

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

**Return of Private Foundation  
 or Section 4947(a)(1) Trust Treated as Private Foundation**

OMB No 1545-0052

**2017**

**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

**For calendar year 2017, or tax year beginning 04-01-2017, and ending 03-31-2018**

Name of foundation WELLFLEET FOUNDATION INC		A Employer identification number 13-3170169	
Number and street (or P O box number if mail is not delivered to street address) 41 WEST 72 ST SUITE 12-F		Room/suite	
B Telephone number (see instructions) (201) 849-4544		C If exemption application is pending, check here <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10023		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 2,407,511		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	0			
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	158	158	158	
	<b>4</b> Dividends and interest from securities	57,665	57,665	57,665	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	-13,142			
	<b>b</b> Gross sales price for all assets on line 6a 230,148				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain			10	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	-1,838	-1,838	-1,838		
<b>12 Total.</b> Add lines 1 through 11	42,843	55,985	55,995		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0	0	0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	3,865	0	0	0
	<b>c</b> Other professional fees (attach schedule)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)				
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	17,568	17,318	17,318	250
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	21,433	17,318	17,318	250
	<b>25</b> Contributions, gifts, grants paid	51,000			51,000
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	72,433	17,318	17,318	51,250	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-29,590				
<b>b Net investment income</b> (if negative, enter -0-)		38,667			
<b>c Adjusted net income</b> (if negative, enter -0-)			38,677		

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	10,521	7,631	7,631
	<b>2</b> Savings and temporary cash investments . . . . .	112,843	76,352	76,352
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	311,866	311,866	311,866
	<b>10a</b> Investments—U S and state government obligations (attach schedule)	24,718	24,402	9,282
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	1,191,276	1,156,563	1,382,387
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	402,772	443,706	437,432
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	179,785	183,671	182,561
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	2,233,781	2,204,191	2,407,511	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable. . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	-15,010	-44,600		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	2,233,781	2,204,191		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	2,233,781	2,204,191		

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

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	2,233,781
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-29,590
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	2,204,191
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	2,204,191

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(i) F M V as of 12/31/69			(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any
(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))				
<b>a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
<b>2</b> Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		<b>2</b> -13,142
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		<b>3</b> 10

**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 does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	55,861	2,017,109	0.027694
2015	52,566	1,947,821	0.026987
2014	57,928	2,016,069	0.028733
2013	55,050	2,289,484	0.024045
2012	64,238	2,363,710	0.027177
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.134636
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.026927
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 2,111,638
<b>5</b> Multiply line 4 by line 3			<b>5</b> 56,860
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 387
<b>7</b> Add lines 5 and 6			<b>7</b> 57,247
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 51,250

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.

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

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for credits and payments. Total amount owed is 78.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, expenditures, and state reporting. Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

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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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

<b>5a</b>	During the year did the foundation pay or incur any amount to			
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶		<input type="checkbox"/>	<b>5b</b>
<b>c</b>	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? . . . . . <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <i>If "Yes" to 6b, file Form 8870</i>			<b>6b</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			<b>7b</b>

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

Part VIII

Table 1: List all officers, directors, trustees, foundation managers and their compensation. Columns include Name and address, Title and average hours per week, Compensation, Contributions to employee benefit plans, and Expense account.

Table 2: Compensation of five highest-paid employees (other than those included on line 1). Columns include Name and address, Title and average hours per week, Compensation, Contributions to employee benefit plans, and Expense account.

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

Table 3: Five highest-paid independent contractors for professional services. Columns include Name and address, Type of service, and Compensation.

Total number of others receiving over \$50,000 for professional services.

Part IX-A Summary of Direct Charitable Activities

Table 4: Summary of Direct Charitable Activities. Columns include Description of activities and Expenses.

Part IX-B Summary of Program-Related Investments (see instructions)

Table 5: Summary of Program-Related Investments. Columns include Description of investments and Amount.

Total. Add lines 1 through 3.

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	2,008,578
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	135,217
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	2,143,795
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	2,143,795
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	32,157
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	2,111,638
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	105,582

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	51,250
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	51,250
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	51,250

**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) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2017 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. 1984-02-24

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 6 columns: Tax year, (a) 2017, (b) 2016, (c) 2015, (d) 2014, (e) Total. Rows include 2a-2e (Qualifying distributions) and 3a-3c (Alternative tests).

