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Form 990-PF

Department of the Treasury  
Internal Revenue ServiceReturn of Private Foundation  
or Section 4947(a)(1) Trust Treated as Private FoundationDo 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.

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017 or tax year beginning

and ending

Name of foundation

THE SEYMOUR FOX MEMORIAL  
FOUNDATION, INC.

A Employer identification number

45-4293819

Number and street (or P O box number if mail is not delivered to street address)

251 RIVER STREET, SUITE 403

Room/suite

B Telephone number

518-273-0000

City or town, state or province, country, and ZIP or foreign postal code

TROY, NY 12181-0869

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationI Fair market value of all assets at end of year  
(from Part II, col. (c), line 16)

\$ 9,263,186.

J Accounting method:

☐ Cash☒ Accrual☐ Other (specify)

(Part I, column (d) must be on cash basis.)

C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test,  
check here and attach computation ☐E If private foundation status was terminated  
under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination  
under section 507(b)(1)(B), check here ☐Part I Analysis of Revenue and Expenses  
(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  
(cash basis only)

1 Contributions, gifts, grants, etc., received

9,000.

2 Check ☐ if the foundation is not required to attach Sch. B3 Interest on savings and temporary  
cash investments

1,015.

1,015.

STATEMENT 1

4 Dividends and interest from securities

100,540.

100,540.

STATEMENT 2

5a Gross rents

b Net rental income or (loss)

212,885.

212,885.

RECEIVED

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all  
assets on line 6a 1,835,070.

7 Capital gain net income (from Part IV, line 2)

212,885.

NOV 21 2018

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns  
and allowances

b Less Cost of goods sold

c Gross profit or (loss)

11 Other income

12 Total Add lines 1 through 11

323,440.

314,440.

OCCIDEN, UT

13 Compensation of officers, directors, trustees, etc

50,000.

0.

50,000.

14 Other employee salaries and wages

15 Pension plans, employee benefits

3,904.

0.

3,904.

16a Legal fees

STMT 3

2,000.

0.

2,000.

b Accounting fees

STMT 4

10,615.

0.

10,615.

c Other professional fees

17 Interest

18 Taxes

STMT 5

2,585.

2,585.

0.

19 Depreciation and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses

STMT 6

58,246.

53,375.

5,013.

24 Total operating and administrative

expenses Add lines 13 through 23

127,350.

55,960.

71,532.

25 Contributions, gifts, grants paid

393,282.

228,773.

26 Total expenses and disbursements

Add lines 24 and 25

520,632.

55,960.

300,305.

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

&lt;197,192.&gt;

b Net investment income (if negative, enter -0-)

258,480.

c Adjusted net income (if negative, enter -0-)

