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OMB No 1545-0052

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.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. 2017

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 01-01-2	017 , a	nd er	nding 12-31-	2017		
		indation I A RODGER JR FOUNDATION INC			A Employer Id	entification numbe	r	
1111	LJOIN	A RODGER JA FOUNDATION INC	45-1014393					
		d street (or P O box number if mail is not delivered to street address MPSTEAD TPK NO 309	B Telephone number (see instructions)					
<u> </u>		1770			(516) 223-6200			
		n, state or province, country, and ZIP or foreign postal code OW, NY 11554			C If exemption	application is pendin	g, check here	
G Ch	eck al	I that apply \Box Initial return \Box Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere 📗	
		☐ Final return ☐ Amended return	1			ganizations meeting k here and attach coi		
		\square Address change \square Name change			<i>'</i>		· · · —	
H Ch	eck ty	$ \nabla$ pe of organization $ \nabla$ Section 501(c)(3) exempt private	foundation			ındatıon status was t n 507(b)(1)(A), chec		
	ection	n 4947(a)(1) nonexempt charitable trust 🔲 Other taxab						
		xet value of all assets at end from Part II, col (c),	☑ Cash ☐ Accru	al		ition is in a 60-month n 507(b)(1)(B), chec		
line	16)	\$ 2,751,894	t be on cash basis)		ander section	. 507(5)(1)(5), 61166	i. nere	
D-a	rt I		T				(4) Diskumananta	
FŒ	LL	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)		(c) Adjusted net	(d) Disbursements for charitable	
		equal the amounts in column (a) (see instructions))	books		income	income	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	410,000					
	2	Check ► ☐ If the foundation is not required to attach						
	2	Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	8,600		8,600			
	5a	Gross rents						
ا ۵	b	Net rental income or (loss)	_					
1	6a	Net gain or (loss) from sale of assets not on line 10	26,398					
Revenue	b	Gross sales price for all assets on line 6a 387,23	2					
~	7	Capital gain net income (from Part IV, line 2)			26,398			
	8 9	Net short-term capital gain						
	9 10a	ĺ						
	b	Gross sales less returns and allowances Less Cost of goods sold						
	c	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	21,475		21,475			
	12	Total. Add lines 1 through 11	466,473		56,473			
	13	Compensation of officers, directors, trustees, etc	7,800		0		0	
	14	Other employee salaries and wages	1,555					
ر ا	15	Pension plans, employee benefits						
Se	16a	Legal fees (attach schedule)						
<u>a</u>	ь	Accounting fees (attach schedule)	3,950		3,950		0	
and Administrative Expenses	С	Other professional fees (attach schedule)						
ξĘ	17	Interest						
ا <u>چ</u> ا	18	Taxes (attach schedule) (see instructions)	% 633		133		0	
<u>≅</u>	19	Depreciation (attach schedule) and depletion						
Ē	20	Occupancy						
<u>₹</u>	21	Travel, conferences, and meetings						
a l	22	Printing and publications						
ള:	23	Other expenses (attach schedule)	3,360		3,360		0	
Operating	24	Total operating and administrative expenses.						
<u>a</u>		Add lines 13 through 23	15,743	L	7,443		0	
$\circ \mid$	25	Contributions, gifts, grants paid	124,000				124,000	
	26	Total expenses and disbursements. Add lines 24 and 25	139,743		7,443		124,000	
	27	Subtract line 26 from line 12			·			
	а	Excess of revenue over expenses and	326,730					
	b	disbursements Net investment income (If negative, enter -0-)		\vdash	49,030			
	c	Adjusted net income(If negative, enter -0-)			,			
or F		work Reduction Act Notice, see instructions.			Cat No 11289>	. For	<u>l</u> m 990-PF (2017)	

		, , ,	(=) 50011 74140	(D) Book Talas	(b) ran mande rande
	1	Cash—non-interest-bearing	13,481	11,981	11,981
	2	Savings and temporary cash investments	17,048	331,823	331,823
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
2	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	1,738,350	1,751,725	2,408,090
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	1,768,879	2,095,529	2,751,894
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u> </u>	21	Mortgages and other notes payable (attach schedule)			
	ı				i .

14	Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
15	Other assets (describe)			
16	Total assets (to be completed by all filers—see the			
	ınstructions Also, see page 1, item I)	1,768,879	2,095,529	
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
l				ı

18	Grants payable		
19	Deferred revenue		
20	Loans from officers, directors, trustees, and other disqualified persons		
21	Mortgages and other notes payable (attach schedule)		
22	Other liabilities (describe)		
23	Total liabilities(add lines 17 through 22)	0	0
	Foundations that follow SFAS 117, check here		
3	and complete lines 24 through 26 and lines 30 and 31.		
24	Unrestricted		
25	Temporarily restricted		
26	Permanently restricted		
	Foundations that do not follow SFAS 117, check here 🕨 🗹		
5	and complete lines 27 through 31.		
27	Capital stock, trust principal, or current funds	o	0
28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0
29	Retained earnings, accumulated income, endowment, or other funds	1,768,879	2,095,529
30	Total net assets or fund balances (see instructions)	1,768,879	2,095,529

```
Net Assets or Fund Balances
            Total liabilities and net assets/fund balances (see instructions) .
