	"						
	_	Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
	ļ	disqualified persons					
	7	Other notes and loans receivable					
		Less; allowance for doubtful accounts ▶					
şte	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
⋖	10a	. Investments - U.S. and state government obligations $$ STMT $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	3,606,555.	2,834,206			
	b	Investments - corporate stock STMT 12	10,252,830.	10,019,085			
	c	Investments - corporate bonds STMT 13	2,592,876.	3,432,764	3,437,728.		
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other		_			
	14	Land, buildings, and equipment basis ▶					
		Less accumulated depreciation	·				
	15	Other assets (describe >			·····		
	16						
	''	Instructions. Also, see page 1, item i)	17,181,213.	16,876,985	. 19,714,378.		
_	17		17,101,213.	10,070,505	15,711,576.		
	18	Grants payable			-		
	l . i	· -					
Liabilities	19	Deferred revenue			╡		
∄	20	Loans from officers, directors, trustees, and other disqualified persons			-		
Lia.	21	Mortgages and other notes payable			┥ ` `		
	22	Other liabilities (describe)			-		
	22	Tatal liabilities (add lages 17 through 20)	0.	0			
	23	Total liabilities (add lines 17 through 22)	· · ·		-		
		Foundations that follow SFAS 117, check here			*		
ģ	١.,	and complete lines 24 through 26, and lines 30 and 31.					
ဦ	24	Unrestricted			_		
ala	25	Temporarily restricted			_		
89	26						
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here					
Ϋ́F		and complete lines 27 through 31.	45 405 555	46 6			
ts	27	Capital stock, trust principal, or current funds	17,181,806.	16,877,578			
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0			
ķ	29	Retained earnings, accumulated income, endowment, or other funds	<593.				
ž	30	Total net assets or fund balances	17,181,213.	16,876,985	<u>. </u>		
			45 404 040	46 006 000	%·		
_	31	Total liabilities and net assets/fund balances	17,181,213.	<u>16,876,985</u>	<u>•</u>		
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances				
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30				
•		st agree with end-of-year figure reported on prior year's return)	, ,		1 17,181,213.		
2		r amount from Part I, line 27a		· · -	2 <307,899.>		
		r increases not included in line 2 (itemize)	SEE STA		$\frac{2}{3}$ $\frac{11,915}{}$		
		lines 1, 2, and 3			16,885,229.		
		eases not included in line 2 (itemize)	SEE STA		5 8,244.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co			6 16,876,985.		
Ť	. o w	Tall 11, 60	10/1 mile 00		Form 990-P 5 (2017)		

C/O WILMINGTON TRUST COMPANY

Part IV Capital Gains and Losses for Tax on Investment Income										
							acquired lay, yr.)	(d) Date sold (mo., day, yr.)		
					VARI		VARIOUS			
b UNRECAPTURED S			S				P	VARI	OUS	VARIOUS
c CAPITAL GAINS	DIVID	DENDS								
		· ··-		-	-	_				
	<u> (6 D</u>	epreciation allowed	(a) Cos	t or other basis	Щ			(b) G	ain or (loss	<u> </u>
(e) Gross sales price	""	(or allowable)		xpense of sale					s (f) minus	
a 5,730,270.				5,300,09	4.					430,176.
b 87.										87.
c 10,494.					_					10,494.
<u>d</u>	ļ		_		_					
Complete only for assets shown	Da dain in c	olumn (h) and owned by t	he foundation	00 12/31/60		_		V Coupe /C	Col. (b) moun	minuo
- Complete only for assets shown		i) Adjusted basis		cess of col. (i)			col	. (k), but	Col. (h) gain not less tha	n -0-) or
(i) FMV as of 12/31/69		as of 12/31/69		col. (j), if any				Losses	(from col.	(h))
<u>a</u>										430,176.
b										87.
C		·								10,494.
<u>d</u>										
<u>e</u>										
2 Capital gain net income or (net ca	apıtal loss)	⟨ If gain, also enter ⟨ If (loss), enter -0-			}	2				440,757.
3 Net short-term capital gain or (lo	ss) as defin	ied in sections 1222(5) and	d (6):							
If gain, also enter in Part I, line 8,).			 				3T / 3	
If (loss), enter -0- in Part I, line 8 Part V Qualification U		ection 4940(e) for	Reduced	Tax on Net	Inv	3 estr	nent Inc	ome	N/A	<u> </u>
(For optional use by domestic privat							iiciii iin	,01110		
•		•	340(a) tax on	net investment in	COIII	··)				
If section 4940(d)(2) applies, leave t	hıs part bla	nk.								
Was the foundation liable for the sec if "Yes," the foundation doesn't quali				•	od?					Yes X No
1 Enter the appropriate amount in	•		·		ntries	 s.		_		
(a) Base period years		(b)			(c)				Dietri	(d) bution ratio
Calendar year (or tax year beginn	ıng ın)	Adjusted qualifying dist		Net value of no					(col. (b) dr	vided by col. (c))
2016			1,714.				6,125			.055233
2015			1,861.				9,957			.061943
2014			4,803.				8,163 5,923			.056430
2013			1,412. 9,428.				7,936			.061078
2012		1,11	9,420.		10	, 52	1,,,,,	' 	<u>.</u>	.001070
2 Total of line 1, column (d)								2		.293964
3 Average distribution ratio for the	5-year bas	e period - divide the total o	n line 2 by 5.0), or by the numb	er of	years		٠		··- <u> </u>
the foundation has been in existe			•	-				3		.058793
4 Enter the net value of noncharital	ble-use ass	ets for 2017 from Part X, I	ine 5					4	1	8,905,822.
										1 111 520
5 Multiply line 4 by line 3								5		1,111,530.
C Enton 10/ of not inventment incom	ma /40/ af [Doot Line 97h)						_		6,951.
6 Enter 1% of net investment incor	110 (1% OT)	rail I, IIIIE 210)						6		0,331.
7 Add lines 5 and 6								7		1,118,481.
mise v and v								<u> </u>		<u>, </u>
8 Enter qualifying distributions from				•				_8_	<u></u>	1,002,833.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, che	eck the box in Part VI, line	1b, and comp	lete that part usin	g a 1	% tax	rate.			~~