N/A

**THE SEYMOUR FOX MEMORIAL  
FOUNDATION, INC.**

45-4293819

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| Part II Balance Sheets      |                                                                                                    | Attached schedules and amounts in the description column should be for end-of-year amounts only |                                                     | Beginning of year     | End of year |            |
|-----------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|-------------|------------|
|                             |                                                                                                    | (a) Book Value                                                                                  | (b) Book Value                                      | (c) Fair Market Value |             |            |
| Assets                      | 1                                                                                                  | Cash - non-interest-bearing                                                                     |                                                     | 691,269.              | 276,136.    | 276,136.   |
|                             | 2                                                                                                  | Savings and temporary cash investments                                                          |                                                     |                       |             |            |
|                             | 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              |                                                     |                       |             |            |
|                             | 7                                                                                                  | Other notes and loans receivable                                                                | 423,161.                                            |                       |             |            |
|                             |                                                                                                    | Less: allowance for doubtful accounts                                                           | 0.                                                  | 423,161.              | 423,161.    | 423,161.   |
|                             | 8                                                                                                  | Inventories for sale or use                                                                     |                                                     |                       |             |            |
|                             | 9                                                                                                  | Prepaid expenses and deferred charges                                                           |                                                     |                       |             |            |
|                             | 10a                                                                                                | Investments - U.S. and state government obligations                                             |                                                     |                       |             |            |
|                             | b                                                                                                  | Investments - corporate stock                                                                   |                                                     |                       |             |            |
|                             | c                                                                                                  | Investments - corporate bonds                                                                   |                                                     |                       |             |            |
|                             | Liabilities                                                                                        | 11                                                                                              | Investments - land, buildings, and equipment: basis |                       |             |            |
|                             |                                                                                                    | Less: accumulated depreciation                                                                  |                                                     |                       |             |            |
| 12                          |                                                                                                    | Investments - mortgage loans                                                                    |                                                     |                       |             |            |
| 13                          |                                                                                                    | Investments - other                                                                             | STMT 8                                              | 7,737,078.            | 8,518,277.  | 8,518,277. |
| 14                          |                                                                                                    | Land, buildings, and equipment: basis                                                           |                                                     |                       |             |            |
|                             |                                                                                                    | Less: accumulated depreciation                                                                  |                                                     |                       |             |            |
| 15                          |                                                                                                    | Other assets (describe) OTHER RECEIVABLE                                                        |                                                     | 30,801.               | 45,612.     | 45,612.    |
| 16                          |                                                                                                    | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)   |                                                     | 8,882,309.            | 9,263,186.  | 9,263,186. |
| 17                          |                                                                                                    | Accounts payable and accrued expenses                                                           |                                                     |                       |             |            |
| 18                          |                                                                                                    | Grants payable                                                                                  |                                                     |                       |             |            |
| Net Assets or Fund Balances | 19                                                                                                 | Deferred revenue                                                                                |                                                     |                       |             |            |
|                             | 20                                                                                                 | Loans from officers, directors, trustees, and other disqualified persons                        |                                                     |                       |             |            |
|                             | 21                                                                                                 | Mortgages and other notes payable                                                               |                                                     |                       |             |            |
|                             | 22                                                                                                 | Other liabilities (describe)                                                                    |                                                     | 767.                  | 1,635.      |            |
| 23                          | Total liabilities (add lines 17 through 22)                                                        |                                                                                                 | 767.                                                | 1,635.                |             |            |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31 |                                                                                                 |                                                     |                       |             |            |
|                             | 24                                                                                                 | Unrestricted                                                                                    |                                                     | 8,881,542.            | 9,261,551.  |            |
|                             | 25                                                                                                 | Temporarily restricted                                                                          |                                                     |                       |             |            |
|                             | 26                                                                                                 | Permanently restricted                                                                          |                                                     |                       |             |            |
|                             | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.              |                                                                                                 |                                                     |                       |             |            |
|                             | 27                                                                                                 | Capital stock, trust principal, or current funds                                                |                                                     |                       |             |            |
|                             | 28                                                                                                 | Paid-in or capital surplus, or land, bldg., and equipment fund                                  |                                                     |                       |             |            |
|                             | 29                                                                                                 | Retained earnings, accumulated income, endowment, or other funds                                |                                                     |                       |             |            |
| 30                          | Total net assets or fund balances                                                                  |                                                                                                 | 8,881,542.                                          | 9,261,551.            |             |            |
| 31                          | Total liabilities and net assets/fund balances                                                     |                                                                                                 | 8,882,309.                                          | 9,263,186.            |             |            |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |                                                                                                                                                               |   |            |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30<br>(must agree with end-of-year figure reported on prior year's return) | 1 | 8,881,542. |
| 2 | Enter amount from Part I, line 27a                                                                                                                            | 2 | <197,192.> |
| 3 | Other increases not included in line 2 (itemize) SEE STATEMENT 7                                                                                              | 3 | 753,000.   |
| 4 | Add lines 1, 2, and 3                                                                                                                                         | 4 | 9,437,350. |
| 5 | Decreases not included in line 2 (itemize) PRIOR YEAR CONDITIONAL PROMISES PAID                                                                               | 5 | 175,799.   |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30                                                         | 6 | 9,261,551. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) |                                            | (b) How acquired<br>P - Purchase<br>D - Donation                                                                                                                                                | (c) Date acquired<br>(mo., day, yr.)                                                      | (d) Date sold<br>(mo., day, yr.) |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------|
| <b>1a PUBLICLY TRADED SECURITIES</b>                                                                                                      |                                            | <b>P</b>                                                                                                                                                                                        |                                                                                           |                                  |
| b                                                                                                                                         |                                            |                                                                                                                                                                                                 |                                                                                           |                                  |
| c                                                                                                                                         |                                            |                                                                                                                                                                                                 |                                                                                           |                                  |
| d                                                                                                                                         |                                            |                                                                                                                                                                                                 |                                                                                           |                                  |
| e                                                                                                                                         |                                            |                                                                                                                                                                                                 |                                                                                           |                                  |
| (e) Gross sales price                                                                                                                     | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale                                                                                                                                                 | (h) Gain or (loss)<br>((e) plus (f) minus (g))                                            |                                  |
| a 1,835,070.                                                                                                                              |                                            | 1,622,185.                                                                                                                                                                                      | 212,885.                                                                                  |                                  |
| b                                                                                                                                         |                                            |                                                                                                                                                                                                 |                                                                                           |                                  |
| c                                                                                                                                         |                                            |                                                                                                                                                                                                 |                                                                                           |                                  |
| d                                                                                                                                         |                                            |                                                                                                                                                                                                 |                                                                                           |                                  |
| e                                                                                                                                         |                                            |                                                                                                                                                                                                 |                                                                                           |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.                                              |                                            |                                                                                                                                                                                                 | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |                                  |
| (i) FMV as of 12/31/69                                                                                                                    | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col. (i)<br>over col. (j), if any                                                                                                                                                 |                                                                                           |                                  |
| a                                                                                                                                         |                                            |                                                                                                                                                                                                 | 212,885.                                                                                  |                                  |
| b                                                                                                                                         |                                            |                                                                                                                                                                                                 |                                                                                           |                                  |
| c                                                                                                                                         |                                            |                                                                                                                                                                                                 |                                                                                           |                                  |
| d                                                                                                                                         |                                            |                                                                                                                                                                                                 |                                                                                           |                                  |
| e                                                                                                                                         |                                            |                                                                                                                                                                                                 |                                                                                           |                                  |
| 2 Capital gain net income or (net capital loss)                                                                                           |                                            | <div style="border: 1px solid black; padding: 2px;">                     { If gain, also enter in Part I, line 7<br/>If (loss), enter -0- in Part I, line 7                 </div>              |                                                                                           | 212,885.                         |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):                                                           |                                            | <div style="border: 1px solid black; padding: 2px;">                     { If gain, also enter in Part I, line 8, column (c).<br/>If (loss), enter -0- in Part I, line 8                 </div> |                                                                                           | N/A                              |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in)                                                                                                             | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2016                                                                                                                                                                             | 444,936.                                 | 9,231,457.                                   | .048198                                                     |
| 2015                                                                                                                                                                             | 441,820.                                 | 9,182,708.                                   | .048114                                                     |
| 2014                                                                                                                                                                             | 588,143.                                 | 9,143,234.                                   | .064325                                                     |
| 2013                                                                                                                                                                             | 181,829.                                 | 9,727,820.                                   | .018692                                                     |
| 2012                                                                                                                                                                             | 2,975.                                   | 3,948,524.                                   | .000753                                                     |
| 2 Total of line 1, column (d)                                                                                                                                                    |                                          |                                              | .180082                                                     |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years |                                          |                                              | .036016                                                     |
| 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5                                                                                                   |                                          |                                              | 9,106,407.                                                  |
| 5 Multiply line 4 by line 3                                                                                                                                                      |                                          |                                              | 327,976.                                                    |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                     |                                          |                                              | 2,585.                                                      |
| 7 Add lines 5 and 6                                                                                                                                                              |                                          |                                              | 330,561.                                                    |
| 8 Enter qualifying distributions from Part XII, line 4                                                                                                                           |                                          |                                              | 464,814.                                                    |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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FOUNDATION, INC.**

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1.  
Date of ruling or determination letter: \_\_\_\_\_ (attach copy of letter if necessary-see instructions)

b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b

c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).

2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)

5 **Tax based on investment income** Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments:

a 2017 estimated tax payments and 2016 overpayment credited to 2017

b Exempt foreign organizations - tax withheld at source

c Tax paid with application for extension of time to file (Form 8868)

d Backup withholding erroneously withheld

7 Total credits and payments. Add lines 6a through 6d

8 Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached

9 **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed**

10 **Overpayment** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**

11 Enter the amount of line 10 to be: **Credited to 2018 estimated tax**

3,315. Refunded

|    |        |
|----|--------|
| 1  | 2,585. |
| 2  | 0.     |
| 3  | 2,585. |
| 4  | 0.     |
| 5  | 2,585. |
| 6a | 1,200. |
| 6b | 0.     |
| 6c | 4,700. |
| 6d | 0.     |
| 7  | 5,900. |
| 8  | 0.     |
| 9  |        |
| 10 | 3,315. |
| 11 | 0.     |

**Part VII: A Statements Regarding Activities**

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

c Did the foundation file Form 1120-POL for this year?

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:

(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

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 instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a tax return on Form 990-T for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

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 either:

• By language in the governing instrument, or

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

NY

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

|    | Yes | No |
|----|-----|----|
| 1a |     | X  |
| 1b |     | X  |
| 1c |     | X  |
| 2  |     | X  |
| 3  |     | X  |
| 4a |     | X  |
| 4b |     |    |
| 5  |     | X  |
| 6  | X   |    |
| 7  | X   |    |
| 8b | X   |    |
| 9  |     | X  |
| 10 |     | X  |

N/A

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**Part VII-A** Statements Regarding Activities (continued)

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

|    | Yes | No |
|----|-----|----|
| 11 |     | X  |
| 12 |     | X  |
| 13 | 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

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

Website address ► **SEYMOURFOXFOUNDATION.ORG**

14 The books are in care of ► **BONNIE P. CHAVIN**

Telephone no. ► **518-273-0000**

Located at ► **251 RIVER STREET, SUITE 403, TROY, NY**

ZIP+4 ► **12181-0869**

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year

15 N/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, securities, or other financial account in a foreign country?

|    | Yes | No |
|----|-----|----|
| 16 | X   |    |

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► **SWITZERLAND**

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

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 ☒ No

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?