                                                                                                   1,768,879
                                                                                                                         2,095,529
    31
Part III
            Analysis of Changes in Net Assets or Fund Balances
      Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-
      of-year figure reported on prior year's return)
                                                                                                                    1
                                                                                                                                        1,768,879
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326,730

2,095,609

2,095,529 Form **990-PF** (2017)

80

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Other increases not included in line 2 (itemize)

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

Decreases not included in line 2 (itemize) ▶

2 3

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Page **3**

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1aSee Additional Data Table	e				
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basıs ense of sale	Gain o	h) r (loss)) mınus (g)
a See Additional Data Table	e e				
b					
С					
d					
е					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69		I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col(ı) (ຼາ), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))
a See Additional Data Table	e				
b					
c					
d					
е					
	or (net capital loss) gain or (loss) as defined in sections in the section in the		, ,	3	26,398
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net	Investment In	icome	
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment incor	me)	
f section 4940(d)(2) applies, le	eave this part blank	` '		· —	
if "Yes," the foundation does no	e section 4942 tax on the distributa of qualify under section 4940(e) Do	not complete this part	· 		es 🗹 No
	nount in each column for each year,	see instructions before	making any entri		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rati (col (b) divided by c	ol (c))
2016	81,000		1,709,716		0 047376
2015	57,800		740,183		0 078089
2014	40,500		584,532		0 069286
2013 2012	20,926 21,426		384,606 292,818		0 054409 0 073172
2 Total of line 1, column (c	•		2		0 322332
	d)		, or by the		0 322332
number of years the four	dation has been in existence if less	than 5 years 🔒 🐍	<u>3</u>	1	0 064466
	ncharitable-use assets for 2017 fron	•	4	1	2,324,840
5 Multiply line 4 by line 3	(10/ 50 11 1 27)		5	1	149,873
	ent income (1% of Part I, line 27b)		6	+	490
	one from Doub VII line 4		7		150,363
. , ,	ons from Part XII, line 4 , . . eater than line 7, check the box in Pa			<u> </u> ng a 1% tax rate Se	124,000 e the Part VI
instructions	The state of the second st		-p		

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

7b

Form 990-PF (2	017)
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

(a) name and address (b) devoted to position (a) name and address (b) devoted to position (b) devoted to position	and Contractors	•	•	• .	, , ,
(a) Name and address (b) devoced to position (controllations to implicate the complete state) (b) devoced to position (controllations to implicate the complete state) (controllations) (c	ll officers, directors, trustees, found	ation managers ar	d their compensation	(see instructions).	
DATE OF THE FILE DATE OF THE PROPERTY D) Name and address	hours per week	not paid, enter	Contributions to employee benefit plans and deferred	
DENS BOODER DATE Comparison Date Da	2 00		0		0
3788 CLIABLES ROAD 1566 COLLEGE (COLLEGE COMERCE) 1566 COLLEGE COMERCE COLLEGE COMERCE COLLEGE COMERCE COLLEGE					
### MESTIN KNODES **SERVINES** **SERVINES*	3 00		0	(0
36 SETAMENT TABLE MINISTER ADDERS DIRECTOR DIRECTOR 10-07-7902 AVENUE URIT 30 AVENUE URIT 310-04 Value and address of each employee paid more than \$50,000 NONE Total number of other employees paid over \$50,000. Total number of other employees paid over \$50,000. Total number of other employees paid over \$50,000. Total number of other services (a) compensation NONE Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "None". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation (c) Compensation Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "None". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation (c) Compensation Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "None". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation (c) Compensation (c) Compensation (d) compensation Expensional services (see instructions). If none, enter "None". (e) Other a decrease of the services of the services (see instructions). If none, enter "None". (e) Other a decrease of the services of the services (see instructions). If none, enter "None". (c) Compensation (d) compensation (e) Other a decrease instructions of the services (see instructions). If none, enter "None". (e) Other a decrease instruction of the services (see instructions). If none, enter "None". (e) Other a decrease instruction of the services (see instructions). If none, enter "None". (e) Other a decrease instruction of the services (see instructions). If none, enter "None". (e) Other a decrease instruction of the services (see instructions). If none, enter "None". (e) Other a decrease instruction of the services (see instructions). If none, enter "None". (e) Other a decrease instructions. If none, enter "None". (e) Other a decreas	USE ROAD				
RIDGE (PV 1196). RIDGE (PV 1196). RISTS N BOOGGER 2) 300 2) Compensation of the highest-paid employees (other than those included on line 1—see instructions). If none, enter "I (e) Compensation of the highest-paid employees (other than those included on line 1—see instructions). If none, enter "I (e) Compensation of the highest-paid employees (c) Compensation of the highest-paid employees (b) devoted to postion RONE Total number of other employees paid over \$50,000. Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000. (b) Type of service. (c) Compensation (b) Type of service. (c) Compensation (d) Services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000. (b) Type of service. (c) Compensation (d) Services (see instructions). If none, enter "NONE". (e) Other of the lightest paid independent contractors for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000. (b) Type of service. (c) Compensation (d) Services (see instructions). If none, enter "NONE". (e) Other of the lightest paid independent on transport professional services (see instructions). If none, enter "NONE". (e) Other of the lightest paid independent on transport professional services (see instructions). If none, enter "NONE". (e) Other of the lightest paid independent on transport professional services (see instructions). If none, enter "NONE". (e) Compensation of the lightest paid independent on transport professional services (see instructions). If none, enter "NONE". (e) Other of the lightest paid independent on transport professional services (see instructions). If none, ent			0	(0
All columns Diese	TRAIL				
22 Suppose A Suppose S			7 900	,	0
All other program-related investments: See instructions Manual Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "None and address of each employee paid more than \$50,000 Tatle, and average hours per week (b) devoted to position	2 00		7,800]
(a) Name and address of each employee paid more than \$50,000 (b) Type of service (c) Compensation NOME Total number of other employees paid over \$50,000,	11364				
NONE Itility and average (a) more than \$50,000 Itility and average (b) devoted to position Plans and defended (c) compensation Plans and	ensation of five highest-paid employ	ees (other than th	nose included on line 1		ne, enter "NONE."