Part XV Supplementary Information (Complete this part only if the organization 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)
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

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

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

**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	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				51,000
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0





**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
557 SH QUALCOMM INC			
GOVT NATL MTG ASS POOL			
50000 LLOYDS TSB BANK			
50000 TEVA PHARMACEUTICAL			
50000 AMERICAN FINCL GROUP			
50000 GENERAL ELECTRIC			
FR SH QUALCOMM, INC			
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
30,746		43,020	-12,274
1,702		316	1,386
50,000		50,000	0
47,492		49,954	-2,462
50,000		50,000	0
50,000		50,000	0
10			10
198			198

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-12,274
			1,386
			0
			-2,462
			0
			0
			10
			198

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ABRAHAM LINCOLN BRIGADE ARCHIVES 799 BROADWAY SUITE 341 NEW YORK, NY 10003		501(C)(3)	GENERAL	1,000
AIRSERVE INTERNATIONAL 410 ROSEDALE CT SUITE 190 WARRENTON, VA 20186		501(C)(3)	GENERAL	10,000
CAPE COD HEALTH CARE FOUNDATION PO BOX 370 HYANNIS, MA 02601		501(C)(3)	GENERAL	7,500
COMMITTEE TO PROTECT JOURNALISTS 330 7TH AVE 11TH FLOOR NEW YORK, NY 10001		501(C)(3)	GENERAL	2,000
DIRECTORS GUILD FOUNDATION 7920 SUNSET BLVD LOS ANGELES, CA 90040		501(C)(3)	GENERAL	2,000
<b>Total . . . . . ▶</b> <b>3a</b>				51,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EAST HARLEM TUTORIAL PROGRAM 2050 SECOND AVE NEW YORK, NY 10029		501(C)(3)	GENERAL	5,000
FUND FOR THE AGED INC AT JEWISH HOME AND HOSPITAL 120 WEST 106 STREET NEW YORK, NY 100253797		501(C)(3)	GENERAL	1,000
HAGEDORN LITTLE VILLAGE SCHOOL 750 HICKSVILLE ROAD SEAFORD, NY 11783		501(C)(3)	GENERAL	500
HARLEM SCHOOL FOR THE ARTS 645 ST NICHOLAS AVE NEW YORK, NY 10030		501(C)(3)	GENERAL	1,000
INTERNATIONAL WILDLIFE REHABILITATION COUNCIL PO BOX 3197 EUGENE, OR 97403		501(C)(3)	GENERAL,	750
<b>Total . . . . .</b> ▶ <b>3a</b>				51,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JEFFREY SELZNICK SCHOOL OF FILM PRESERVATION # GEORGE EASTMAN HOUSE 900 EAST AVE ROCHESTER, NY 14607		501(C)(3)	GENERAL	5,000
MASSACHUSETTS EYE & EAR DEVELOPMENT OFFICE 243 CHARLES ST BOSTON, MA 02114		501(C)(3)	GENERAL	1,000
NATIONAL CENTER FOR JEWISH FILM BRANDEIS UNIVERSITY LOWN 102 MS 053 WALTHAM, MA 024549110		501(C)(3)	GENERAL	2,000
NEWARK PUBLIC RADIO54 PARK PLACE NEWARK, NJ 07102		501(C)(3)	GENERAL	1,000
OUTER CAPE HEALTH SERVICES 3130 ROUTE 6 WELLFLEET, MA 02667		501(C)(3)	GENERAL	750
<b>Total</b> . . . . . <b>3a</b> ▶				51,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PROVINCETOWN AIDS SUPPORT GROUP PO BOX 1522 PROVINCETOWN, MA 02657		501(C)(3)	GENERAL	1,000
STEP AHEAD INC54 MAIN ST SUITE 201 SUCCASUNNA, NJ 07876		501(C)(3)	GENERAL	1,000
THE ACTOR'S FUND OF AMERICA 729 SEVENTH AVE 10TH FL NEW YORK, NY 10019		501(C)(3)	GENERAL	1,000
THE AUTHORS GUILD FOUNDATION 31 EAST 32 ST 7TH FL NEW YORK, NY 10016		501(C)(3)	GENERAL	2,500
THE SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104		501(C)(3)	GENERAL	2,000
<b>Total . . . . . ▶</b> <b>3a</b>				51,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount	
Name and address (home or business)					
<b>a</b> <i>Paid during the year</i>					
THE STEVEN E BANNER FUND # NYU LANGONE MEDICAL CENTER 1 PARK AVE FLR 17 NEW YORK, NY 101572476					1,000
TRURO FIRE ASSOCIATION PO BOX 88 TRURO, MA 02666					500
TRURO POLICE ASSOCIATION PO BOX 808 TRURO, MA 02666					500
WELLFLEET FIRE ASSOCIATION PO BOX 602 WELLFLEET, MA 02667					500
WELLFLEET POLICE ASSOCIATION PO BOX 832 WELLFLEET, MA 02667					500
<b>Total . . . . .</b>				51,000	
<b>3a</b>					

