

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

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

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

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 11-01-2017, and ending 10-31-2018

Name of foundation HEISMAN TROPHY TRUST		A Employer identification number 13-7052079	
Number and street (or P O box number if mail is not delivered to street address) 111 BROADWAY NO 103A		B Telephone number (see instructions) (212) 425-7000	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10006		C If exemption application is pending, check here <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		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 30,769,386		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	3,305,997			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	34,951	34,951	34,951	
	4 Dividends and interest from securities	637,521	637,521	637,521	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,314,120			
	b Gross sales price for all assets on line 6a	9,013,315			
	7 Capital gain net income (from Part IV, line 2)		1,314,120		
	8 Net short-term capital gain			1,314,120	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	2,125,079	0	2,125,079		
12 Total. Add lines 1 through 11	7,417,668	1,986,592	4,111,671		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	153,721	0	0	0
	14 Other employee salaries and wages	101,544	0	101,544	0
	15 Pension plans, employee benefits	59,749	0	59,749	0
	16a Legal fees (attach schedule)	40,872	0	40,872	0
	b Accounting fees (attach schedule)	32,332	0	32,332	0
	c Other professional fees (attach schedule)	90,750	0	90,750	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	39,744	0	39,744	0
	19 Depreciation (attach schedule) and depletion	9,666	0	9,666	
	20 Occupancy	85,705	0	85,705	0
	21 Travel, conferences, and meetings	10,791	0	10,791	0
	22 Printing and publications				
	23 Other expenses (attach schedule)	932,158	145,381	786,777	0
	24 Total operating and administrative expenses. Add lines 13 through 23	1,557,032	145,381	1,257,930	0
	25 Contributions, gifts, grants paid	2,197,337			2,197,337
26 Total expenses and disbursements. Add lines 24 and 25	3,754,369	145,381	1,257,930	2,197,337	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	3,663,299				
b Net investment income (if negative, enter -0-)		1,841,211			
c Adjusted net income (if negative, enter -0-)			2,853,741		

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
Assets	1 Cash—non-interest-bearing	1,111,958	1,283,602	1,283,602
	2 Savings and temporary cash investments	1,356,386	5,036,499	5,036,499
	3 Accounts receivable ▶ <u>103,419</u>			
	Less allowance for doubtful accounts ▶ _____	1,905,025	103,419	103,419
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	249,628	151,049	151,049
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	12,483,453	13,311,861	14,999,319
	c Investments—corporate bonds (attach schedule)	6,765,582	8,387,320	8,199,895
	11 Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	1,302,599	1,066,334	966,417	
14 Land, buildings, and equipment basis ▶ <u>96,790</u>				
Less accumulated depreciation (attach schedule) ▶ <u>82,604</u>	21,361	14,186	14,186	
15 Other assets (describe ▶ _____)	15,000	15,000	15,000	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	25,210,992	29,369,270	30,769,386	
Liabilities	17 Accounts payable and accrued expenses	31,461	7,343	
	18 Grants payable.			
	19 Deferred revenue	161,213	717,310	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule).			
	22 Other liabilities (describe ▶ _____)	57,815	20,815	
	23 Total liabilities (add lines 17 through 22)	250,489	745,468	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	24,960,503	28,623,802	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> 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 (see instructions)	24,960,503	28,623,802		
31 Total liabilities and net assets/fund balances (see instructions) .	25,210,992	29,369,270		

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 (must agree with end-of-year figure reported on prior year's return)		1	24,960,503
2 Enter amount from Part I, line 27a		2	3,663,299
3 Other increases not included in line 2 (itemize) ▶ _____		3	0
4 Add lines 1, 2, and 3		4	28,623,802
5 Decreases not included in line 2 (itemize) ▶ _____		5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .		6	28,623,802

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)
1 a JP MORGAN	P		
b NORTHERN TRUST	P		
c NORTHERN TRUST COHO	P		
d NORTHERN TRUST JENNISON	P		
e			

(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)
a 6,755,435		5,588,430	1,167,005
b 1,736,341		1,667,198	69,143
c 129,772		100,201	29,571
d 391,767		343,366	48,401
e			