13-6167916	1	3	_	6	1	6	7	9	1	6	
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Part VI Excise Tax Based on Investment Income (Section 494)		1948 - see	instru	ctior	ıs)_
1a Exempt operating foundations described in section 4940(d)(2), check here and er	nter "N/A" on line 1.				
Date of ruling or determination letter: (attach copy of letter if nec	essary-see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► and enter 1%	1	1:	3,9	02.
of Part I, line 27b		·			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	6 of Part I, line 12, coL (b). 丿	1 1			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of	hers, enter -0-)	2			0.
3 Add lines 1 and 2		3	1	3,9	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	thers, enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1	3,9	02 <u>.</u>
6 Credits/Payments:		1 1			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 7,993.] [
b Exempt foreign organizations - tax withheld at source	6b 0.]			
c Tax paid with application for extension of time to file (Form 8868)	6c 10,000.]			
d Backup withholding erroneously withheld	6d 0.	1 1			
7 Total credits and payments. Add lines 6a through 6d		7	1	7,9	93.
8 Enter any penalty for underpayment of estimated tax. Check here 🗶 if Form 2220 is atta	ched	8		1	77.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. •	10		3,9	
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	3,914. Refunded ▶	11	_		0.
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it participate or intervene	e in		Yes	
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos		nition	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	of any materials published or				
distributed by the foundation in connection with the activities.			1 1		
c Did the foundation file Form 1120-POL for this year?			1c		<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
(1) On the foundation. ▶ \$ (2) On foundation managers		<u>-</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expendi	iture tax imposed on foundation				•
managers.▶\$0.					
2 Has the foundation engaged in any activities that have not previously been reported to the IF	RS?		2		<u> </u>
If "Yes," attach a detailed description of the activities.				^	*
3 Has the foundation made any changes, not previously reported to the IRS, in its governing i	instrument, articles of incorporation,	or			**
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_		3		<u>X</u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ır?	37/3	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		77
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,		5		X
If "Yes," attach the statement required by General Instruction T.					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ither:				
By language in the governing instrument, or					
By state legislation that effectively amends the governing instrument so that no mandator	y directions that conflict with the stat	e law		v	
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	olete Part II, col. (c), and Part XV		7		
	_				
8a Enter the states to which the foundation reports or with which it is registered. See instruction	ons. ►				
NY	#				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Morney General (or designate)			v	
of each state as required by General Instruction G? If "No," attach explanation		anda.	8b_	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of se		enuar			v
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," com			9		X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu	ule listing their names and addresses		10 orm 99 0)_PF	(2017)
		F	いいい マダし	,-1.1	(5011)

Part 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
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
If "Yes," attach statement. See instructions	12		X
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 ▶ WILMINGTON TRUST COMPANY Telephone no. ▶ 212-41	<u>5-0</u>	<u>526</u>	
Located at ► 520 MADISON AVENUE, 33RD FLOOR NEW YORK, NY, WILM ZIP+4 ► 10	<u>022</u>	_	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in fleu of Form 1041 - check here			
and enter the amount of tax-exempt interest received or accrued during the year		/A	
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?	16		<u> </u>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		1	
foreign country	<u> </u>		
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		V	NI-
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
(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			
for the benefit or use of a disqualified person)?			
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)			
b If 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	1b		X
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			
before the first day of the tax year beginning in 2017?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		,	
defined in section 4942(j)(3) or 4942(j)(5)):			
a 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			
before 2017? Yes X No			
If "Yes," list the years ▶			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
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		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
• •			
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 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			
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,			
Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3ь		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	 _		 -
had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
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C/O WILMINGTON TRUST COMPANY