Total number of other employees paid over \$50,000. 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000. (b) Type of service (c) Comp NONE. Total number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities List the foundations four largest charitable Activities or the professional services and other beneficianes served, conferences convened, research papers produced, atc. 1 2 2 2 3 3 4 4 4 Al other program-related investments made by the foundation during the tax year on lines 1 and 2. Amo. All other program-related investments see instructions.	d address of each employee paid	hours per week	(c) Compensation	employee benefit plans and deferred	Expense account, (e) other allowances
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Total number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities Ust the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 2 3 3 4 4 4 Part IX-B Summary of Program-Related Investments (see Instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amo 1 All other program-related investments. See instructions	ne and address of each person paid mo	e than \$50,000	(b) Typ	e of service	(c) Compensation
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Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments See instructions				l	
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Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amo All other program-related investments See instructions					
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions					
1 2 All other program-related investments See instructions			·		
All other program-related investments See instructions	ne two largest program-related investments m	ade by the foundation d	uring the tax year on lines 1	and 2	Amount
2					
2					
2					
2					
2	program-related investments. See instr	uctions			
Total. Add lines 1 through 3	nes 1 through 3			. •	000 85 (2017)

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

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3a 3h

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124,000

124,000

Form 990-PF (2017)

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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.

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

Amounts set aside for specific charitable projects that satisfy the

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

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3

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Page 9

115,261

115,261

Form **990-PF** (2017)

0

b Total for prior years

a From 2012.

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

d From 2015.

e From 2016.

Form 990

0-PF	(20	17)
V			-

-PF (20	017)	
(1111)	Undistributed Income	(see instructions)

Distributable amount for 2017 from Part XI, line 7

7.161 3,068

13 219

21.320

3.068 13,219

21.320

8.739

2 Undistributed 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.

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

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

b Excess from 2014. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not

indicated below:

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 (a)

Corpus

44.768

8.739

53,507

7.161

46,346

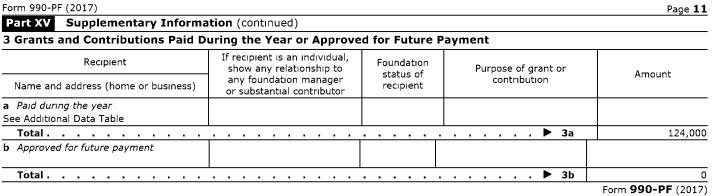
0

(b)

Years prior to 2016

(c)

2016



	I-A Analysis of Income-Producing	ACCIVICIES				
nter gross	amounts unless otherwise indicated		usiness income	Excluded by section		(e) Related or exemp function income
. Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions
	-					
f						
Membe	and contracts from government agencies rship dues and assessments					
	st on savings and temporary cash ments					
Dividen	ds and interest from securities			14	8,600	
	tal income or (loss) from real estate					
	financed property ebt-financed property					
	ntal income or (loss) from personal property					
Other II	nvestment income			14	21,475	
	or (loss) from sales of assets other than			18	26,398	
	ory			16	20,398	
Gross p	profit or (loss) from sales of inventory					
	evenue a					
	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				56,473	
3 Iotal.	Add line 12 collimns (b) (d) and (e)			1	3	56,473
					<u> </u>	30,173
(See wo	orksheet in line 13 instructions to verify calcul	ations)			<u> </u>	30,173
(See wo	Prksheet in line 13 instructions to verify calculus Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplish income is report	nment of Exem ed in column (e) of	pt Purposes f Part XVI-A contribu	uted importantly to	
(See wo	orksheet in line 13 instructions to verify calculated Relationship of Activities to th Explain below how each activity for which	ations) e Accomplish income is report empt purposes i	nment of Exem ed in column (e) of other than by prov	pt Purposes f Part XVI-A contribu Inding funds for such	uted importantly to	
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(See wo	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions)	ations) e Accomplish income is report empt purposes i	nment of Exem ed in column (e) of other than by prov	pt Purposes f Part XVI-A contribu Inding funds for such	uted importantly to	
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(See wo	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions)	ations) e Accomplish income is report empt purposes i	nment of Exem ed in column (e) of other than by prov	pt Purposes f Part XVI-A contribu Inding funds for such	uted importantly to	
(See wo	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions)	ations) e Accomplish income is report empt purposes i	nment of Exem ed in column (e) of other than by prov	pt Purposes f Part XVI-A contribu Inding funds for such	uted importantly to	
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(See wo	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions)	ations) e Accomplish income is report empt purposes i	nment of Exem ed in column (e) of other than by prov	pt Purposes f Part XVI-A contribu Inding funds for such	uted importantly to	
(See wo	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions)	ations) e Accomplish income is report empt purposes i	nment of Exem ed in column (e) of other than by prov	pt Purposes f Part XVI-A contribu Inding funds for such	uted importantly to	
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(See wo	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions)	ations) e Accomplish income is report empt purposes i	nment of Exem ed in column (e) of other than by prov	pt Purposes f Part XVI-A contribu Inding funds for such	uted importantly to	
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(See wo	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions)	ations) e Accomplish income is report empt purposes i	nment of Exem ed in column (e) of other than by prov	pt Purposes f Part XVI-A contribu Inding funds for such	uted importantly to	
(See wo Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions)	ations) e Accomplish income is report empt purposes i	nment of Exem ed in column (e) of other than by prov	pt Purposes f Part XVI-A contribu Inding funds for such	uted importantly to	

orm 990	O-PF (2	2017)										Pa	ge 13
Part 2	KVII	Information Re Exempt Organi		ransfe	rs To a	ind Transa	ctior	ns and I	Relatio	nships With Nond	haritable		