**TY 2017 Accounting Fees Schedule****Name:** WELLFLEET FOUNDATION INC**EIN:** 13-3170169**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	3,865	0	0	0

**TY 2017 Investments Corporate Bonds Schedule****Name:** WELLFLEET FOUNDATION INC**EIN:** 13-3170169**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
30K MCDONALDS	29,881	30,463
4039 DOUBLELINE TOTAL RETURN BOND FD	44,392	42,328
50K JOHN DEERE BONDS	49,775	50,187
50K SHELL INTERNATIONAL FINCL	50,234	51,516
50K WESTPAC BANK	50,245	51,526
25K AUTOMATIC DATA PROCESSING	27,041	25,131
25K PROCTOR & GAMBLE	26,212	23,908
25K PFIZER INC	25,826	23,758
50K GOLDMAN SACHS	50,006	49,714
20K RAYTHEON	20,297	20,120
20K TOYOTA MTR	20,243	20,227
50K APPLE INC	49,554	48,554

**TY 2017 Investments Corporate Stock Schedule****Name:** WELLFLEET FOUNDATION INC**EIN:** 13-3170169

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
1139 PAYCHEX	49,077	70,177
1398 KAYNE ANDERSON MLP	39,250	23,024
1346 PFIZER INC	39,820	47,767
134 CHEMOURS CO	2,174	6,550
1600 PUBLIC STORAGE PFD	40,000	40,256
2000 BANK OF NY MELLON PFD	50,000	50,400
2000 DIGITAL REALTY PFD	50,000	50,000
224 CUMMINS INC	31,898	36,372
22684 STONERIDGE REINSURANCE	230,305	205,059
296 CHEVRON	30,782	33,734
326 BOEING	50,899	106,968
331 3M COMPANY	45,054	72,604
460 VANGUARD INDEX FDS REIT	36,867	34,706
465 HONEYWELL	30,238	67,153
524 UNION PACIFIC	30,509	70,505
574 EXXON MOBIL	53,306	42,866
639 VERIZON	25,338	30,576
665 ABBVIE	38,902	62,936
840 DOWDUPONT	40,652	53,507
7142 PIMCO REAL RETURN CL C	80,002	77,850
836 AMERICAN WATER WORKS	30,974	68,598
285 HARRIS CORP	26,013	45,984
18 ADVANSIX	160	626
739 GUGGENHEIM S&P GLOBAL	20,807	0
176 CHUBB LTD	26,312	24,049
406 EMERSON ELEC	25,905	27,713
101 LOCKHEED MARTIN	31,319	32,407

**TY 2017 Investments Government Obligations Schedule****Name:** WELLFLEET FOUNDATION INC**EIN:** 13-3170169**US Government Securities - End  
of Year Book Value:**

24,402

**US Government Securities - End  
of Year Fair Market Value:**

9,282

**State & Local Government  
Securities - End of Year Book  
Value:**

0

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

0

**TY 2017 Investments - Other Schedule****Name:** WELLFLEET FOUNDATION INC**EIN:** 13-3170169**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
1420 I SHARES TIPS BOND ETF	AT COST	162,237	160,551
547 SPDR INDEX SHS FDS EURO	AT COST	21,434	22,010

**TY 2017 Other Expenses Schedule****Name:** WELLFLEET FOUNDATION INC**EIN:** 13-3170169**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FIDELITY INVESTMENT FEES	13,766	13,766	13,766	0
NY STATE ANNUAL REPORT	250	0	0	250
BOND ACCRETION EXPENSE	662	662	662	0
LEGAL FEES	2,890	2,890	2,890	0

**TY 2017 Other Income Schedule****Name:** WELLFLEET FOUNDATION INC**EIN:** 13-3170169**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PARNERSHIP LOSS	-1,838	-1,838	-1,838