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Part VII-B Statements Regarding	J Activities for Which f	Form 47 <u>2</u> 0 May Be F	Required (continu	ued)		_	
5a During the year, did the foundation pay or inc	ur any amount to:			1		Yes	No
(1) Carry on propaganda, or otherwise attem	ipt to influence legislation (section	1 4945(e))?	Ye	s X No			
(2) Influence the outcome of any specific pu	blic election (see section 4955); o	r to carry on, directly or indire])	
any voter registration drive?				s X No			
(3) Provide a grant to an individual for travel	, study, or other sımılar purposes'	?	Ye	s X No		l	
(4) Provide a grant to an organization other t	han a charitable, etc., organization	n described in section				[
4945(d)(4)(A)? See instructions			Ye	s X No		ĺ	
(5) Provide for any purpose other than religi	ous, charitable, scientific, literary,	or educational purposes, or f			1	1	
the prevention of cruelty to children or ar	ıımals?		Ye	s X No	ĺ		
b If any answer is "Yes" to 5a(1)-(5), did any of	· · ·		n Regulations	/- }		- 1	
section 53.4945 or in a current notice regardi	-			N/A	5b		
Organizations relying on a current notice rega	-				1	١	
c If the answer is "Yes" to question 5a(4), does	the foundation claim exemption fr		. —	[- [ſ	
expenditure responsibility for the grant?		IN	i/A Ye	s L No		i	
If "Yes," attach the statement required by Reg	• •				- 1	ł	
6a Did the foundation, during the year, receive a	ny funds, directly or indirectly, to j	pay premiums on		s X No		İ	
a personal benefit contract?			Y6	S LALINO	c.		x
b Did the foundation, during the year, pay prem	iums, directly or indirectly, on a p	ersonal Denetit Contract?		ŀ	6b		
If "Yes" to 6b, file Form 8870.	detion a partito a cachibited toy a	helter transportion?		s X No		1	
7a At any time during the tax year, was the found b if "Yes," did the foundation receive any proces	·			N/A	7b		
	ficers, Directors, Trust		nagers Highly			1	
Paid Employees, and	Contractors	ees, i odildation wa	magers, inging				
1 List all officers, directors, trustees, and	foundation managers and t	heir compensation.	·——				
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		e) Exp	ense
(a) Name and addre	SS	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	aci	count, allowar	
					_		
SEE STATEMENT 14		<u> </u>	0.	0	<u>. </u>		0.
					1		
					Ц		
			Į.	1			
<u> </u>					┿		
		ļ					
2. Componentian of Euro high eat poid own	leves (ether then these in	luded on line 1) Knone	enter "NONE "		ــــــــــــــــــــــــــــــــــــــ		
2 Compensation of five highest-paid emp	noyees tomer than those inc	(b) Title, and average	enter HONE.	(d) Contributions to	1	e) Exn	ense
(a) Name and address of each employee	paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plan and deferred	s aċ	e) Exp count, allowar	other
NONE	 	devoted to position	 	compensation	+	allo vvai	1003
KOND		1					
			 		┼─-		
		1					
			 		+		
		1					
			 		+		
		1	1		1		
			 		+		
		1	1		}		
Total number of other employees paid over \$50,0	00	·		•			0
				For	m 990	-PF	(2017)

C/O WILMINGTON TRUST COMPANY

3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
_		
	4	
		
	┥	Ì
		
	┥	
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 statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	cal information such as the iced, etc.	Expenses
N/A		
<u> </u>		
		•
· · · · · · · · · · · · · · · · · · ·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
N/A		
]		
All other program coloted annother at Congratuation		-
All other program-related investments. See instructions.		
3		
		
Total. Add lines 1 through 3	>	0
		Form 990-PF (2017

13-6167916

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	18,288,930.
	Average of monthly cash balances	1b	904,798.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	19,193,728.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •	- 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	19,193,728.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	287,906.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	18,905,822.
6	Minimum investment return. Enter 5% of line 5	6	945,291.
P	foreign organizations, check here and do not complete this part.) Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here	d certain	
ī	Minimum investment return from Part X, line 6	1	945,291.
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.)	[
C	Add lines 2a and 2b	2c	13,902. 931,389.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	931,389.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	931,389.
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	931,389.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	ł	4 000 000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,002,833.
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	<u> </u>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
þ	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	1,002,833.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,002,833.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies f	or the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				031 300
line 7				931,389.
2 Undistributed income, if any, as of the end of 2017			•	
a Enter amount for 2016 only			0.	
b Total for prior years:		^		
Cycon distributions someway done to 2017.		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 226, 225. b From 2013 195, 738.				
4				
	970 909		1	
f Total of lines 3a through e	879,898.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 1,002,833.			0.	ł
a Applied to 2016, but not more than line 2a			<u> </u>	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.		·	031 300
d Applied to 2017 distributable amount	71 444			931,389.
e Remaining amount distributed out of corpus	71,444.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	951,342.			
b Prior years' undistributed income. Subtract				
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 the section 4942(a) tax has been previously assessed		0.		,
d Subtract line 6c from line 6b. Taxable				<u></u>
amount - see instructions		0.	,	
e Undistributed income for 2016. Subtract line				<u> </u>
4a from line 2a. Taxable amount - see instr.			0.	,
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
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				
not applied on line 5 or line 7	226,225.			Ì
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	725,117.			
10 Analysis of line 9:				
a Excess from 2013 195,738.				
b Excess from 2014 167,371.				Ì
c Excess from 2015 187,663.				
d Excess from 2016 102,901.				
e Excess from 2017 71,444.				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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C/O WILMINGTON TRUST COMPANY