		anization directly or in Code (other than sectio									501	Yes	No
a Trans	sfers fi	rom the reporting foun	dation to a r	oncharit	table exe	empt organiza	ation (of					
(1)	Cash.										1a(1)		No
(2)	Other	assets									. 1a(2)		No
b Othe	r trans	actions											
(1)	Sales	of assets to a nonchar	itable exemp	t organi	zation.						. 1b(1)		No
		ases of assets from a r			-						. 1b(2)		No
		of facilities, equipmer	•								. 1b(3)		No
		ursement arrangemen									1b(4)		No
٠.		or loan guarantees.									. 1b(5)		No
		nance of services or m	•		_						1b(6)		No
	-	facılıtıes, equıpment, n er to any of the above									1c		No
of th	e good y tran:	(b) Amount involved	vices given b ngement, sh	y the re low in co	porting following followin	foundation If	the f f the	oundation goods, ot	n receive her asse	d less than fair marke	et value ed	ngemen	nte
(a) Line i	10	(b) Amount myorved	(c) Name of	Horieriani	table exer	npe organizació		(a) Desc	inpuon or	cransiers, cransaccions, a	ina sharing arra	ngemen	
	_												
	-												
	_												
	+												
desc	rıbed ıı	dation directly or indirent section 501(c) of the mplete the following section 501(c) and the following section is the following section in the fo	Code (other chedule		ection 50	1(c)(3)) or in	secti	on 527?	_		. 🗆 Yes	✓	No
		(a) Name of organization	on		(D) Type of orgar	iizatioi	n		(c) Description o	r relationship		
	of my	r penalties of perjury, / knowledge and belief n preparer has any kno	, it is true, c										
Sign Here	*	****				2018-06-14		*	****		May the IRS di return with the prepa		
	Signature of officer or trustee			1	Date			below				✓ Yes	
		Print/Type preparer's	name	Prepar	er's Sign	ature		Date		Check if self-	TIN P00029	142	
Paid	KENNETH RICK							2018-06-14 employed ▶ ☐					

Sign Here	•
Paid Prepa Use (

rer Firm's name ▶ JANOVER LLC Firm's EIN ▶11-3258497 nly Firm's address ► 100 QUENTIN ROOSEVELT BLVD Phone no (516) 542-6300 GARDEN CITY, NY 11530

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date sold How acquired Date acquired P-Purchase (mo, day, yr) (mo, day, yr) D-Donation UBS 7575-PUBLICY TRADED SECURITIES Ρ UBS 7594-PUBLICY TRADED SECURITIES Р UBS 7594-WASH SALE PUBLICLY TRADED SECURITIES Р **UBS 7594-PUBLICY TRADED SECURITIES** Р Ρ UBS 7594-WASH SALE PUBLICLY TRADED SECURITIES CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 332,616 318,000 14,616 12,308 12,938 -630 94 94 31,871 29,896 1,975 136 136 10,207 10,207 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (1), if any 14,616 -630 94 1,975 136 10,207

orm 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total Ontributions received by the foundation before the close of any tax year (but only if they have contributed more Ian \$5,000).
JOHN A RODGER JR

DENIS RODGER

COLLEEN FOWLER KRISTIN RODGER

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
92ND STREET Y 1395 LEXINGTON AVENUE NEW YORK, NY 10128		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
ADIRONDACK MOUNTAIN CLUB 814 GOGGINS ROAD LAKE GEORGE, NY 12845		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
AFRICAN WILDLIFE FUND 1100 NEW JERSEY AVE SE SUITE 900 WASHINGTON, DC 20003		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
AIR WARRIOR COURAGE FOUNDATION PO BOX 877 SILVER SPRING, MD 20918		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
ALMOST HOME ANIMAL RESCUE 1521 OCEAN AVE SUITES B6 7 BOHEMIA, NY 11716		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,500

124,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
AMERICAN HEART ASSOCIATION 125 E BETHPAGE ROAD 100 PLAINVIEW, NY 11803		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
	i		i	

PLAINVIEW, NY 11803			
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
AMERICAN LEPROSY MISSIONS ONE ALM WAY GREENVILLE, SC 29601	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

	DENVER, CO 80221			
	AMERICAN LEPROSY MISSIONS ONE ALM WAY GREENVILLE, SC 29601	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,
1	AMERICAN LUNG ASSOCIATION	CHARITY	AID DONEE ORGANIZATION TO	1.

ONE ALM WAY GREENVILLE, SC 29601		CARRY OUT FUNCTIONS	
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

GREENVILLE, SC 29601			
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO IL 60601	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,

AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601 CHARITY AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,

5 W WACKER DRIVE SUITE 1150 HICAGO, IL 60601		CARRY OUT FUNCTIONS	
Total	 		124,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
AMERICAN MACULAR DEGENERATION FOUNDATION PO BOX 515 NORTHAMPTON, MA 01061		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST 79 ST NEW YORK, NY 10024		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
AMERICAN RED CROSS520 W 49TH ST NEW YORK, NY 10019		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
AMERICAN THEATRE OF ACTORS INC 314 WEST 54TH STREET NEW YORK, NY 10019		CHARITY	AID THEATRE ORGANIZATION WITH ITS CHARITABLE PURPOSE	1,000	

AMERICAN RED CROSS520 W 49TH ST NEW YORK, NY 10019		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	
AMERICAN THEATRE OF ACTORS INC 314 WEST 54TH STREET NEW YORK, NY 10019		AID THEATRE ORGANIZATION WITH ITS CHARITABLE PURPOSE	
AMERICARES88 HAMILTON AVENUE	CHARITY	AID DONEE ORGANIZATION TO	

1,000

CARRY OUT FUNCTIONS

STAMFORD, CT 06902

124,000 За

orm 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ANCHOR PROGRAM630 LIDO BLVD LIDO BEACH, NY 11561		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
ANGEL FLIGHT NORTHEAST 492 SUTTON STREET ANDOVER, MA 01845		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,500
ANIMALS ANGELSPO BOX 1056 WESTMINSTER, MD 21158		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
APPALACHIAN MOUNTAIN CLUB		CHARITY	AID DONEE ORGANIZATION TO	1,000

ANIMALS ANGELSPO BOX 1056 WESTMINSTER, MD 21158	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00
APPALACHIAN MOUNTAIN CLUB 5 W 63RD ST 220 NEW YORK, NY 10023	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON STREET PO BOX 807	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00

APPALACHIAN MOUNTAIN CLUB 5 W 63RD ST 220 NEW YORK, NY 10023	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON STREET PO BOX 807	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

NEW YORK, NY 10023		CARRY OUT TONCTIONS	
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON STREET PO BOX 807 HARPERS FERRY, WV 254250807	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00

HARPERS FERRY, WV 254250807		
Total	 	 124,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ARTS COUNCIL OF EAST ISLIP PUBLIC CHARITY AID DONEE ORGANIZATION TO 1,000 LIBRARY CARRY OUT FUNCTIONS

EAST ISLIP, NY 11730			
BIDEAWEE410 EAST 38TH STREET NEW YORK, NY 10016	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
BREAD FOR THE WORLD 425 3RD STREET SW SUITE 1200 WASHINGTON, DC 20024	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
CARE151 ELLIS STREET NE ATLANTA, GA 30303	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
CITY HARVEST6 E 32ND STREET NEW YORK, NY 10016	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

124,000

Total.

