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As Filed Data -

DLN: 93491316003098

2017

OMB No 1545-0052

Return of Private Foundation

Open to Public

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

For	caler	ndar year 2017, or tax year beginning 01-01-20)17 , aı	nd e	nding 12-31-	-2017	
		Indation			A Employer Id	entification numbe	r
IH	IE RISO	R FOUNDATION			13-7113387		
		d street (or P O box number if mail is not delivered to street address) PEACOCK BLVD APT 203	Room/suite		B Telephone nu	ımber (see ınstructıoı	ns)
					(561) 723-0414	1	
		ı, state or province, country, and ZIP or foreign postal code LUCIE, FL 34986			C If exemption	application is pendin	g, check here
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere . \square
		☐ Final return ☐ Amended return				rganizations meeting	
		\square Address change \square Name change				k here and attach co	
_	,	pe of organization Section 501(c)(3) exempt private to				undation status was t on 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable trust U Other taxable			_		
of	year <i>(f</i>	xet value of all assets at end from Part II, col (c), \$ 912,389 J Accounting method ☐ Other (specify) (Part I, column (d) must	☐ Cash ☑ Accru	al		ation is in a 60-montl in 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	<i>(</i> 1.)	Niek	(-) ()	(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	327,867				
	2	Check ▶ ☐ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	20		20		
	4	Dividends and interest from securities	3,035		3,035		
	5a	Gross rents					
Ð	b	Net rental income or (loss)	2.125				
Ę	6a	Net gain or (loss) from sale of assets not on line 10	2,135				
Revenue	b 7	Gross sales price for all assets on line 6a 2,540,562 Capital gain net income (from Part IV, line 2)			2,135		
~	8	Net short-term capital gain			2,133		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	333,057		5,190		
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
ē	16a	Legal fees (attach schedule)					
EX		Accounting fees (attach schedule)					
ve	_ c						
ratı	17 18	Interest					
and Administrative Expenses	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion		_			
<u>=</u>	20	Occupancy		<u> </u>			
Ad	21	Travel, conferences, and meetings					
D L	22	Printing and publications					
jğ,	23	Other expenses (attach schedule)	23,914		23,914		
Operating	24	Total operating and administrative expenses.					
ber		Add lines 13 through 23	23,914	L	23,914		0
0	25	Contributions, gifts, grants paid	21,250				21,250
	26	Total expenses and disbursements. Add lines 24 and 25	45,164		23,914		21,250
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	287,893				
	ь	Net investment income (If negative, enter -0-)			0		
	С	Adjusted net income(If negative, enter -0-)					
For	Paper	work Reduction Act Notice, see instructions.			Cat No 11289	X For	m 990-PF (2017)

		Less allowance for doubtful accounts >			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	20,000	327,86	7 568,558
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			

6,310

377,495

377,495

383,805

6,310

665,388

665,388

671,698

2

3

4

5

6

377,495

287,893

665,388

665,388 Form **990-PF** (2017)

912,389

Less accumulated depreciation (attach schedule) ▶ 12 13 Investments—other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶ 15 Other assets (describe > _ Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 383,805 671,698 17 6,310 6.310

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Other liabilities (describe -

Unrestricted . . .

Temporarily restricted

Permanently restricted . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

18

19

20

21

22

23

24

25

26

28

29

30

31 Part III

Liabilities

Balances

Fund

5

Assets 27

Net

2

(a)