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Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or **Amount** status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year AMERICAN SOCIETY OF THE ITALIAN NONE PC SEE ATTACHED PURPOSE LEGIONS OF MERIT ONE GRAND PLACE 500. NEW YORK, NY 10165 ARCHBISHOP STEPINAC HIGH SCHOOL NONE ÞС SEE ATTACHED PURPOSE 950 MAMARONECK AVENUE WHITE PLAINS, NY 10605 20,000. РC SEE ATTACHED PURPOSE ARCHDIOCESE OF NEW YORK NONE 1011 FIRST AVENUE SUITE 1410 NEW YORK, NY 10022 50,000. BARRETSTOWN C/O SERIOUSFUN CHILDRENS NONE SEE ATTACHED PURPOSE NETWORK 790 FARMINGTON AVE SUITE 4B FARMINGTON, CT 06032 4,000. BEREA COLLEGE NONE ₽C SEE ATTACHED PURPOSE PO BOX 2216 9,000. BEREA, KY 40404 SEE CONTINUATION SHEET(S) 950,000. ▶ 3a Total b Approved for future payment NONE Ο, Total Form **990-PF** (2017)

Enter gross amounts unless otherwise indicated.	Unrelated L	usiness income		y section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			TT		
investments			14	4,540.	
4 Dividends and interest from securities			14	379,180.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal	1 1		1 1		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other				440	
than inventory			18	440,757.	
9 Net income or (loss) from special events	<u> </u>				
10 Gross profit or (loss) from sales of inventory	\ <u>-</u>				
11 Other revenue:	1		امدا		
a 2016 EXCISE TAX REFUND			14	52.	
b	·				
·					
a	·				
e	·		0.1-1-	924 520	
12 Subtotal Add columns (b), (d), and (e)	 		<u>' • _ _ </u>	824,529.	824,529
13 Total. Add line 12, columns (b), (d), and (e)				13	024,32
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nplishment of	Exempt Po	urposes	
Line No. Explain below how each activity for which inc		1 (-) -f D - 110	0 A		laborate f

Tille No.	the foundation's exempt purposes (other than by providing funds for such purposes).	sinnent of
N/A		
	 	
		
		
		
	· 	
+		
		
		
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C/O WILMINGTON TRUST COMPANY

Part X\			sfers to a	nd Transactions a	ind Relationsh	nips With Non	charitable	,	<u> </u>
4 5 10	Exempt Organ							W	TAIL.
	e organization directly or indi					on 501(c)	}	Yes	NO
	than section 501(c)(3) organ	· ·					}	}	ĺ
	fers from the reporting found:	ation to a noncharit	adie exempt ori	ganization of,			10/1\	}	x
(1) (1a(1)	 -	$\frac{x}{x}$
, ,	ther assets						1a(2)		<u> </u>
	transactions:	ble evernt ergenize	****				15/1)	}	x
	ales of assets to a noncharita						1b(1) 1b(2)	-	X
, ,	urchases of assets from a no	•	organization				1b(2)	-	X
• •	ental of facilities, equipment,						1b(3)	 	X
• •	eimbursement arrangements						1b(5)	├	X
	oans or loan guarantees	mharabin ar fundra	unuma columbatio	no.			1b(6)		X
-	erformance of services or me						10(0)	├	X
	ng of facilities, equipment, ma				huave chow the fair r	narket value of the a	<u> </u>		
	answer to any of the above is vices given by the reporting fo	·	_					5615,	
	in (d) the value of the goods,			GU 1655 IIIAII IAII IIIAINGI VAI	uc iii aliy transaction	or sharing arranger	niciir, Snow iii		
(a) Line no	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactio	ns, and sharing a	Tangeme	ents
	(-)	10,	N/A		- (-,				
									
		 							
		 			- 				
	 								
									——
		 							
									
		 			- 				
	 	 			- 				
	- · · · ·								
		 			+				
	 	 							
2a Is the	foundation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	izations described				
	tion 501(c) (other than section						Yes	X	□No
	s," complete the following sch						_		_
	(a) Name of org			(b) Type of organization	1	(c) Description of re	lationship		
	N/A								
					1				
					1				
	nder perialties of perjury, I declare	that I have examined the	nis return, includir	ng accompanying schedules and	d statements, and to the	best of my knowledge	May the IHS	discuss	this
Sign	nd belief, it is true, correct, and cor	malete Declaration of p	reparer (other tha	n taxpayer) is based on all infor	• " ((((((((((((((((((return with the	ne prepar v? See in	rer estr
Here	> VIII 1. 1/	Telipm		15/29/18	0.7	zumo o P	X Yes] No
	Signature of officer or trustee	-		Date	Title 1801	ARD			
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	<u>_</u> _	PTIN		
					1	self- employed			
Paid	FRANK SCHE			SCHER	05/15/18		P00440		
Prepar	1 11 11 11 11 11 11 11 11 11 11 11	MINGTON	TRUST C	OMPANY	_	Firm's EIN ► 5	1-00550	23	
Use Or	- I					<u> </u>			
	Firm's address ▶ 11	00 NORTH	MARKET	STREET		1			

WILMINGTON, DE 19890-0001

(302) 651-8565

Form **990-PF** (2017)