☐ Yes ☒ No

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?

☐ Yes ☒ No

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?

☐ Yes ☒ No

(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)?

☐ Yes ☒ No

(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.)

☐ Yes ☒ No

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

N/A

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?

|    | Yes | No |
|----|-----|----|
| 1b |     |    |
| 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 ☒ 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

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

|    | Yes | No |
|----|-----|----|
| 2b |     |    |

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

☐ Yes ☒ No

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

|    | Yes | No |
|----|-----|----|
| 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?

|    | Yes | No |
|----|-----|----|
| 4b |     | X  |

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**Part VII** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

**5a** During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions **N/A**

Organizations relying on a current notice regarding disaster assistance, check here ☐

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** ☒ X

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** **N/A**

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

| (a) Name and address                                                     | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| BONNIE P. CHAVIN<br>251 RIVER ST, SUITE 403<br>TROY, NY 12181-0869       | PRESIDENT AND                                             | CEO                                       |                                                                       |                                       |
|                                                                          | 20.00                                                     | 50,000.                                   | 0.                                                                    | 0.                                    |
| RAYMOND J. KINLEY, JR.<br>251 RIVER ST, SUITE 403<br>TROY, NY 12181-0869 | BOARD MEMBER                                              |                                           |                                                                       |                                       |
|                                                                          | 1.00                                                      | 0.                                        | 0.                                                                    | 0.                                    |
| THOMAS C. KEANE, PH.D<br>251 RIVER ST, SUITE 403<br>TROY, NY 12181-0869  | BOARD MEMBER                                              |                                           |                                                                       |                                       |
|                                                                          | 1.00                                                      | 0.                                        | 0.                                                                    | 0.                                    |
|                                                                          |                                                           |                                           |                                                                       |                                       |
|                                                                          |                                                           |                                           |                                                                       |                                       |
|                                                                          |                                                           |                                           |                                                                       |                                       |

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000 **0**

**THE SEYMOUR FOX MEMORIAL  
FOUNDATION, INC.**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**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                                                        |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |

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 statistical information such as the number of organizations and other beneficiaries served, conference convened, research papers produced, etc.

|       | Expenses |
|-------|----------|
| 1 N/A |          |
|       |          |
|       |          |
| 2     |          |
|       |          |
|       |          |
| 3     |          |
|       |          |
|       |          |
| 4     |          |
|       |          |
|       |          |

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

|                                                            | Amount |
|------------------------------------------------------------|--------|
| 1 N/A                                                      |        |
|                                                            |        |
|                                                            |        |
| 2                                                          |        |
|                                                            |        |
|                                                            |        |
| 3 All other program-related investments. See instructions. |        |
|                                                            |        |
|                                                            |        |
|                                                            |        |
|                                                            |        |

**Total.** Add lines 1 through 3

0.

**THE SEYMOUR FOX MEMORIAL  
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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, 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 | 8,242,501. |
| b | Average of monthly cash balances                                                                            | 1b | 88,447.    |
| c | Fair market value of all other assets                                                                       | 1c | 914,135.   |
| d | Total (add lines 1a, b, and c)                                                                              | 1d | 9,245,083. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | 1e | 0.         |
| 2 | Acquisition indebtedness applicable to line 1 assets                                                        | 2  | 0.         |
| 3 | Subtract line 2 from line 1d                                                                                | 3  | 9,245,083. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4  | 138,676.   |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4        | 5  | 9,106,407. |
| 6 | Minimum investment return. Enter 5% of line 5                                                               | 6  | 455,320.   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

|    |                                                                                                    |    |          |
|----|----------------------------------------------------------------------------------------------------|----|----------|
| 1  | Minimum investment return from Part X, line 6                                                      | 1  | 455,320. |
| 2a | Tax on investment income for 2017 from Part VI, line 5                                             | 2a | 2,585.   |
| b  | Income tax for 2017. (This does not include the tax from Part VI.)                                 | 2b |          |
| c  | Add lines 2a and 2b                                                                                | 2c | 2,585.   |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                              | 3  | 452,735. |
| 4  | Recoveries of amounts treated as qualifying distributions                                          | 4  | 0.       |
| 5  | Add lines 3 and 4                                                                                  | 5  | 452,735. |
| 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  | 452,735. |

**Part XII Qualifying Distributions** (see instructions)

|   |                                                                                                                                   |    |          |
|---|-----------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                        |    |          |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26                                                     | 1a | 300,305. |
| b | Program-related investments - total from Part IX-B                                                                                | 1b | 0.       |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                         | 2  |          |
| 3 | Amounts set aside for specific charitable projects that satisfy the:                                                              |    |          |
| a | Suitability test (prior IRS approval required)                                                                                    | 3a |          |
| b | Cash distribution test (attach the required schedule)                                                                             | 3b | 164,509. |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4                        | 4  | 464,814. |
| 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  | 2,585.   |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                    | 6  | 462,229. |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 | (d)<br>2017 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2017 from Part XI, line 7                                                                                                                       |               |                            |             | 452,735.    |
| 2 Undistributed income, if any, as of the end of 2017                                                                                                                      |               |                            |             |             |
| a Enter amount for 2016 only                                                                                                                                               |               |                            | 353,683.    |             |
| b Total for prior years:                                                                                                                                                   |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2017:                                                                                                                         |               |                            |             |             |
| a From 2012                                                                                                                                                                |               |                            |             |             |
| b From 2013                                                                                                                                                                |               |                            |             |             |
| c From 2014                                                                                                                                                                |               |                            |             |             |
| d From 2015                                                                                                                                                                |               |                            |             |             |
| e From 2016                                                                                                                                                                |               |                            |             |             |
| f Total of lines 3a through e                                                                                                                                              | 0.            |                            |             |             |
| 4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 464,814.                                                                                                   |               |                            |             |             |
| a Applied to 2016, but not more than line 2a                                                                                                                               |               |                            | 353,683.    |             |
| b Applied to undistributed income of prior years (Election required - see instructions)                                                                                    |               | 0.                         |             |             |
| c Treated as distributions out of corpus (Election required - see instructions)                                                                                            | 0.            |                            |             |             |
| d Applied to 2017 distributable amount                                                                                                                                     |               |                            |             | 111,131.    |
| e Remaining amount distributed out of corpus                                                                                                                               | 0.            |                            |             |             |
| 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                                                                                                                          | 0.            |                            |             |             |
| 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 amount - see instructions                                                                                                         |               | 0.                         |             |             |
| e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.                                                                                |               |                            | 0.          |             |
| f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018                                                              |               |                            |             | 341,604.    |
| 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                                                                                                 | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2018 Subtract lines 7 and 8 from line 6a                                                                                               | 0.            |                            |             |             |
| 10 Analysis of line 9:                                                                                                                                                     |               |                            |             |             |
| a Excess from 2013                                                                                                                                                         |               |                            |             |             |
| b Excess from 2014                                                                                                                                                         |               |                            |             |             |
| c Excess from 2015                                                                                                                                                         |               |                            |             |             |
| d Excess from 2016                                                                                                                                                         |               |                            |             |             |
| e Excess from 2017                                                                                                                                                         |               |                            |             |             |