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	
a			1,167,005
b			69,143
c			29,571
d			48,401
e			

2 Capital gain net income or (net capital loss)	2	1,314,120
3 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	3	1,314,120

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	2,037,539	25,054,114	0.081326
2015	1,830,716	20,704,396	0.088422
2014	1,728,462	16,011,765	0.107949
2013	1,512,079	15,507,344	0.097507
2012	1,395,782	11,906,876	0.117225

2 Total of line 1, column (d)	2	0.492429
3 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	3	0.098486
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	26,732,776
5 Multiply line 4 by line 3	5	2,632,804
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	18,412
7 Add lines 5 and 6	7	2,651,216
8 Enter qualifying distributions from Part XII, line 4	8	2,197,337

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 calculation. Includes categories like 'Exempt operating foundations', 'Domestic foundations', 'Tax under section 511', and 'Tax due'. Total tax due is 37,377.

Part VII-A Statements Regarding Activities

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

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)

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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) 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	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) 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	
	(5) 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	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)? Organizations relying on a current notice regarding disaster assistance check here. ▶			5b
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? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a	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	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>			6b
7a	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	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b
				No

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
TIMOTHY HENNING 111 BROADWAY NEW YORK, NY 10006	OPERATIONS MANAGER 40 00	101,544	28,141	0

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CSM 449 9TH AVE 17TH FL NEW YORK, NY 10001	MARKETING ADVISORS	75,000

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, conferences convened, research papers produced, etc

	Expenses
1 NONE	0
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 **0**

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	22,754,912
b	Average of monthly cash balances.	1b	4,384,962
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	27,139,874
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	27,139,874
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	407,098
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	26,732,776
6	Minimum investment return. Enter 5% of line 5.	6	1,336,639

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

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	2,197,337
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	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	2,197,337
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 (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,197,337

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
1 Distributable amount for 2017 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	1,246,725			
b From 2013.	1,512,079			
c From 2014.	1,731,494			
d From 2015.				
e From 2016.				
f Total of lines 3a through e.	4,490,298			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____				
a Applied to 2016, but not more than line 2a			0	
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.				0
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
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,490,298			
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 instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).		0		
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	1,246,725			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	3,243,573			
10 Analysis of line 9				
a Excess from 2013.	1,512,079			
b Excess from 2014.	1,731,494			
c Excess from 2015.				
d Excess from 2016.				
e 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. 2008-06-30

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

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	1,336,639	1,252,706	1,035,220	800,588	4,425,153
b 85% of line 2a	1,136,143	1,064,800	879,937	680,500	3,761,380
c Qualifying distributions from Part XII, line 4 for each year listed	2,197,337	2,037,539	1,830,716	1,731,494	7,797,086
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	2,197,337	2,037,539	1,830,716	1,731,494	7,797,086
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.	891,093	835,137	690,147	533,725	2,950,102
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

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) (See section 507(d)(2))

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. If the foundation makes gifts, grants, etc (see instructions) 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

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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	2,205,525
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
WILLIAM J DOCKERY	PRESIDENT 5 00	0	0	0
C/O LAW OFFICE OF WILLIAM J DOCKERY 120 BROADWAY 32ND FLOOR NEW YORK, NY 10271				
MICHAEL COMERFORD ESQ	TRUSTEE 1 00	0	0	0
C/O COMERFORD DOUGHERTY 1122 FRANKLIN AVENUE STE 406 GARDEN CITY, NY 11530				
JAMES CORCORAN	TRUSTEE 1 00	0	0	0
C/O WELLS FARGO ADVISORS LLC 280 PARK AVE 27W NEW YORK, NY 10017				
ANNE FITZPATRICK-DONAHUE	TRUSTEE 1 00	0	0	0
C/O US BANK 3 BRYANT PARK 1095 AVENUE OF AMERICAS 15TH FL NEW YORK, NY 10036				
N RICHARD KALIKOW	TRUSTEE 1 00	0	0	0
GAMMA REAL ESTATE 101 PARK AVENUE SUITE 1102 NEW YORK, NY 10178				
VASIL KRISHNAMURTI	TRUSTEE 1 00	0	0	0
1060 PARK AVENUE 12G NEW YORK, NY 10128				
BRIAN OBERGFELL	TRUSTEE 1 00	0	0	0
C/O EMMET MARVIN MARTIN LLP 120 BROADWAY 32ND FLOOR NEW YORK, NY 10271				
CAROL PISANO	TRUSTEE 1 00	0	0	0
C/O MCELROY DEUSTCH MULVANEY CARPENTER LLC 225 LIBERTY STREET 36 NEW YORK, NY 10281				
SANFORD WURMFELD	TRUSTEE 1 00	0	0	0
18 WARREN STREET NEW YORK, NY 10007				
ROBERT WHALEN	EXECUTIVE DIRECTOR 40 00	153,721	45,962	0
111 BROADWAY NEW YORK, NY 10006				