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
. Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
		į		
BLACKFRIARS REPERTORY THEATRE	NONE	PC	SEE ATTACHED PURPOSE	
141 EAST 65TH STREET				3,000.
NEW YORK, NY 10065				
BOSTON NORTH CANCER ASSOCIATION	NONE	₽C	SEE ATTACHED PURPOSE	
PO BOX 3153		[
PEABODY, MA 01960		<u> </u>		7,000.
BOSTON PHILHARMONIC	NONE	₽C	SEE ATTACHED PURPOSE	
295 HUNTINGTON AVENUE SUITE 210				
BOSTON, MA 02115	 	 		2,500.
BRIDGEWELL	NONE	PC	SEE ATTACHED PURPOSE	
10 DEARBORN ROAD PEABODY, MA 01960				1,000.
ZEADODI, RA VIJOU		 -		1,000.
BROOKLYN COLLEGE	NONE	₽C	SEE ATTACHED PURPOSE	
2900 BEDFORD AVENUE	NONE	FC	SEE ATTACHED FORFOSE	
BROOKLYN, NY 11210				10,000.
BURKE REHABILITATION CENTER	NONE	PC	SEE ATTACHED PURPOSE	
785 MAMARONECK AVENUE				
WHITE PLAINS, NY 10605				30,000.
CABRINI COLLEGE	NONE	PC	SEE ATTACHED PURPOSE	
610 KING OF PRUSSIA ROAD RADNOR, PA 19087	1			30,000.
	<u> </u>			
CALVARY HOSPITAL BEREAVEMENT SERVICE	NONE	PC	SEE ATTACHED PURPOSE	
1740 EASTCHESTER ROAD				
BRONX, NY 10461	-	ļ <u>.</u>		3,000.
CALVARY HOSPITAL	NONE	₽C	SEE ATTACHED PURPOSE	
1740 EASTCHESTER ROAD				9 000
BRONX, NY 10461	 		 	8,000.
CARDINAL MCCLOSKOV CERUTORS	MONE	PC	CES FAMFCARD DIDDUCE	
CARDINAL MCCLOSKEY SERVICES 115 E STEVENS AVENUE	NONE		SEE ATTACHED PURPOSE	
VALHALLA, NY 10595				20,000.
Total from continuation sheets				866,500.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor SEE ATTACHED PURPOSE CATHOLIC CHARITIES OF THE NONE ÞС ARCHDIOCESE OF NEW YORK 1011 FIRST AVE NEW YORK, NY 10022 35,000. CATHOLIC GUARDIAN SERVICES NONE PC SEE ATTACHED PURPOSE 1011 FIRST AVENUE, 10TH FLOOR NEW YORK, NY 10022 10,000. CENTER FOR HEARING AND COMMUNICATION NONE ₽C SEE ATTACHED PURPOSE 50 BROADWAY, 6TH FLOOR NEW YORK, NY 10004 20,000. CHAMPLAIN COLLEGE NONE PC SEE ATTACHED PURPOSE 246 SOUTH WILLARD STREET BURLINGTON, VT 05401 2,000. CHRIST CHURCH NONE ÞС SEE ATTACHED PURPOSE 17 SAGAMORE ROAD BRONXVILLE, NY 10708 5,000. COLUMBIA UNIVERSITY COLLEGE SCHOOL OF РC SEE ATTACHED PURPOSE NURSING 100 HAVEN AVENUE, STE 29D NEW YORK, NY 10032 10,000. COPE CENTER INC NONE РC SEE ATTACHED PURPOSE 104 BLOOMFIELD AVE MONTCLAIR, NJ 07042 9,000. DARTMOUTH COLLEGE ALUMNI FUND NONE РC SEE ATTACHED PURPOSE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755 27,000. SEE ATTACHED PURPOSE DOCTORS WITHOUT BORDERS NONE ÞС 333 7TH AVEUNE, 2ND FLOOR NEW YORK, NY 10001 9,500. ELIZABETH SETON PEDIATRIC CENTER NONE ÞС SEE ATTACHED PURPOSE 300 CORPORATE BLVD SOUTH YONKERS, NY 10701 5,700. Total from continuation sheets

3 Grants and Contributions Paid During the	Year (Continuation)			
. Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
FORDHAM PREP	NONE	P C	SEE ATTCHED PURPOSE	
441 E FORDHAM ROAD		}		
NEW YORK, NY 10458	 	 		5,000
FRANCISCAN FRIARS OF THE ATONEMENT PO BOX 300 ROUTE 9	NONE	PC	SEE ATTACHED PURPOSE	
GARRISON, NY 10524				30,000
PRANKLIN ACADEMY	NONE	PC	SEE ATTACHED PURPOSE	
106 RIVER ROAD		1		
EAST HADDAM, CT 06423		ļ		4,000
FRIENDS OF PROJECT COPE	NONE	PC	SEE ATTACHED PURPOSE	
117 NORTH COMMON STREET LYNN, MA 01902		}		1,000
artiti, ar 01302		 	+	
	l volume		THE AMERICANT DUDDOGE	
GEORGIAN COURT UNIVERSITY 900 LAKEWOOD AVENUE	NONE	PC }	SEE ATTACHED PURPOSE	
LAKEWOOD, NJ 08701		1		20,000
GLEN RIDGE ART PATRONS ASSOCIATION	NONE	PC	SEE ATTACHED PURPOSE	
PO BOX 8197				
GLEN RIDGE, NJ 07028	 	 		2,000
HUMANE ADVENTURE CORPORATION	NONE	₽C	SEE ATTACHED PURPOSE	
125 MAIDEN LANE, SUITE 15E NEW YORK, NY 10038				1,000
INNER-CITY SCHOLARSHIP FUND	NONE	₽C	SEE ATTACHED PURPOSE	
1011 FIRST AVE SUITE 1400				
NEW YORK, NY 10022		ļ		18,700
JOHN A COLEMAN SCHOOL	NONE	PC	SEE ATTACHED PURPOSE	
300 CORPORATE BLVD SOUTH				5,000
YONKERS, NY 10701	+	+	+	3,000
AY COMMEDOUA BEOMINES MANOETTI BANG	TOTE	P.C	CDE AMMACUED DIBBOCE	
KASSENBROCK BROTHERS MEMORIAL FUND PO BOX 090001, FT HAMILTON STATION	NONE	₽C	SEE ATTACHED PURPOSE	
BROOKLYN, NY 11209				8,000
Total from continuation sheets				