N/A

- ☐ 4942(1)(3) or ☐ 4942(1)(5)

- (4) Gross investment income

[illegible]

**Part XV** **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

### 1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 11

- b. The form in which applications should be submitted and information and materials they should include:**

- c Any submission deadlines:

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

**THE SEYMOUR FOX MEMORIAL  
FOUNDATION, INC.**

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution<br>* *                                             | Amount   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------|----------|
| Name and address (home or business)                                         |                                                                                                           |                                |                                                                                     |          |
| a Paid during the year                                                      |                                                                                                           |                                |                                                                                     |          |
| ALBANY JEWISH COMMUNITY CENTER<br>340 WHITEHALL ROAD<br>ALBANY, NY 12208    | N/A                                                                                                       | NOT FOR PROFIT<br>ORG.         | TO SUPPORT CAMP<br>COURAGE                                                          | 10,000.  |
| CHABAD OF SOUTHERN RENSSELAER COUNTY<br>2155 13TH ST<br>TROY, NY 12180      | N/A                                                                                                       | NOT FOR PROFIT<br>ORG.         | TO ASSIST GIRLS FROM<br>DISADVANTAGED FAMILIES<br>TO ATTEND JEWISH GIRLS<br>RETREAT | 20,000.  |
| CHABAD OF SOUTHERN RENSSELAER COUNTY<br>2155 13TH ST<br>TROY, NY 12180      | N/A                                                                                                       | NOT FOR PROFIT<br>ORG.         | TO ASSIST GIRLS FROM<br>DISADVANTAGED FAMILIES<br>TO ATTEND JEWISH GIRLS<br>RETREAT | 9,000.   |
| COLONIE SENIOR SERVICE CENTER, INC<br>6 WINNERS CIR.<br>ALBANY, NY 12205    | N/A                                                                                                       | NOT FOR PROFIT<br>ORG.         | TO SUPPORT THE RETIRED<br>SENIOR VOLUNTEER<br>PROGRAM                               | 11,000.  |
| FAMILIES IN NEED OF ASSISTANCE, INC<br>69 BROOKLINE AVE<br>ALBANY, NY 12203 | N/A                                                                                                       | NOT FOR PROFIT<br>ORG.         | TO SUPPORT FAMILIES IN<br>NEED                                                      | 1,000.   |
| Total SEE CONTINUATION SHEET(S) ▶ 3a                                        |                                                                                                           |                                |                                                                                     | 228,773. |
| b Approved for future payment                                               |                                                                                                           |                                |                                                                                     |          |
| BERKSHIRE WILD LIFE SERVICES<br>24 NORTH ROAD<br>PERU, MA 01235             | N/A                                                                                                       | NOT FOR PROFIT<br>ORG.         | TO SUPPORT BUILDING<br>AND COMPLETION OF<br>BERKSHIRE WILD LIFE<br>SERVICES         | 7,149.   |
| ALBANY DAMIEN CENTER, INC.<br>728 MADISON AVE SUITE 100<br>ALBANY, NY 12208 | N/A                                                                                                       | NOT FOR PROFIT<br>ORG.         | TO SUPPORT THE PETS<br>ARE WONDERFUL SUPPORT<br>(PAWS) PROGRAM                      | 20,000.  |
| GRASSROOTS GIVERS<br>P.O. BOX 84<br>DELMAR, NY 12054                        | N/A                                                                                                       | NOT FOR PROFIT<br>ORG.         | TO SUPPORT BOOK<br>PURCHASE PROGRAM                                                 | 750.     |
| Total SEE CONTINUATION SHEET(S) ▶ 3b                                        |                                                                                                           |                                |                                                                                     | 164,509. |

Enter gross amounts unless otherwise indicated.

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Part XVII** Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- |     |                                                                                                                                                                                                                                                                                                                                                                                              |       |            |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|
| 1   | Did the organization directly or indirectly engage in any of the following described in section 501(c)(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                                                                   |       | <b>Yes</b> |
| a   | Transfers from the reporting foundation to a noncharitable exempt organization of:                                                                                                                                                                                                                                                                                                           |       |            |
| (1) | Cash                                                                                                                                                                                                                                                                                                                                                                                         | 1a(1) |            |
| (2) | Other assets                                                                                                                                                                                                                                                                                                                                                                                 | 1a(2) |            |
| b   | Other transactions:                                                                                                                                                                                                                                                                                                                                                                          |       |            |
| (1) | Sales of assets to a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                                       | 1b(1) |            |
| (2) | Purchases of assets from a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                                 | 1b(2) |            |
| (3) | Rental of facilities, equipment, or other assets                                                                                                                                                                                                                                                                                                                                             | 1b(3) |            |
| (4) | Reimbursement arrangements                                                                                                                                                                                                                                                                                                                                                                   | 1b(4) |            |
| (5) | Loans or loan guarantees                                                                                                                                                                                                                                                                                                                                                                     | 1b(5) |            |
| (6) | Performance of services or membership or fundraising solicitations                                                                                                                                                                                                                                                                                                                           | 1b(6) |            |
| c   | Sharing of facilities, equipment, mailing lists, other assets, or paid employees                                                                                                                                                                                                                                                                                                             | 1c    |            |
| d   | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |            |

|       | Yes | No |
|-------|-----|----|
| 1a(1) |     | X  |
| 1a(2) |     | X  |
| 1b(1) |     | X  |
| 1b(2) |     | X  |
| 1b(3) |     | X  |
| 1b(4) |     | X  |
| 1b(5) |     | X  |
| 1b(6) |     | X  |
| 1c    |     | X  |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A                      |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date 11/12/18

**PRESIDENT**  
Title

May the IRS discuss this return with the preparer shown below? See instr

☒ Yes ☐ No

☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

CAROL A. HAUSAMANN,  
CPA

Preparer's signature

С. И. Давыдов

Date \_\_\_\_\_

11/09/18

Check ☐  
self-employed

PT1N

P00339780

Firm's name ▶ **MARVIN AND COMPANY, P.C.**

Firm's EIN ► 14-1567343

Firm's address ► 11 BRITISH AMERICAN BLVD.  
LATHAM, NY 12110-1405

Phone no. 518-785-0134

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Name of the organization

THE SEYMOUR FOX MEMORIAL  
FOUNDATION, INC.

Employer identification number

45-4293819

Organization type (check one).