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CITY MEALS ON WHEELS 355 LEXINGTON AVE NEW YORK, NY 10017		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
CIVIL WAR TRUST 1156 15TH STREET NW SUITE 900 WASHINGTON, DC 20005		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
CMMB100 WALL STREET FLOOR 9 NEW YORK, NY 10005		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
COALITION FOR THE HOMELESS 129 FULTON STREET NEW YORK, NY 10038		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
COLONIAL WILLIAMSBURG FOUNDATION		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500

WASHINGTON, DC 20005			
CMMB100 WALL STREET FLOOR 9 NEW YORK, NY 10005	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00
COALITION FOR THE HOMELESS 129 FULTON STREET NEW YORK, NY 10038	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00
COLONIAL WILLIAMSBURG	CHARITY	AID DONEE ORGANIZATION TO	50

124,000

101 S HENRY ST

Total . . За

WILLIAMSBURG, VA 23185

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future P	ayment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE 3833 CLEGHORN AVE NASHVILLE, TN 37215		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
COMPASSION & CHOICES 244 5TH AVENUE NEW YORK, NY 10001		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 809213668		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
CONQUER CANCER FOUNDATION 2318 MILL ROAD 800 ALEXANDRIA, VA 22314		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

NEW TORK, NT 10001			
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 809213668	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00
CONQUER CANCER FOUNDATION 2318 MILL ROAD 800 ALEXANDRIA, VA 22314	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00

CHARITY AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS

DAILY NEWS CHARITIES 4 NEW YORK PLAZA 6TH FLOOR

500 NEW YORK, NY 10004

124,000

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
DOCTORS WITHOUT BORDERS 333 7TH AVENUE NEW YORK, NY 10001		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
EAST MEADOW FIRE DEPARTMENT 197 EAST MEADOW AVENUE EAST MEADOW, NY 11554		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	250
EASTER SEALS 233 SOUTH WACKER DRIVE SUITE 2400 CHICAGO, IL 60606		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
EASTPORT BIBLE CHURCH 386 MOUNTAUK HIGHWAY EASTPORT, NY 11941		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500

CHARITY

AID DONEE ORGANIZATION TO

CARRY OUT FUNCTIONS

1,000

124,000

			_
EASTER SEALS 233 SOUTH WACKER DRIVE SUITE 2400 CHICAGO, IL 60606	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,0
EAST MEADOW FIRE DEPARTMENT 197 EAST MEADOW AVENUE EAST MEADOW, NY 11554	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	2

EDUCATION THROUGH MUSIC

NEW YORK, NY 10168

Total . . 3a

122 EAST 42ND STREET SUITE 1501

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
any foundation manager or substantial contributor	recipient			
	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	2,900	
	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
	If recipient is an individual, show any relationship to any foundation manager	If recipient is an individual, show any relationship to any foundation manager or substantial contributor CHARITY CHARITY CHARITY	If recipient is an individual, show any relationship to any foundation manager or substantial contributor CHARITY AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS CHARITY AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	

CHARITY AID DONEE ORGANIZATION TO

1,000 CARRY OUT FUNCTIONS

FEEDING AMERICA 35 EAST WACKER DRIVE SUITE 2000 CHICAGO, IL 60601

124,000 Total . .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FISHER CENTER OF ALZHEIMER'S RESEARCH FOUNDATION 110 EAST 42ND STREET 16TH FLOOR NEW YORK, NY 10017		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
FOOD ALLERGY RESEARCH & EDUCATION 7925 JONES BRANCH DR SUITE 1100 MCLEAN, VA 22102		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	2,000
FOOD FOR THE POOR6401 LYONS ROAD COCONUT CREEK, FL 33073		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	2,500
FORWARD EDGE INTERNATIONAL 15121-A NE 72ND AVENUE VANCOUVER, WA 98686		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
FRATERNAL ORDER OF POLICE OF LONG		CHARITY	AID DONEE ORGANIZATION TO	500

COCONUT CREEK, FL 33073		CARRY OUT FUNCTIONS	
FORWARD EDGE INTERNATIONAL 15121-A NE 72ND AVENUE VANCOUVER, WA 98686	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00
FRATERNAL ORDER OF POLICE OF LONG ISLAND 911 POLICE PLZ	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	50

HICKSVILLE, NY 11801

124,000 Total . . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FRONT RANGE EQUINE RESCUE CHARITY AID DONEE ORGANIZATION TO 500 PO BOX 458 CARRY OUT FUNCTIONS OCALA, FL 33478 GABRIELLE'S ANGEL FOUNDATION CHARITY AID DONEE ORGANIZATION TO 500

420 LEXINGTON AVENUE 226 NEW YORK, NY 10170	G. W. 11.27	CARRY OUT FUNCTIONS	
GAVINS GOT HEARTPO BOX 295 ISLIP, NY 11751	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,450
GHETTO FILM SCHOOL 79 ALEXANDER AVENUE 4TH FLOOR BRONX, NY 10454	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
GOOD SAMARITAN HOSPITAL FOUNDATION 661 DEER PARK AVENUE BAY SHORE, NY 11706	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
		-	

Total 124,000

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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 contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GREAT SOUTH BAY AUDOBON SOCIETY CHARITY AID DONEE ORGANIZATION TO 1.000 59 BROOK STREET CARRY OUT FUNCTIONS SAYVILLE, NY 11782 GUIDE DOG FOUNDATION CHARITY AID DONEE ORGANIZATION TO 1.000

371 EAST JERICHO TURNPIKE SMITHTOWN, NY 11787		CARRY OUT FUNCTIONS	_,,,,,
HEART TO HEART395 PEARL STREET BROOKLYN, NY 11201	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
HEIFER INTERNATIONAL	CHARITY	AID DONEE ORGANIZATION TO	1,500

1 WORLD AVENUE LITTLE ROCK, AR 72202	CHARITY	CARRY OUT FUNCTIONS	1,500
HIMALAYAN CATARACT PROJECT PO BOX 55 WATERBURY, VT 05676	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	2,000

124,000

1 WORLD AVENUE LITTLE ROCK, AR 72202		CARRY OUT FUNCTIONS	,
HIMALAYAN CATARACT PROJECT PO BOX 55		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	2,

Total.