Part XV Supplementary Information 3 Grants and Contributions Paid During the N				
. Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
LADIES OF CHARITY 1011 FIRST AVE, ROOM 1316B NEW YORK, NY 10022	NONE	PC	SEE ATTACHED PURPOSE	1,000.
LITTLE SISTERS OF THE POOR 299 SCHURZ AVENUE BRONX, NY 10465	NONE	PC	SEE ATTACHED PURPOSE	10,000.
LYNN COMMUNITY HEALTH CENTER 69 UNION ST. LYNN, MA 01901	NONE	PC	SEE ATTACHED PURPOSE	10,000.
MALTA HUMAN SERVICES FOUNDATION 1011 FIRST AVE - ROOM 1350 F NEW YORK, NY 10022	NONE	PC	SEE ATTACHED PURPOSE	2,000.
MANITOU FARM-LEONARD R HAUFF FOUNDATION FOR THERAPEUTIC RIDING, 50 SOUTH MOUNTAIN PASS GARRISON, NY 10524	NONE	PC	SEE ATTACHED PURPOSE	4,000.
MARIA FARERI CHILDRENS HOSPITAL 100 WOODS RD VALHALLA, NY 10595	NONE	PC	SEE ATTACHED PURPOSE	10,000.
MARIST BROTHERS/ MID-HUDSON VALLEY CAMP 1455 BROADWAY ROUTE 9W	NONE	₽C	SEE ATTACHED PURPOSE	
ESOPUS, NY 12429				2,000
MY BROTHER'S TABLE 98 WILLOW ST	NONE	PC	SEE ATTACHED PURPOSE	1 500
LYNN, MA 01901	 	+		1,500
NEIGHBORHOOD MUSIC SCHOOL 100 AUDUBON STREET NEW HAVEN, CT 06510	NONE	PC	SEE ATTACHED PURPOSE	4,500
NEW YORK PATRONS OF THE ARTS 1011 FIRST AVE NEW YORK, NY 10022	NONE	₽C	SEE ATTACHED PURPOSE	1,200
Total from continuation sheets				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
. Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	<u> </u>	
NORTH SHORE MEDICAL CENTER UNION HOSPITAL	NONE	PC	SEE ATTACHED PURPOSE	
400 HIGHLAND AVE, SUITE 6				ı
SALEM, MA 01970				8,000.
			İ	
NORTHERN WESTCHESTER HOSPITAL	NONE	PC	SEE ATTACHED PURPOSE	
400 EAST MAIN STREET MOUNT KISCO, NY 10549				25 000
ROOM RISCO, NI 10347	 	 	 	25,000.
				1
NY/NJ BAYKEEPER	NONE	PC	SEE ATTACHED PURPOSE]
52 WEST FRONT STREET				
KEYPORT, NJ 07735	 	 	 	4,000.
ORDER OF MALTA - AMERICAN ASSOCIATION	NONE	PC	SEE ATTACHED PURPOSE	
1011 FIRST AVENUE - ROOM 1350				
NEW YORK, NY 10022				1,500.
OUR LADY OF ANGELS CHURCH	NONE	D G	COO AMBACKED DIMPOGO	
7320 FOURTH AVE	NONE	PC (SEE ATTACHED PURPOSE	
BROOKLYN, NY 11209				500.
PERMANENT OBSERVER OF THE HOLYSEE TO	NONE	PC	SEE ATTACHED PURPOSE	
THE UNITED NATIONS 25 EAST 39TH STREET				li .
NEW YORK, NY 10016				5,000.
	 		 	
PLANNED PARENTHOOD FEDERATION OF	NONE	PC	SEE ATTACHED PURPOSE	l.
AMERICA, INC				
434 WEST 33RD STREET NEW YORK, NY 10001				10,000.
MAN TOTAL, NI 10001	 	 		10,000.
	1			
RAW ART WORKS	NONE	₽C	SEE ATTACHED PURPOSE	
37 CENTRAL SQUARE	1			
LYNN, MA 01901	 	ļ		2,000.
SARAH LAWRENCE COLLEGE	NONE	PC	SEE ATTACHED PURPOSE	li.
ONE MEAD WAY]		
BRONXVILLE, NY 10708	 	<u> </u>		12,000.
		1		
SENIOR CITIZENS COORDINATING COUNCIL	NONE	PC PC	SEE ATTACHED PURPOSE	
РО ВОХ 397				i
BRONXVILLE, NY 10708	<u> </u>	<u></u>	<u> </u>	2,500.
Total from continuation sheets				