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ 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.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization  
**THE SEYMOUR FOX MEMORIAL  
 FOUNDATION, INC.**

Employer identification number

**45-4293819****Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                            |
|------------|------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | ESTATE OF SEYMOUR FOX<br><br>C/O 251 RIVER STREET, SUITE 403<br><br>TROY, NY 12181 | \$ 9,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
|            |                                                                                    | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |
|            |                                                                                    | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |
|            |                                                                                    | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |
|            |                                                                                    | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |
|            |                                                                                    | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |
|            |                                                                                    | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |

Name of organization

THE SEYMOUR FOX MEMORIAL  
FOUNDATION, INC.

Employer identification number

45-4293819

**Part II** **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |

|                                                                              |                                                     |
|------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>THE SEYMOUR FOX MEMORIAL<br/>FOUNDATION, INC.</b> | Employer identification number<br><b>45-4293819</b> |
|------------------------------------------------------------------------------|-----------------------------------------------------|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

| (a) No. from Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------|-----------------------------------------|-----------------|------------------------------------------|
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     | (e) Transfer of gift                    |                 |                                          |
|                     | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     | (e) Transfer of gift                    |                 |                                          |
|                     | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     | (e) Transfer of gift                    |                 |                                          |
|                     | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     | (e) Transfer of gift                    |                 |                                          |
|                     | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     | (e) Transfer of gift                    |                 |                                          |
|                     | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |

THE SEYMOUR FOX MEMORIAL  
FOUNDATION, INC.

45-4293819

Part XV Supplementary Information

| 3 Grants and Contributions Paid During the Year (Continuation)                             |                                                                                                                    |                                      |                                                                                                                    |          |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|
| Recipient<br>Name and address (home or business)                                           | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                | Amount   |
| FOOD PANTRIES FOR CAPITAL DISTRICT,<br>INC<br>32 ESSEX ST<br>ALBANY, NY 12206              | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO PROVIDE SUPPLY OF<br>DIAPERS                                                                                    | 20,000.  |
| FOOD PANTRIES FOR CAPITAL DISTRICT,<br>INC<br>32 ESSEX ST<br>ALBANY, NY 12206              | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT PURCHASE OF<br>PERSONAL HYGIENE<br>PRODUCTS                                                             | 25,000.  |
| FOOD PANTRIES FOR CAPITAL DISTRICT,<br>INC<br>32 ESSEX ST<br>ALBANY, NY 12206              | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT<br>DISTRIBUTION TO LOCAL<br>FOOD PANTRIES IN THE<br>CAPITAL DISTRICT                                    | 25,000.  |
| GOLF FOR GOOD C/O UNITY HOUSE<br>2431 SIXTH AVENUE<br>TROY, NY 12180                       | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT GOLF FOR<br>GOOD                                                                                        | 2,000.   |
| GRASSROOTS GIVERS<br>P.O. BOX 84<br>DELMAR, NY 12054                                       | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT BOOK<br>PURCHASE PROGRAM                                                                                | 2,250.   |
| INDEPENDENT LIVING CENTER OF HUDSON<br>VALLEY, INC<br>15-17 THIRD STREET<br>TROY, NY 12180 | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT YOUTH IN<br>TRANSITION PROGRAM                                                                          | 20,000.  |
| JOSEPH'S HOUSE AND SHELTER, INC.<br>74 FERRY ST<br>TROY, NY 12180                          | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO ASSIST GRANTEE TO<br>BE ABLE TO SERVE THE<br>HOMELESS THAT KNOCK AT<br>THE SHELTER DOOR.                        | 35,000.  |
| OUR ABILITY ALLIANCE<br>19 TIMBER LN<br>GLENMONT, NY 12077                                 | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO CONTINUE GRANTOR'S<br>SUPPORT OF GRANTEE'S<br>PROGRAM TO MATCH<br>HANDICAPPED<br>INDIVIDUALS WITH               | 12,500.  |
| RPI - SUNNYSIDE SUMMER ENHANCEMENT<br>110 8TH ST<br>TROY, NY 12180                         | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT ACADEMIC<br>ENVIRONMENT AT RPI                                                                          | 2,956.   |
| RPI - GREENHOUSE PRJOJECT<br>110 8TH ST<br>TROY, NY 12180                                  | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT BUILDING<br>AND IMPLEMENTATION OF<br>THE GREENHOUSE PROJECT<br>AT TROY HIGH SCHOOL<br>AND MIDDLE SCHOOL | 10,000.  |
| Total from continuation sheets                                                             |                                                                                                                    |                                      |                                                                                                                    | 177,773. |

THE SEYMOUR FOX MEMORIAL  
FOUNDATION, INC.

45-4293819

**Part XV** Supplementary Information

| 3 Grants and Contributions Paid During the Year (Continuation)               |                                                                                                                    |                                      |                                                               |         |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------|---------|
| Recipient<br>Name and address (home or business)                             | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                           | Amount  |
| THE IRISH AMERICAN PARTNERSHIP<br>15 BROAD ST, SUITE 501<br>BOSTON, MA 02109 | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT EDUCATION<br>AND COMMUNITY<br>DEVELOPMENT PROJECTS | 2,500.  |
| WAMC - FALLING INTO PLACE<br>318 CENTRAL AVENUE<br>ALBANY, NY 12206          | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT THE<br>"FALLING INTO PLACE"<br>PROGRAM             | 16,667. |
| TECH VALLEY CENTER OF GRAVITY INC<br>30 3RD ST<br>TROY, NY 12180             | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO HELP FUND THE MINI<br>MAKER FAIR                           | 2,500.  |
| YOUTH FOR CHRIST<br>7670 SOUTH VAUGHN CT<br>ENGLEWOOD, CO 80112              | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT TEE FOR<br>KIDS FUNDRAISER                         | 1,200.  |
| YWCA OF THE GREATER CAPITAL REGION,<br>INC<br>21 FIRST ST<br>TROY, NY 12180  | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | YWCA SUCCESS STORY                                            | 200.    |
|                                                                              |                                                                                                                    |                                      |                                                               |         |
|                                                                              |                                                                                                                    |                                      |                                                               |         |
|                                                                              |                                                                                                                    |                                      |                                                               |         |
|                                                                              |                                                                                                                    |                                      |                                                               |         |
|                                                                              |                                                                                                                    |                                      |                                                               |         |
|                                                                              |                                                                                                                    |                                      |                                                               |         |
|                                                                              |                                                                                                                    |                                      |                                                               |         |
| Total from continuation sheets                                               |                                                                                                                    |                                      |                                                               |         |

THE SEYMOUR FOX MEMORIAL  
FOUNDATION, INC.