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HOFSTRA UNIVERSITY 1000 FULTON AVENUE HEMPSTEAD, NY 11549		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,500
HOPE FOR HAITI'S CHILDREN PO BOX 62328 CINCINNATI, OH 45262		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
HOPE FOR HAITI 1021 5TH AVENUE NORTH NAPLES, FL 34102		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
HOPES AND HEROES CHILDREN'S CANCER FUND 161 FORT WASHINGTON AVENUE NEW YORK, NY 10032		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
HOSPICE CARE NETWORK 99 SUNNYSIDE BOULEVARD WOODBURY, NY 11797		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

124,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HOSPITAL FOR SPECIAL SURGERY 535 E 70TH STREET NEW YORK, NY 10021		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
HUMANE SOCIETY OF NEW YORK 306 E 59TH STREET NEW YORK, NY 10022		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
ICAHN SCHOOL OF MEDICINE 1468 MADISON AVENUE NEW YORK, NY 10029		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
INTERFAITH NUTRITION NETWORK 211 FULTON AVENUE HEMPSTEAD, NY 11550		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	900
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 101681289		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

124,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ISLAND HARVEST199 SECOND STREET CHARITY AID DONEE ORGANIZATION TO 3,000 CARRY OUT FUNCTIONS MINEOLA, NY 11501

KEEPERS OF THE WILD 13441 E HIGHWAY 66 VALENTINE, AZ 86437	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
LIVESTRONG FOUNDATION 2201 E 6TH ST AUSTIN, TX 78702	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

LIVESTRONG FOUNDATION 2201 E 6TH ST AUSTIN, TX 78702	CHARITY	CARRY OUT FUNCTIONS	1,000
LONG ISLAND ALZHEIMERS FOUNDATION 5 CHANNEL DRIVE PORT WASHINGTON, NY 11050	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
LONG ISLAND CARES10 DAVIDS DRIVE	CHARITY	AID DONEE ORGANIZATION TO	1,000

FOUNDATION 5 CHANNEL DRIVE PORT WASHINGTON, NY 11050		CARRY OUT FUNCTIONS	-/
LONG ISLAND CARES10 DAVIDS DRIVE HAUPPAUGE, NY 11788		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,0

5 CHANNEL DRIVE PORT WASHINGTON, NY 11050			
LONG ISLAND CARES10 DAVIDS DRIVE HAUPPAUGE, NY 11788	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,

*			
RES10 DAVIDS DRIVE 11788	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	

AUPPAUGE, NY 11788		CARRY OUT FUNCTIONS	_
Total	 		124,000

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n .	75		Б (
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	Contribution	
a Paid during the year				
MEMORIAL SLOAN-KETTERING 1275 YORK AVENUE NEW YORK, NY 10065		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
METROPOLITAN MUSEUM OF ART 1000 5TH AVENUE NEW YORK, NY 10028		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 N FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
NATIONAL HEALTH FOUNDATION 515 SOUTH FIGUEROA ST STE 1300 LOS ANGELES, CA 90071		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
NATIONAL PARKINSON'S FOUNDATION 200 SE 1ST STREET SUITE 800 MIAMI, FL 33131		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

124,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NATIONAL PEDIATRIC CANCER FOUNDATION PO BOX 785 MAMARONECK, NY 10543		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,500
NATIONAL SEPTEMBER 11 MEMORIAL 180 GREENWICH ST NEW YORK, NY 10007		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH ST NEW YORK, NY 10011		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
NAVS53 W JACKSON BLVD SUITE 1552 CHICAGO, IL 60604		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

124,000

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NCPAL167 BROADWAY/RT 107 CHARITY AID DONEE ORGANIZATION TO 500 HICKSVILLE, NY 11801 CARRY OUT FUNCTIONS 000

NORTH SHORE ANIMAL LEAGUE 25 DAVIS AVENUE PORT WASHINGTON, NY 11050	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
NYBG2900 SOUTHERN BLVD BRONX, NY 104585126		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
OCEAN CONSERVANCY	CHARITY	AID DONEE ORGANIZATION TO	1,000

BRONX, NY 104585126		CARRY OUT FUNCTIONS	1
OCEAN CONSERVANCY 1300 19TH STREET NW 8TH FLOOR WASHINGTON, DC 20036	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	
OXFAM AMERICA 226 CAUSEWAY STREET 5TH FLOOR	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	

WASHINGTON, DC 20036		CARRY OUT FUNCTIONS	
OXFAM AMERICA 226 CAUSEWAY STREET 5TH FLOOR BOSTON, MA 021142206	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

DXFAM AMERICA	CHARITY	AID DONEE ORGANIZATION TO	1,0
26 CAUSEWAY STREET 5TH FLOOR		CARRY OUT FUNCTIONS	1
OSTON, MA 021142206			İ

BOSTON, MA 021142206		
Total	 	 124,000

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

a Paid during the year			
PARTNERS IN HEALTH 800 BOYLSTON ST STE 300 BOSTON, MA 02199	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

BOSTON, MA 02199			
PCRM 5100 WISCONSIN AVE NW STE 400 WASHINGTON, DC 20016		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
PERKINS SCHOOL FOR THE BLIND	CHARITY	AID DONEE ORGANIZATION TO	1.000

WASHINGTON, DC 20016			
PERKINS SCHOOL FOR THE BLIND 175 N BEACON ST WATERTOWN, MA 02472		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00
PETA501 FRONT ST	CHARITY	AID DONEE ORGANIZATION TO	1.50

WATERTOWN, MA 02472		5, W. W. C.	