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or show any relationship to Amount contribution any foundation manager Name and address (home or business) or substantial contributor SEE ATTACHED PURPOSE NONE SHOFCO PC 790 FARMINGTON AVE SUITE 4B FARMINGTON, CT 06032 4,000. SHORE SHELTERING THE HOMELESS NONE РC SEE ATTACHED PURPOSE PO BOX 814 WHITE PLAINS, NY 10602 5,000. SISTERS OF CHARITY SEE ATTACHED PURPOSE NONE ₽C 6301 RIVERDALE AVENUE RIVERDALE, NY 10471 2,000. SISTERS OF LIFE - ANNUNCIATION NONE PC SEE ATTACHED PURPOSE 38 MONTEVELLO RD SUFFERN, NY 10705 8,000. SISTERS OF THE GOOD SHEPHERD AT NEW NONE РC SEE ATTACHED PURPOSE HORIZONS 406 HEMENWAY ST MARLBOROUGH, MA 01752 1,500. SMITH COLLEGE NONE ÞС SEE ATTACHED PURPOSE 33 ELM STREET NORTHAMPTON, MA 01063 6,000. SOUTHAMPTON ANIMAL SHELTER FND NONE ÞС SEE ATTACHED PURPOSE PO BOX 821 SOUTH HAMPTON, NY 11969 5,000. NONE SOUTHERN POVERTY LAW CENTER ÞС SEE ATTACHED PURPOSE 400 WASHINGTON AVENUE MONTGOMERY, AL 36104 5,000. ST. BONAVENTURE UNIVERSITY NONE PC SEE ATTACHED PURPOSE HOPKINS HALL ST BONAVENTURE, NY 14778 20,000. ST. CHRISTOPHER'S INN NONE PC SEE ATTACHED PURPOSE PO BOX 150 GARRISON, NY 10524 15,000. Total from continuation sheets

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Containation	
ST. JOSEPH'S SEMINARY	NONE	P C	SEE ATTACHED PURPOSE	
201 SEMINARY AVENUE			1	
YONKERS, NY 10704		}	 	5,000
ST. LUKE'S ROOSEVELT HOSPITAL 66 EAST 79TH STREET	NONE	PC	SEE ATTACHED PURPOSE	
NEW YORK, NY 10021				70,000
Total, MI 10011	+	 	 	
THE BRONXVILLE REFORMED CHURCH	NONE	PC	SEE ATTACHED PURPOSE	
180 PONDFIELD ROAD		ſ		
BRONXVILLE, NY 10178		<u> </u>		3,000
THE CARDINAL'S ANNUAL STEWARDSHIP	NONE	PC	SEE ATTACHED PURPOSE	
APPEAL				
PO BOX 6249		1		
NEW YORK, NY 10178	 	 	 	5,000
THE COLLEGE OF MOUNT SAINT VINCENT	NONE	PC	SEE ATTACHED PURPOSE	
6301 RIVERDALE AVENUE RIVERDALE, NY 10470				5,000
RIVERDADI, NI 10470	 	 	+	3,000
THE EQUESTRIAN ORDER OF THE HOLY	NONE	₽C	SEE ATTACHED PURPOSE	
SEPULCHER OF JERUSALEM		1		
1011 FIRST AVE				
NEW YORK, NY 10022	 	 	+	400
, , , , , , , , , , , , , , , , , , ,				
THE GUILD FOR EXCEPTIONAL CHILDREN 260 68TH STREET	NONE	PC	SEE ATTACHED PURPOSE	
BROOKLYN, NY 11220				140,000
THE UNIVERSITY OF NOTRE DAME	NONE	PC	SEE ATTACHED PURPOSE	
1251 N EDDY STREET SUITE 300		1		
SOUTH BEND, IN 46617	 	 		10,000
THE WOMAN'S CLUB OF WHITE PLAINS	NONE	PC	SEE ATTACHED PURPOSE	
300 RIDGEWAY				
WHITE PLAINS, NY 10605	+	 	+	10,000
TRANSPORTED OF VICEOUS	10077			
UNIVERSITY OF MISSOURI 401 DW REYNOLDS ALUMNI CENTER	NONE	PC	SEE ATTACHED PURPOSE	
COLUMBIA, MO 65211				5,000
Total from continuation sheets				

. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
VISITATION ACADEMY (SISTERS OF	NONE	PC	SEE ATTACHED PURPOSE	
VISITATION)				
8902 RIDGE BOULEVARD	1		1	
BROOKLYN, NY 11209	 	 	++	4,00
WHITE PLAINS MEDICAL CENTER	NONE	PC	SEE ATTACHED PURPOSE	
41 EAST POST ROAD	NONE		BEE RITACIED FOR OBE	
WHITE PLAINS, NY 10601				30,00
MITE TERRITO, NI 10001		 	+	30,00
WINGING CAT RESCUE INC	NONE	PC	SEE ATTACHED PURPOSE	
511 HORSESHOE CIRCLE		_		
STOCKBRIDGE, GA 30281				8,00
WNET NEW YORK PUBLIC MEDIA	NONE	₽C	SEE ATTACHED PURPOSE	
825 EIGHTH AVENUE, 14TH FLOOR			1	
NEW YORK, NY 10019				30,00
				<u>-</u>
XAVERIAN HIGH SCHOOL	NONE	PC	SEE ATTACHED PURPOSE	
7100 SHORE ROAD				
BROOKLYN, NY 11209				10,50
		 		