45-4293819

**Part XV** Supplementary Information

| 3 Grants and Contributions Approved for Future Payment (Continuation)                                                                    |                                                                                                                    |                                      |                                                                                                                   |          |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|
| Recipient<br>Name and address (home or business)                                                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                               | Amount   |
| GRASSROOTS GIVERS<br>P.O. BOX 84<br>DELMAR, NY 12054                                                                                     | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT HOME<br>ESSENTIALS PROGRAM                                                                             | 5,000.   |
| GRASSROOTS GIVERS<br>P.O. BOX 84<br>DELMAR, NY 12054                                                                                     | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT LITERACY<br>PROGRAM                                                                                    | 11,000.  |
| INDEPENDENT LIVING CENTER OF HUDSON<br>VALLEY, INC<br>15-17 THIRD STREET<br>TROY, NY 12180                                               | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT YOUTH IN<br>TRANSITION PROGRAM                                                                         | 20,000.  |
| JOSEPH'S HOUSE AND SHELTER, INC.<br>74 FERRY ST<br>TROY, NY 12180                                                                        | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT PURCHASE OF<br>VAN                                                                                     | 8,500.   |
| MULTICULTURAL ASSOCIATION OF MEDICAL<br>INTERPRETERS OF CENTRAL, NY, INC<br>10 N. MAIN AVE.<br>ALBANY, NY 12203                          | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO ASSIST IN TRAINING<br>IMMIGRANTS IN THE<br>ALBANY AREA TO BECOME<br>TRAINED AND CERTIFIED<br>AS A MEDICAL      | 14,227.  |
| OUR ABILITY ALLIANCE<br>19 TIMBER LN<br>GLENMONT, NY 12077                                                                               | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO CONTINUE GRANTOR'S<br>SUPPORT OF GRANTEE'S<br>PROGRAM TO MATCH<br>HANDICAPPED<br>INDIVIDUALS WITH              | 12,500.  |
| PARSON CHILD AND FAMILY CENTER<br>60 ACADEMY ROAD<br>ALBANY, NY 12208                                                                    | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT THE ONE<br>WEEK RESIDENTIAL CAMP<br>FOR BROTHERS AND<br>SISTERS, SEPARATED BY<br>FOSTER CARE PLACEMENT | 15,000.  |
| THE SALVATION ARMY, TROY CHAPTER<br>410 RIVER ST<br>TROY, NY 12180                                                                       | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT THE<br>SALVATION ARMY BASIC<br>NEEDS PROGRAM                                                           | 8,500.   |
| THE NORTHEAST HEALTH FOUNDATION, INC<br>(EDDY ALZHEIMER'S SERVICES - BRIDGET<br>FUND)<br>310 SOUTH MANNING BOULEVARD<br>ALBANY, NY 12208 | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO ASSIST VOLUNTEERS<br>WHO HELP PERSON WITH<br>ALZHEIMER'S AND THEIR<br>CAREGIVERS                               | 5,000.   |
| TROY BOYS AND GIRLS CLUB - NEW<br>KITCHEN<br>1700 7TH AVENUE<br>TROY, NY 12180                                                           | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT NEW KITCHEN                                                                                            | 15,000.  |
| Total from continuation sheets                                                                                                           |                                                                                                                    |                                      |                                                                                                                   | 136,610. |

THE SEYMOUR FOX MEMORIAL  
FOUNDATION, INC.

45-4293819

Part XV Supplementary Information

| 3 Grants and Contributions Approved for Future Payment (Continuation)                       |                                                                                                                    |                                      |                                                                                |        |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------|--------|
| Recipient<br>Name and address (home or business)                                            | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                            | Amount |
| TROY HS - GRASSROOTS GIVERS<br>P.O. BOX 84<br>DELMAR, NY 12054                              | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO FUND WOOD FOR BOOK<br>BOXES THATL WILL BE<br>BUILD FOR GRASSROOTS<br>GIVERS | 1,500. |
| WAMC - FALLING INTO PLACE<br>318 CENTRAL AVENUE<br>ALBANY, NY 12206                         | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT THE<br>"FALLING INTO PLACE"<br>PROGRAM                              | 8,333. |
| WAMC - LINDA ROCKS PROGRAM<br>318 CENTRAL AVENUE<br>ALBANY, NY 12206                        | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO SUPPORT THE LINDA<br>ROCKS PROGRAM                                          | 7,050. |
| WHISKERS INC DBA WHISKERS ANIMAL<br>BENEVOLENT LEAGUE<br>P.O. BOX 11190<br>ALBANY, NY 12211 | N/A                                                                                                                | NOT FOR PROFIT<br>ORG.               | TO ASSIST WORK OF<br>PROVIDING CARE FOR<br>HOMELESS CATS                       | 5,000. |
|                                                                                             |                                                                                                                    |                                      |                                                                                |        |
|                                                                                             |                                                                                                                    |                                      |                                                                                |        |
|                                                                                             |                                                                                                                    |                                      |                                                                                |        |
|                                                                                             |                                                                                                                    |                                      |                                                                                |        |
|                                                                                             |                                                                                                                    |                                      |                                                                                |        |
|                                                                                             |                                                                                                                    |                                      |                                                                                |        |
|                                                                                             |                                                                                                                    |                                      |                                                                                |        |
|                                                                                             |                                                                                                                    |                                      |                                                                                |        |
|                                                                                             |                                                                                                                    |                                      |                                                                                |        |
| Total from continuation sheets                                                              |                                                                                                                    |                                      |                                                                                |        |

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - OUR ABILITY ALLIANCE

TO CONTINUE GRANTOR'S SUPPORT OF GRANTEE'S PROGRAM TO MATCH HANDICAPPED

INDIVIDUALS WITH EMPLOYERS, AND SUPPORT JOB RETENTION AND CAREER

DEVELOPMENT

Part XV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - MULTICULTURAL ASSOCIATION OF MEDICAL INTERPRETERS OF  
CENTRAL, NY, INC

TO ASSIST IN TRAINING IMMIGRANTS IN THE ALBANY AREA TO BECOME TRAINED  
AND CERTIFIED AS A MEDICAL INTERPRETER

NAME OF RECIPIENT - OUR ABILITY ALLIANCE

TO CONTINUE GRANTOR'S SUPPORT OF GRANTEE'S PROGRAM TO MATCH HANDICAPPED  
INDIVIDUALS WITH EMPLOYERS, AND SUPPORT JOB RETENTION AND CAREER  
DEVELOPMENT

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

| SOURCE                      | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-----------------------------|-----------------------------|---------------------------------|-------------------------------|
| INTEREST FROM CASH ACCOUNTS | 1,015.                      | 1,015.                          |                               |
| TOTAL TO PART I, LINE 3     | 1,015.                      | 1,015.                          |                               |

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

| SOURCE                                  | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDENDS | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-----------------------------------------|-----------------|-------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| DIVIDENDS FROM<br>SECURITIES            | 85,552.         | 0.                            | 85,552.                     | 85,552.                           |                               |
| INTEREST FROM<br>MORTGAGE<br>RECEIVABLE | 14,811.         | 0.                            | 14,811.                     | 14,811.                           |                               |
| INTEREST FROM<br>SECURITIES             | 177.            | 0.                            | 177.                        | 177.                              |                               |
| TO PART I, LINE 4                       | 100,540.        | 0.                            | 100,540.                    | 100,540.                          |                               |