PETA501 FRONT ST NORFOLK, VA 23510		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,500
READING IS FUNDAMENTAL	CHARITY	AID DONEE ORGANIZATION TO	1 000

NORFOLK, VA 23510		CARRY OUT FUNCTIONS	_,
READING IS FUNDAMENTAL 750 FIRST STREET NE SUITE 920 WASHINGTON, DC 20002	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

			1
READING IS FUNDAMENTAL 750 FIRST STREET NE SUITE 920 VASHINGTON, DC 20002		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,0
		_	

Total	 		124,000
750 FIRST STREET NE SUITE 920 WASHINGTON, DC 20002		CARRY OUT FUNCTIONS	
READING IS FUNDAMENTAL	CHARITY	AID DONEE ORGANIZATION TO	

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

REDWINGS HORSE SANCTUARY 47240 LOCKWOOD-JOLON RD LOCKWOOD, CA 93932	1		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
RICHMOND COMMUNITY SERVICES 272 N BEDFORD ROAD		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

272 N BEDFORD ROAD MT KISCO, NY 10549		CARRY OUT FUNCTIONS	
RONALD MCDONALD HOUSE 405 E 73RD ST NEW YORK, NY 10021	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	

DNALD MCDONALD HOUSE 15 E 73RD ST EW YORK, NY 10021		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	
JEE HOUSE RESCUE INCPO BOX 365	CHARITY	AID DONEE ORGANIZATION TO	

NEW YORK, NY 10021			
RUFF HOUSE RESCUE INCPO BOX 365 OCEANSIDE, NY 11572	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
CAINE ED ANICIC LIGGRETAL	CULA DITT	ATD DONEE ODGANIZATION TO	1 000

1,000

OCEANSIDE, NY 11572		CARRY OUT FUNCTIONS	_,,,,,
SAINT FRANCIS HOSPITAL 100 PORT WASHINGTON BLVD ROSLYN, NY 11576		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

SAINT FRANCIS HOSPITAL .00 PORT WASHINGTON BLVD ROSLYN, NY 11576		AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,0

100 PORT WASHINGTON BLVD ROSLYN, NY 11576		CARRY OUT FUNCTIONS	
Total	 		124,000

Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SALVATION ARMY194 FRONT STREET CHARITY AID DONEE ORGANIZATION TO 1,000 HEMPSTEAD, NY 11550 CARRY OUT FUNCTIONS

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

SAMARITAN'S PURSEPO BOX 3000

BOONE, NC 28607

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SAVE THE CHILDREN

CHARITY AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS CHARITY AID DONEF ORGANIZATION TO CARRY OUT FUNCTIONS

1,500

1.000

501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825 SIDDHAYATAN TIRTH9985 E HWY 56 CHARITY AID DONEE ORGANIZATION TO 1.500 WINDOM, TX 75492 CARRY OUT FUNCTIONS 500

•			
SMITHSONIAN INSTITUTE PO BOX 37012 SI BUILDING ROOM 153 MRC 010 WASHINGTON, DC 20013	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	5
Total	 		124,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SOS CHILDRENS VILLAGES 1620 I STREET NW SUITE 900 WASHINGTON, DC 20006		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
SPECIAL OLYMPICS 1133 19TH STREET NW WASHINGTON, DC 20036		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
SPIRIT'S PROMISE EQUINE RESCUE & REHABILITATION 2476 SOUND AVENUE RIVERHEAD, NY 11901		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
ST JUDES CHILDREN'S RESEARCH 262 DANNY THOMAS PLACE MEMPHIS, TN 38105		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
SUNRISE DAY CAMPS ASSOCIATION 15 NEIL COURT OCEANSIDE, NY 11572		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500

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124,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
SUSAN G KOMEN 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
THE BOWERY MISSION227 BOWERY NEW YORK, NY 10002		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500	
THE FRESH AIR FUND633 3RD AVENUE NEW YORK, NY 10017		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
THE ROBBIE LEVINE FOUNDATION PO BOX 268 MERRICK, NY 11566		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000	
THE UNITED STATES FUND FOR UNICEE		CHARITY	AID DONEE ORGANIZATION TO	1 000	

NEW YORK, NY 10002		CARRY OUT FUNCTIONS	
THE FRESH AIR FUND633 3RD AVENUE NEW YORK, NY 10017	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00
THE ROBBIE LEVINE FOUNDATION PO BOX 268	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00

I CHARITY AID DONEE ORGANIZATION TO 1,000 CARRY OUT FUNCTIONS

THE UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE

NEW YORK, NY 10038

Total . . 124,000

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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 contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THIRTEEN825 EIGHTH AVENUE CHARITY AID DONEE ORGANIZATION TO 1,000 NEW YORK, NY 10019 CARRY OUT FUNCTIONS THREE VILLAGE CHURCH CHARITY AID DONEE ORGANIZATION TO 1,000

322 MAIN STREET EAST SETAUKET, NY 11733		CARRY OUT FUNCTIONS	
US HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 20024	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500

100 RAOUL WALLENBERG PL SW WASHINGTON, DC 20024		CARRY OUT FUNCTIONS	
WIKIPEDIA FOUNDATION 1 MONTGOMERY STREET SUITE 1600 SAN FRANCISCO, CA 94104	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	500
WILDLIFE CONCEDUATION COCIETY	CHARTTY	AID DONEE ODCANIZATION TO	1 000

SAN FRANCISCO, CA 94104		CARRY OUT FUNCTIONS	
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD BRONX, NY 10460	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000

WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD BRONX, NY 10460	CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,00

124,000 Total . 3a

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

or substantial contributor

Name and address (home or business)

	or substantial continuation			
a Paid during the year				
WLIW 21825 EIGHTH AVENUE NEW YORK, NY 10019		CHARITY	AID DONEE ORGANIZATION TO CARRY OUT FUNCTIONS	1,000
YMCA200 W MAIN STREET		CHARITY	AID DONEE ORGANIZATION TO	2,000

recipient

CHARITY AID DONEE ORGANIZATION TO YMCA200 W MAIN STREET

BAY SHORE, NY 11706	CARRY OUT FUNCTIONS	
Total	 · · · · · · · · · · · · · · · · · · ·	124,000

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		D	LN: 93491171005168		
TY 2017 Accounting Fees Schedule							
	Name: THE JOHN A RODGER JR FOUNDATION INC						
	EIN:	45-1014393					
Accounting Fees Schedule							
Category	Amou	unt Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

3,950

3,950

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491171005168
TY 2017 Investments Corporat	e Stock Sche	dule

Name: THE JOHN A RODGER JR FOUNDATION INC.