	the kind(s) of property sold (e g , re rehouse, or common stock, 200 shs		P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1 a GOLDMAN SACHS - SHO	ORT TERM		Р	2016-12-19	2017-01-03
b NORTHEAST INVESTORS	S GROWTH FUND		Р	2010-01-01	2017-12-31
С					
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain o	r (loss)) minus (g)
a 2,5:	34,487		2,530,141		4,346
b			8,286		-8,286
С					
d					
e					
	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	,	IV.
(i) F M V as of 12/31/69	(j) Adjusted basis	Excess	(k) of col (ı)	Gains (Col (col (k), but not	l) h) gain minus less than -0-) or om col (h))
	as of 12/31/69	over coi	l (j), if any	Losses (III	
a					4,346
b					-8,286
<u> </u>					
d					
<u>e</u>		If gain, also enter in P			
Capital gain net incomNet short-term capital	e or (net capital loss)	If (loss), enter -0- in I 1222(5) and (6)	Part I, line 7	2	2,135
If gain, also enter in Pa in Part I, line 8	art I, line 8, column (c) (see instructi	ons) If (loss), enter -0	· }	3	4,346
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment Inc	ome	
(For optional use by domestic	private foundations subject to the sec	ction 4940(a) tax on ne	et investment incom	e)	
if section 4940(d)(2) applies, l	eave this part blank				
	he section 4942 tax on the distributa ot qualify under section 4940(e) Do	, ,		Y .	es 🗹 No
1 Enter the appropriate a	mount in each column for each year,	see instructions before	e making any entries	;	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	ole-use assets	(d) Distribution rati (col (b) divided by c	
2016	26,450		423,144	, -, -, -, -, -, -, -, -, -, -, -, -, -,	0 062508
2015	24,250		484,007		0 050103
2014	18,675		458,351		0 040744
2013	35,800		452,941		0 079039
2012	15,000		605,557		0 024771
2 Total of line 1, column (2		0 257165
	o for the 5-year base period—divide				
number of years the fou	ndation has been in existence if less	than 5 years	3 3		0 051433
4 Enter the net value of no	oncharitable-use assets for 2017 fron	n Part X, line 5	4		629,929
5 Multiply line 4 by line 3			5		32,399
6 Enter 1% of net investm	nent income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		32,399
	tions from Part XII, line 4		8		21,250
If line 8 is equal to or gr	reater than line 7, check the box in Pa			g a 1% tax rate Se	
instructions					

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

7b

101111 330 11 (2	om 550 11 (2017)							
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors							

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
FINN M W CASPERSEN JR	TRUSTEE	0	(0
PO BOX 56	000 00			
BEDMINSTER, NJ 07921				
ALEXIS O GOLTRA	TRUSTEE 1000 00	0		0
PO BOX 56 BEDMINSTER, NJ 07921				
2 Compensation of five highest-pai	l id emplovees (other than t	l hose included on line 1	∟ L−see instructions). If no	ne, enter "NONE."
	1		Contributions to	,
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				
	<u> </u>			
Total number of other employees paid over				
3 Five highest-paid independent co	•	·	· · · · · · · · · · · · · · · · · · ·	
(a) Name and address of each persor	n paid more than \$50,000	(b) Typ	e of service	(c) Compensation
NONE				
Fotal number of others receiving over \$50	0.000 for professional services			
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable		ude relevant statistical inform	nation such as the number of	
organizations and other beneficiaries served, con				Expenses
1				
2				
3				
4				
•				
-				
		/		
	m-Related Investments	· · · · · · · · · · · · · · · · · · ·		
Describe the two largest program-related inve	estments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1 N/A				
2				
All other program-related investments	See instructions			
3				
Fotal. Add lines 1 through 3 .				

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

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

4

5

4

5

21.250

21,250

Form 990-PF (2017)

b Total for prior years

a From 2012. **b** From 2013. . . . c From 2014. . . d From 2015. e From 2016. 31,496

5,266

26,230

Page 9

-011	11 990-PF (2	J17)	
P	art XIII	tions)	
			(a) Corpus
1	Distributab	le amount for 2017 from Part XI, line 7	
2	Undistribut	ed income, if any, as of the end of 2017	

a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ a Applied to 2016, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

Subtract lines 7 and 8 from line 6a

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018

indicated below:

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

same amount must be shown in column (a))

(b)

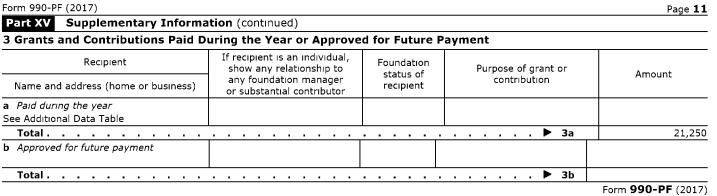
Years prior to 2016

(c)