## FORM 990-PF LEGAL FEES STATEMENT 3

| DESCRIPTION                | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| LEGAL FEES                 | 2,000.                       | 0.                                |                               | 2,000.                        |
| TO FM 990-PF, PG 1, LN 16A | 2,000.                       | 0.                                |                               | 2,000.                        |

## FORM 990-PF ACCOUNTING FEES STATEMENT 4

| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING FEES              | 10,615.                      | 0.                                |                               | 10,615.                       |
| TO FORM 990-PF, PG 1, LN 16B | 10,615.                      | 0.                                |                               | 10,615.                       |

## FORM 990-PF

## TAXES

## STATEMENT 5

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| FEDERAL EXCISE TAX          | 2,585.                       | 2,585.                            |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18 | 2,585.                       | 2,585.                            |                               | 0.                            |

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 6

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| INVESTMENT FEES             | 53,375.                      | 53,375.                           |                               | 0.                            |
| NYS DOL FEE                 | 250.                         | 0.                                |                               | 250.                          |
| OPERATING EXPENSES          | 4,621.                       | 0.                                |                               | 4,763.                        |
| TO FORM 990-PF, PG 1, LN 23 | 58,246.                      | 53,375.                           |                               | 5,013.                        |

## FORM 990-PF

## OTHER INCREASES IN NET ASSETS OR FUND BALANCES

## STATEMENT 7

| DESCRIPTION                               | AMOUNT   |
|-------------------------------------------|----------|
| UNREALIZED GAIN/LOSS ON INVESTMENTS       | 588,491. |
| CONDITIONAL PROMISES QUALIFIED SET ASIDES | 164,509. |
| TOTAL TO FORM 990-PF, PART III, LINE 3    | 753,000. |

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 8

| DESCRIPTION                            | VALUATION<br>METHOD | BOOK VALUE | FAIR MARKET<br>VALUE |
|----------------------------------------|---------------------|------------|----------------------|
| COINS                                  | FMV                 | 490,974.   | 490,974.             |
| PRECIOUS METALS                        | FMV                 | 4,708,336. | 4,708,336.           |
| VARIOUS SECURITIES: MERRILL LYNCH      | FMV                 | 2,426,652. | 2,426,652.           |
| VARIOUS SECURITIES: MORGAN STANLEY     | FMV                 | 892,315.   | 892,315.             |
| TOTAL TO FORM 990-PF, PART II, LINE 13 |                     | 8,518,277. | 8,518,277.           |

FORM 990-PF

OTHER LIABILITIES

STATEMENT 9

DESCRIPTION

BOY AMOUNT

EOY AMOUNT

NYS DOL FEE PAYABLE

250.

250.

FEDERAL EXCISE TAXES PAYABLE

517.

1,385.

TOTAL TO FORM 990-PF, PART II, LINE 22

767.

1,635.

FORM 990-PF

EXPLANATION OF CASH SET-ASIDE  
PART XII, LINE 3B

STATEMENT 10

SEE ATTACHED INFORMATION

FORM 990-PF

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

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THE SEYMOUR FOX MEMORIAL FOUNDATION, INC.  
251 RIVER STREET, SUITE 403  
TROY, NY 12181-0869

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

518-273-0000

THE SEYMOUR FOX MEMORIAL FOUNDATION, INC.

EMAIL ADDRESS

SEYMOURFOXFOUNDATION@HOTMAIL.COM

FORM AND CONTENT OF APPLICATIONS

PLEASE REFER TO THE FOUNDATION'S WEBSITE FOR A COMPLETE COPY OF THE GRANT APPLICATION FORM AND INSTRUCTIONS.

COMPLETED APPLICATIONS (AND ALL ATTACHMENTS) IN ELECTRONIC FORMAT VIA EMAIL ARE PREFERRED. IF APPLYING IN PAPER FORMAT, FIVE COPIES ARE REQUESTED.

THE APPLICATION INCLUDES FIVE SECTIONS TO BE COMPLETED:

- A. GENERAL INFORMATION
- B. FUNDING REQUEST
- C. EVALUATION
- D. ATTACHMENTS
- E. OTHER SUPPORTING MATERIALS

ANY SUBMISSION DEADLINES

MAY 1ST OF EACH YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

ON A GRANT BY GRANT BASIS

Note that this schedule should also be attached to the 990-PF as required by Part XII Qualifying Distributions set-asides under item 2. Per the instructions "For any set-aside under 2 above, the private foundation must attach a schedule to its annual information return showing how the requirements are met. A schedule is required for the year of the set-aside and for each subsequent year until the set-aside amount has been distributed. See Regulations section 53.4842(b)-3(b)(7)(i) for specific requirements."