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)				
a <i>Paid during the year</i>				
ARCHIE & BONITA GRIFFIN FOUNDATION 425 W SCHROCK RD STE 103 WESTERVILLE, OH 43081	NONE	PC	FINANCIAL SUPPORT	10,000
BILLY SIMS FOUNDATION INC 6570 E 51ST ST B TULSA, OK 74145	NONE	PC	FINANCIAL SUPPORT	10,000
BROOKLYN JESUIT PREP 560 STERLING PLACE BROOKLYN, NY 11238	NONE	PC	DONATION	15,000
Total ▶ 3a				2,205,525


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)				
a <i>Paid during the year</i>				
COSIDAPO BOX 7818 GREENWOOD, IN 46142	NONE	PC	FINANCIAL SUPPORT	5,000
DESIRE STREET MINISTRIES PO BOX 18057 ATLANTA, GA 18057	NONE	PC	FINANCIAL SUPPORT	40,000
DAVID ROBINSON FOUNDATION 1150 N LOOP 1604 W BOX 505 SAN ANTONIO, TX 78248	NONE	PC	FINANCIAL SUPPORT	10,000
Total ▶ 3a				2,205,525

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)				
a <i>Paid during the year</i>				
DONORSCHOOSEORG 134 WEST 37TH STREET NEW YORK, NY 10018	NONE	PC	FINANCIAL SUPPORT	36,900
EAST TEXAS COMMUNITIES FOUNDATION 315 N BROADWAT STE 210 TYLER, TX 75702	NONE	PC	FINANCIAL SUPPORT	10,000
ELS FOR AUTISM 18370 LIMESTONE CREEK ROAD JUPITER, FL 33458	NONE	PC	FINANCIAL SUPPORT	75,000
Total ▶ 3a				2,205,525

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)				
a <i>Paid during the year</i>				
FSU FOUNDATION INC 2010 LEVY AVE TALLAHASSEE, FL 32306	NONE	PC	FINANCIAL SUPPORT	5,000
GEORGE ROGERS FOUNDATION OF THE CAROLINAS INC PO BOX 205 COLUMBIA, SC 29202	NONE	PC	FINANCIAL SUPPORT	10,000
HBC FOUNDATION 14664 NW 25TH ROAD NEWBERRY, FL 32669	NONE	PC	FINANCIAL SUPPORT	10,000
Total 				2,205,525
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JAMEIS WINSTON'S DREAM FOREVER FOUNDATION 59 CAVALIER BLVD STE 301 FLORENCE, KY 41042	NONE	PC	FINANCIAL SUPPORT	10,000
JOHNNY RODGERS YOUTH FOUNDATION 2011 WIRT ST OMAHA, NE 68110	NONE	PC	FINANCIAL SUPPORT	10,000
MIKE ROZIER CANCER FOUNDATION 303 SUNSHINE LAKE DRIVE VOORHEES, NJ 08043	NONE	PC	FINANCIAL SUPPORT	10,000
Total ▶ 3a				2,205,525