2016

15,984

15,984



Enter gross	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progran	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
						+
f						
_	and contracts from government agencies					
3 Intere	ership dues and assessments est on savings and temporary cash tments					20
	nds and interest from securities					3,035
5 Net re	ntal income or (loss) from real estate					
	-financed property					
	debt-financed property ental income or (loss) from personal property					
	investment income					
8 Gain	or (loss) from sales of assets other than tory					2,135
	come or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a					
d						
	tal Add columns (b), (d), and (e).					5,190
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			13	3	5,190
Part XV	I=B Relationship of Activities to the	ne Accomplish	nment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions)					0
3	PROVIDE FUNDS TO BE USED TOWARD GRA	NTS AND CONTE	RIBUTIONS			
4	PROVIDE FUNDS TO BE USED TOWARD GRA					
8	PROVIDE FUNDS TO BE USED TOWARD GRA	NTS AND CONTE	RIBUTIONS			
	•				F	orm 990-PF (2017

orm 9	90-PF (2	2017)									Р	age 13
Pari	XVII	Information Re Exempt Organi		ransf	ers To a	ind Transaction	ons and	Relatio	nships With Nor	ncharitabl	•	
		anization directly or in Code (other than sectio								on 501	Yes	No
a Tra	ınsfers fı	rom the reporting foun	dation to a r	onchar	ntable exe	empt organizatioi	n of					
(1) Cash.									. 1a(1)	No
(2) Other	assets								. 1a(2)	No
b Oth	ner trans	actions										
(1) Sales	of assets to a nonchari	ıtable exemp	t organ	nization.					. 1b(1)	No
(2) Purcha	ases of assets from a n	noncharitable	exemp	ot organız	ation				1b(2)	No
(3)) Rental	of facilities, equipmer	nt, or other a	ssets.						1b(3)	No
(4) Reimb	ursement arrangemen	ts							. 1b(4)	No
		or loan guarantees.								. 1b(_	No
(6) Perforn	nance of services or m	embership o	r fundr	aısıng sol	icitations				. 1b(5)	No
	-	facilities, equipment, n er to any of the above								. 10	:	No
	any tran:	s, other assets, or sersection or sharing arra (b) Amount involved	ngement, sh	ow in c	column (d		e goods, o	ther asse		ved	rrangeme	ents
des	scribed ii	dation directly or indirent on section 501(c) of the mplete the following so	Code (other							🗆 Ye	s 🔽] No
		(a) Name of organization	on		(b) Type of organizat	ion		(c) Description	of relationship		
				+				-				
	_											
Sign	of my which	r penalties of perjury, / knowledge and belief n preparer has any kno	, it is true, c								formatio	on of
Here	*	***** Ignature of officer or to	rustee			2018-11-15 Date	<u> </u>	****** Title		return with the pre below	parer sho	own
		-							, ·	(see instr)	☐ Yes	□No
		Print/Type preparer's		Prepa	ırer's Sıgn	ature	Date		Check if self- employed ▶ ✓	PTIN POO	37514	
Paid		ROBERT B FYLSTR	Α				2018	-11-09				

Paid
Preparer

ROBERT B FYLSTRA

Firm's name ► FYLSTRA & FYLSTRA LLC

Firm's employed ► ✓

Firm's eln ► 46-4289618

HAWTHORNE, NJ 075062422

Form 990-PF (2017)

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
POMFRET398 POMFRET ST PO BOX 128 POMFRET, CT 062580128		EDUCATION	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

POMFRET, CT 062580128			
STREET SQUASH41 W 115TH ST NEW YORK, NY 10026		COMMUNITY	2,500
HARVARD86 BRATTLE ST		EDUCATION	2,500

2,500

NEW YORK, NY 10026			
HARVARD86 BRATTLE ST CAMBRIDGE, MA 02138		EDUCATION	

За

HARVARD86 BRATTLE ST CAMBRIDGE, MA 02138		EDUCATION	
Total	 		21,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager

Name and address (home or business)

3a

, ,	or substantial contributor		
a Paid during the year			
THE PECK SCHOOL247 SOUTH STREET MORRISTOWN, NJ 07960		EDUCATION	2,500

recipient

ST LUKES EPISCOPAL CHURCH PO BOX 605 GLADSTONE, NJ 07934		EDUCATION	10,000
CODNEDCTONE FAMILY DROCDAMC		EDUCATION	1 000

GLADSTONE, NJ 07934			
CORNERSTONE FAMILY PROGRAMS 62 ELM ST MORRISTOWN, NJ 07960		EDUCATION	1,000

CORNERSTONE FAMILY PROGRAMS 62 ELM ST MORRISTOWN, NJ 07960		EDUCATION	1,000
Total	 		21,250

Recipient If recipient is an individual, show any relationship to Status of Contribution Paid During the Year or Approved for Future Payment

Purpose of grant or contribution Amount

recipient

250

a Paid during the year			
BOY SCOUTS OF AMERICA		COMMUNITY	

any foundation manager

or substantial contributor

Name and address (home or business)

3а

BOY SCOUTS OF AMERICA
PO BOX 152079
IRVING, TX 75015

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TY 2017 Investments Corporate Stock Schedule								
Name: 7	HE RISOR FOUNI	IDATION						

568,558

327,867

EIN: 13-/11338/		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
NORTHEAST INVESTORS GROWTH FUND		
GS STOCK		

PEAPACK GLADSTONE BANK STOCK

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491316003098			
TY 2017 Other Expenses Schedule							
Name:	THE RISOR FOU	INDATION					
EIN:	13-7113387						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXPENSES							
INTEREST/DIVIDENDS CHARGED -	23,202	23,202					
STOCK LENDING FEES	510	510					
MISCELLANEOUS	202	202					

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -				DLN: 93491316003098
Schedule B		Schedul	e of Contributors			OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	10-PF) Internet of the Treasury ► Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at					2017
Name of the organization THE RISOR FOUNDATION	n				Employer id	lentification number
					13-7113387	
Organization type (check	(one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)()	(enter number) org	ganization			
	☐ 4947(a)(1) nonexempt charit	able trust not treated as a privat	te foundat	ion	
	☐ 527 politic	al organization				
Form 990-PF	✓ 501(c)(3)	exempt private foui	ndation			
4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3)	taxable private four	ndation			
			F that received, during the year, mplete Parts I and II. See instru			
Special Rules						
under sections 509 received from any	9(a)(1) and 170(b)(one contributor, du	1)(A)(vi), that checl	Form 990 or 990-EZ that met th ked Schedule A (Form 990 or 99 contributions of the greater of (1 ete Parts I and II	90-EZ), Pa	art II, line 13,	16a, or 16b, and that
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						
during the year, co If this box is check purpose Don't cor	ontributions <i>exclusi</i> ted, enter here the mplete any of the p	<i>vely</i> for religious, ch total contributions t arts unless the Ger	or (10) filing Form 990 or 990-Ez naritable, etc , purposes, but no hat were received during the ye neral Rule applies to this organi r more during the year	such cont ar for an e zation bed	ributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
990-EZ, or 990-PF), but it	must answer "No"	on Part IV, line 2,	e and/or the Special Rules doesn of its Form 990, or check the bo it doesn't meet the filing requirer	x on line h	d of its	
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-		uctions	Cat No 30613X	Schedu	le B (Form 990	, 990-EZ, or 990-PF) (2017)

Name of organi	zation	Employer identification	number
THE RISOR FOUN	NDATION	13-7113387	
Part I	Contributors (See instructions) Use duplicate copies of Part I if ad	iditional space is needed	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	FINN M W CASPERSEN PO BOX 56 BEDMINSTER, NJ07921	\$ 327,867	Person Payroll Noncash (Complete Part II for noncash
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-		\$	Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)