|                                                                                 | Entity                                                                            | 2014 Set Asides | in 2015    | in 2016    | in 2017    | in 2018    | in 2019 | in 2020 |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------|------------|------------|------------|------------|---------|---------|
| COMMISSION ON ECONOMIC OPPORTUNITY FOR THE GREATER CAPITAL REGION, INC.         | RENSELAER POLYTECHNIC INSTITUTE                                                   | 45,000.00       |            | 22,500.00  | 8,010.66   | 14,489.34  |         |         |
|                                                                                 | HABITAT FOR HUMANITY CAPITAL DISTRICT                                             | 30,000.00       |            | 15,000.00  | -          | 15,000.00  |         |         |
|                                                                                 | HABITAT FOR HUMANITY CAPITAL DISTRICT                                             | 95,000.00       |            | -          | -          | 95,000.00  |         |         |
|                                                                                 | HABITAT FOR HUMANITY CAPITAL DISTRICT                                             | 200,000.00      | 25,000.00  | 75,000.00  | -          | 100,000.00 |         |         |
|                                                                                 | CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY                                       | 20,000.00       |            | -          | -          | -          |         |         |
|                                                                                 | JOSEPH'S HOUSE AND SHELTER INC                                                    | 30,000.00       |            | -          | -          | -          |         |         |
|                                                                                 | JOSEPH'S HOUSE AND SHELTER INC                                                    | 30,000.00       | 20,000.00  | -          | -          | -          |         |         |
|                                                                                 | WHITNEY M. YOUNG JR. HEALTH CENTER, INC                                           | 30,000.00       | 20,000.00  | 10,000.00  | -          | -          |         |         |
|                                                                                 | Total                                                                             | 450,000.00      | 95,000.00  | 122,500.00 | 8,010.66   | 224,489.34 |         |         |
|                                                                                 |                                                                                   |                 |            |            |            |            |         |         |
| FOOD PANTRIES FOR THE CAPITAL DISTRICT, INC                                     | Entity                                                                            | 2015 Set Asides | in 2016    | in 2017    | in 2018    | in 2019    | in 2020 |         |
|                                                                                 | YWCA OF THE GREATER CAPITAL REGION, INC                                           | 15,000.00       | 15,000.00  | -          | -          | -          | -       |         |
|                                                                                 | WAMC                                                                              | 15,000.00       | 15,000.00  | -          | -          | -          | -       |         |
|                                                                                 | WAMC                                                                              | 25,000.00       | 16,868.66  | 8,333.34   | -          | -          | -       |         |
|                                                                                 | OUR ABILITY ALLIANCE                                                              | 25,000.00       | 25,000.00  | -          | -          | -          | -       |         |
|                                                                                 | INDEPENDENT LIVING CENTER OF HUDSON VALLEY, INC                                   | 16,000.00       | 16,000.00  | -          | -          | -          | -       |         |
|                                                                                 | CHABAD OF SOUTHERN RENESSELAER COUNTY                                             | 9,000.00        | 9,000.00   | -          | -          | -          | -       |         |
|                                                                                 | CATHOLIC CHARITIES OF THE DIOCES OF ALBANY                                        | 26,000.00       | 14,000.00  | 12,000.00  | -          | -          | -       |         |
|                                                                                 | HABITAT FOR HUMANITY CAPITAL DISTRICT                                             | 25,000.00       | 25,000.00  | 25,000.00  | -          | -          | -       |         |
|                                                                                 | HOPE HOUSE, INC                                                                   | 148,813.00      | 44,855.00  | 103,858.00 | -          | -          | -       |         |
| Total                                                                           | 319,613.00                                                                        | 170,621.66      | 45,333.34  | 103,858.00 | 103,858.00 |            |         |         |
|                                                                                 |                                                                                   |                 |            |            |            |            |         |         |
| THE REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK (BLUE CREEK ELEMENTARY SCHOOL)  | Entity                                                                            | 2016 Set Asides | in 2017    | in 2018    | in 2019    | in 2020    |         |         |
|                                                                                 | INTERFAITH PARTNERSHIP FOR THE HOMELESS                                           | 100,000.00      | 40,000.00  | 20,000.00  | 20,000.00  | 20,000.00  |         |         |
|                                                                                 | TROY AREA UNITED MINISTRIES, INC                                                  | 9,980.00        | 3,330.00   | 6,660.00   | -          | -          |         |         |
|                                                                                 | FRIENDS OF WASHINGTON PARK INC                                                    | 10,000.00       | 10,000.00  | -          | -          | -          |         |         |
|                                                                                 | GUILDHAVEN INC                                                                    | 5,000.00        | -          | 12,500.00  | -          | -          |         |         |
|                                                                                 | OUR ABILITY ALLIANCE                                                              | 25,000.00       | 5,000.00   | 25,000.00  | -          | -          |         |         |
|                                                                                 | YWCA OF THE GREATER CAPITAL REGION, INC                                           | 21,500.00       | 16,125.00  | 5,375.00   | -          | -          |         |         |
|                                                                                 | STARS INTERGEN CORP                                                               | 7,500.00        | 7,500.00   | -          | -          | -          |         |         |
|                                                                                 | SCENECTADY CITY SCHOOL DISTRICT EDUCATIONAL FOUNDATION (READING IS FUN PROGRAM)   | 15,000.00       | 7,500.00   | 7,500.00   | -          | -          |         |         |
|                                                                                 | INTERFAITH STORY CIRCLE OF THE TRI-CITY AREA INC                                  | 8,000.00        | 8,000.00   | -          | -          | -          |         |         |
| Total                                                                           | 214,490.00                                                                        | 122,455.00      | 52,035.00  | 20,000.00  | 20,000.00  |            |         |         |
|                                                                                 |                                                                                   |                 |            |            |            |            |         |         |
| SCENECTADY CITY SCHOOL DISTRICT EDUCATIONAL FOUNDATION (READING IS FUN PROGRAM) | Entity                                                                            | 2017 Set Asides | in 2018    | in 2019    | in 2020    |            |         |         |
|                                                                                 | GRASSROOT GIVERS (BOOK PURCHASE)                                                  | 750.00          | 750.00     | -          | -          |            |         |         |
|                                                                                 | INDEPENDENT LIVING CENTER OF HUDSON VALLEY, INC (YOUTH IN TRANSITION PROGRAM)     | 20,000.00       | 20,000.00  | -          | -          |            |         |         |
|                                                                                 | MULTICULTURAL ASSOCIATION OF MEDICAL INTERPRETERS OF CENTRAL, N.Y., INC           | 14,227.00       | 14,227.00  | -          | -          |            |         |         |
|                                                                                 | OUR ABILITY ALLIANCE, INC                                                         | 12,500.00       | 12,500.00  | -          | -          |            |         |         |
|                                                                                 | WAMC (FALLING INTO PLACE)                                                         | 8,333.34        | 8,333.34   | -          | -          |            |         |         |
|                                                                                 | ALBANY DAMIEN CENTER, INC (PAWS)                                                  | 20,000.00       | 20,000.00  | -          | -          |            |         |         |
|                                                                                 | GRASSROOT GIVERS (HOME ESSENTIALS PROGRAM)                                        | 5,000.00        | 5,000.00   | -          | -          |            |         |         |
|                                                                                 | GRASSROOT GIVERS (LITERACY PROGRAM)                                               | 11,000.00       | 11,000.00  | -          | -          |            |         |         |
|                                                                                 | BERKSHIRE WILD LIFE SERVICES                                                      | 7,149.00        | 7,149.00   | -          | -          |            |         |         |
| JOSEPH'S HOUSE AND SHELTER, INC (VAN PURCHASE)                                  | Entity                                                                            | 2017 Set Asides | in 2018    | in 2019    | in 2020    |            |         |         |
|                                                                                 | PARSONS CHILD AND FAMILY CENTER                                                   | 8,500.00        | 8,500.00   | -          | -          |            |         |         |
|                                                                                 | THE NORTH-EAST HEALTH FOUNDATION, INC (EDDEY ALZHEIMER'S SERVICES - BRIDGET FUND) | 15,000.00       | 15,000.00  | -          | -          |            |         |         |
|                                                                                 | ALZHEIMER'S SERVICES - BRIDGET FUND                                               | 5,000.00        | 5,000.00   | -          | -          |            |         |         |
|                                                                                 | THE SALVATION ARMY, TROY CHAPTER                                                  | 8,500.00        | 8,500.00   | -          | -          |            |         |         |
|                                                                                 | TROY H S                                                                          | 1,500.00        | 1,500.00   | 8,500.00   | -          |            |         |         |
|                                                                                 | TROY BOYS AND GIRLS CLUB (NEW KITCHEN)                                            | 15,000.00       | 15,000.00  | -          | -          |            |         |         |
|                                                                                 | WAMC ( LINDA ROCKS PROGRAM)                                                       | 7,050.00        | 7,050.00   | -          | -          |            |         |         |
|                                                                                 | WHISKERS INC                                                                      | 5,000.00        | 5,000.00   | -          | -          |            |         |         |
|                                                                                 | Total                                                                             | 164,509.34      | 156,009.34 | 8,500.00   | -          |            |         |         |

For the above set asides

See Form 990-PF, Part XV(b) column "purpose of grant or contribution" describing the nature and purposes of the specific project

The amounts set aside will actually be paid within the timeframe listed above

The projects will not be completed before the end of the year in which the set aside is made