			+	
	 	 	<u> </u>	
			1	
	1	1	l l	

FORM 990-PF INTERES	T ON SAVING	S AND TEMPOR	ARY CASH IN	VESTMENTS	STATEMENT	
SOURCE		(A) REVENUE PER BOOK		(B) VESTMENT COME	(C) ADJUSTED NET INCOM	
MONEY MARKET INTERES	ţŢ	4,5	40.	4,540.		
TOTAL TO PART I, LIN		4,5		4,540.		
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES	STATEMENT	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCOM		
BOND PREMIUM AMORTIZATION CAPITAL GAINS DISTRIBUTIONS/	<9,302.>	0.	<9,302.	> <9,302	.>	
CLASS ACTIONS	10,494.	10,494.	0.			
CORPORATE INTEREST	54,375.	0.	54,375.			
DOMESTIC DIVIDENDS	190,092.	0.	190,092.			
FOREIGN DIVIDENDS FOREIGN INTEREST GOVERNMENT	68,319. 11,503.	0. 0.	68,319. 11,503.			
INTEREST NONTAXABLE	53,480.	0.	53,480.	53,480	•	
DIVIDENDS ORIGINAL ISSUE	9,397.	0.	9,397.	0	•	
DISCOUNT INCOME OTHER MISCELLANEOUS	156.	0.	156.	156	•	
INCOME	1,160.	0.	1,160.	0	•	
TO PART I, LINE 4	389,674.	10,494.	379,180.	368,623	•	

FORM 990-PF	OTHER :	INCOME		STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM	
2016 EXCISE TAX REFUND	_	52.	0.		
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	52.	0.		
FORM 990-PF	LEGA	L FEES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAI PURPOSI	
LEGAL FEES	8,626	4,313	•	4,31	13.
TO FM 990-PF, PG 1, LN 16A	8,626	4,313		4,31	13.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAI PURPOSI	
TAX PREP FEES	3,250	1,625		1,62	25.
TO FORM 990-PF, PG 1, LN 16B	3,250	1,625	·	1,62	25.
FORM 990-PF O	THER PROFES	SSIONAL FEES.		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
WILMINGTON TRUST FEES	126,361	84,241	•	42,12	20.
					

FORM 990-PF	TAX	ES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAX WITHHELD FEDERAL EXCISE TAX	6,294.	6,294.		0.	
PAYMENTS	10,763.	0.		0.	
TO FORM 990-PF, PG 1, LN 18 =	17,057.	6,294.		0.	
FORM 990-PF	OTHER E	XPENSES	<u> </u>	TATEMENT 8	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
NEW YORK ATTORNEY GENERAL FILING FEE A.D.R. FEES INVESTMENT MANAGEMENT FEES	775. 56. 22,297.			775. 0. 0.	
PORTFOLIO DEDUCTIONS LAZARD K-1	6.	6.		0.	
TO FORM 990-PF, PG 1, LN 23	23,134.	22,359.		775.	
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR FUND BA	ALANCES S	TATEMENT 9	
DESCRIPTION				AMOUNT	
DISALLOWED WASH SALE LOSSES ROUNDING	-		<u></u>	11,913.	
TOTAL TO FORM 990-PF, PART II	I, LINE 3			11,915.	

FORM 990-PF OTHER DECREASES IN NET ASSETS OF	R FUND BALANCES	STATEMENT 10
DESCRIPTION		AMOUNT
TAX COST ADJUSTMENTS VARIANCE - DIVS TAXABLE '17 REC'D JANUARY '18 &	C DIVE MAYADIE	8,032.
'16 REC'D '17	K DIVS TAXABLE	212.
TOTAL TO FORM 990-PF, PART III, LINE 5		8,244.
FORM 990-PF U.S. AND STATE/CITY GOVERNME	ENT OBLIGATIONS	STATEMENT 11
DESCRIPTION GOV'T GOV'		FAIR MARKET VALUE
U. S. GOVERNMENT OBLIGATIONS X	2,834,206.	2,817,691.
TOTAL U.S. GOVERNMENT OBLIGATIONS	2,834,206.	2,817,691.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATION	NS	
TOTAL TO FORM 990-PF, PART II, LINE 10A	2,834,206.	2,817,691.
FORM 990-PF CORPORATE STOCE	ζ	STATEMENT 12
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCKS INFLATION HEDGES	9,503,022. 516,063.	12,332,051. 535,978.
TOTAL TO FORM 990-PF, PART II, LINE 10B	10,019,085.	12,868,029.
FORM 990-PF CORPORATE BONDS	5	STATEMENT 13
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
	2 422 764	3,437,728.
CORPORATE BONDS	3,432,764.	3,431,1200

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

15

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

FRAZER RICE

TELEPHONE NUMBER

212-415-0557

FORM AND CONTENT OF APPLICATIONS

NO PARTICULAR FORM IS NEEDED TO APPLY FOR A GRANT; HOWEVER, THE PURPOSE AND DETAILED INFORMATION SHOULD BE SUBMITTED.

ANY SUBMISSION DEADLINES

NONE.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE LIMITED TO CHARITABLE ORGANIZATIONS SO RECOGNIZED BY THE INTERNAL REVENUE SERVICE.