Name of Stock	End of Year Book
EIN: 45-1014393	

1,535,417

216,308

Value

INVESTMENTS @ UBS #7575

INVESTMENTS @ UBS #7594

End of Year Fair



Market Value 2,129,520

278,570

Description			Amount		
EIN:	45-1014393				
Name:	THE JOHN A R	ODGER JR FOUNDATION INC			
TY 2017 Other Decreases Schedule					
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491171005168		

ADJUSTMENT TO UNREALIZED GAINS AND LOSSES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491171005168	
TY 2017 Other Expenses Schedule					
Nama	THE JOHN A DO	NOCED ID FOLIND	ATION INC		
name:	THE JOHN A KC	DOGER JR FOUND	ATION INC		
EIN:	45-1014393				
Other Expenses Schedule					
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	

Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
INVESTMENT FEES	3,081	3,081		0		

25

250

25

250

BANK FEES

FOREIGN STOCK FEES REGISTRATION FEE

As Filed Data -

Expenses Per Books

21,475

Name: THE JOHN A RODGER JR FOUNDATION INC. 45 4044000

Description

efile GRAPHIC print - DO NOT PROCESS

OTHER INCOME - UBS 7575

	EIN: 45-1014393	
Aller Transcript Calculation		

Other Income Schedule

Income

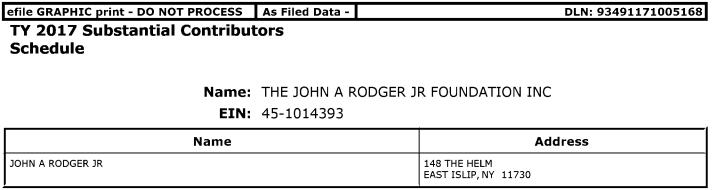
DLN: 93491171005168

Adjusted Net Income

Revenue And Net Investment

21,475

21,475



efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491171005168	
TY 2017 Taxes Schedule					
Name: THE JOHN A RODGER JR FOUNDATION INC					
EIN: 45-1014393					
Category Amount Net Investment Adjusted Net Disbursements					
Category	Amount	Income	Adjusted Net Income	for Charitable	
				Purposes	
FOREIGN TAXES PAID	133	133		0	

500

FEDERAL TAXES

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -				DLN: 93491171005168
Schedule B		Schedi	ule of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	about Schedule B (F	o Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-P <u>ww <i>u</i>'s <i>gov/form</i>990</u>		ons is at	2017
Name of the organization of the JOHN A RODGER JR					Employer id	entification number
					45-1014393	
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ						
	☐ 4947(a)(1) nonexempt cha	ritable trust not treated a	s a private founda	tion	
	☐ 527 politi	ical organization				
Form 990-PF	5 01(c)(3)) exempt private fo	undation			
	☐ 4947(a)(1) nonexempt cha	ritable trust treated as a p	orivate foundation		
	☐ 501(c)(3)) taxable private fo	undation			
			PF that received, during to complete Parts I and II S			
Special Rules						
under sections received from a	509(a)(1) and 170(b)	(1)(A)(vi), that che luring the year, tot	g Form 990 or 990-EZ th ecked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year	, total contributions o	f more than \$1,000	, or (10) filing Form 990 o Dexclusively for religious animals Complete Part	, charitable, scien		
during the year If this box is che purpose Don't	, contributions <i>exclus</i> ecked, enter here the complete any of the p	sively for religious, total contributions parts unless the G	or (10) filing Form 990 or charitable, etc., purposes s that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an us organization be	itributions tota exclusively rel cause it recei	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>
990-EZ, or 990-PF), bu	ıt it must answer "No	o" on Part IV, line 2	ile and/or the Special Ru 2, of its Form 990, or chea at it doesn't meet the filing	ck the box on line	H of its	
For Paperwork Reduction for Form 990, 990-EZ, or 9		tructions	Cat No 30613X	Schedu	ıle B (Form 990,	990-EZ, or 990-PF) (2017)

Name of organ THE JOHN A ROE	ization OGER JR FOUNDATION INC	Employer identification 45-1014393	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if ad	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN A RODGER JR 148 THE HELM	\$ 410,000	Person Payroll Noncash
	EAST ISLIP, NY11730		(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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person
(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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		s	Person Payroll Noncash (Complete Part II for noncash contributions)
		Sahadula B /Fr	<u> </u>

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