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)				
a <i>Paid during the year</i>				
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVE LONG BRANCH, NJ 07740	NONE	PC	FINANCIAL SUPPORT	10,000
NEBRASKA GREATS FOUNDATION 2813 SOUTH 76 STREET OMAHA, NE 68124	NONE	PC	FINANCIAL SUPPORT	10,000
NEW YORK COMMUNITY TRUST 909 THIRD AVE NEW YORK, NY 10022	NONE	PC	DONATION	1,829,625
Total ▶ 3a				2,205,525


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)				
a <i>Paid during the year</i>				
SISTER VISITOR PROGRAM 2235 WEST MARKET STREET LOUISVILLE, KY 40212	NONE	PC	FINANCIAL SUPPORT	10,000
THE DOUG FLUTIE JR FOUNDATION FOR AUTISM PO BOX 767 FRAMINGHAM, MA 01701	NONE	PC	FINANCIAL SUPPORT	20,000
THE MARTY LYONS FOUNDATION 354 VETERANS MEMORIAL HWY 9 COMMACK, NY 11725	NONE	PC	FINANCIAL SUPPORT	5,000
Total ▶ 3a				2,205,525

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)				
a <i>Paid during the year</i>				
TIM TEBOW FOUNDATION 2220 COUNTRY RD STE 108 PMB 317 JACKSONVILLE, FL 32259	NONE	PC	FINANCIAL SUPPORT	30,000
TRUSTEES OF THE UNIVERSITY OF PENNSYL 801 SPRUCE ST PHILADELPHIA, PA 19107	NONE	PC	FINANCIAL SUPPORT	9,000
UAB COMPREHENSIVE CANCER CENTER WTI 210 1720 2ND AVE SOUTH BIRMINGHAM, AL 35294	NONE	PC	FINANCIAL SUPPORT	5,000
Total ▶ 3a				2,205,525

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)				
a <i>Paid during the year</i>				
VISITATION CATHOLIC SCHOOL 5141 MAIN STREET KANSAS CITY, MO 64112	NONE	PC	FINANCIAL SUPPORT	5,000
WUCD EDUCATION FUND 1240 W 57TH TERR KANSAS CITY, MI 64113	NONE	PC	FINANCIAL SUPPORT	5,000
Total 				2,205,525
3a				

TY 2017 Accounting Fees Schedule**Name:** HEISMAN TROPHY TRUST**EIN:** 13-7052079**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	32,332	0	32,332	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Depreciation Schedule

Name: HEISMAN TROPHY TRUST

EIN: 13-7052079

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COPIER USED	2008-03-21	3,739	3,739	SL	5 000000000000	0	0	0	
LAPTOP	2008-10-07	1,463	1,463	SL	5 000000000000	0	0	0	
NEW COMPUTER	2008-11-12	1,713	1,713	SL	5 000000000000	0	0	0	
NEW OFFICE PRINTER	2009-05-12	1,807	1,807	SL	5 000000000000	0	0	0	
6 CR CARD SWIPERS	2010-09-09	2,832	2,807	SL	5 000000000000	0	0	0	
WEB SOFTWARE UPGRADE	2010-04-01	1,524	1,524	SL	5 000000000000	0	0	0	
DESKTOP COMPUTER	2010-04-01	1,272	1,272	SL	5 000000000000	0	0	0	
NEW LABTOP	2011-07-26	2,023	2,023	SL	5 000000000000	0	0	0	
OFFICE FURNITURE	2011-03-31	49,642	35,562	150DB	7 000000000000	5,973	0	5,973	
NEW LABTOP RW	2012-02-02	2,403	2,403	200DB	5 000000000000	0	0	0	
EXTERNAL HARD DRIVE	2012-10-01	162	162	200DB	5 000000000000	0	0	0	
OFFICE FURNITURE	2012-04-30	15,667	13,073	150DB	7 000000000000	1,729	0	1,729	
NEW PHONE SYSTEM	2014-06-30	3,554	2,487	SL	5 000000000000	711	0	711	
COMPUTER EQUIPMENT	2016-11-01	1,498	1,498	SL	5 000000000000	0	0	0	
COMPUTER EQUIPMENT	2016-11-21	5,000	1,405	SL	5 000000000000	1,000	0	1,000	
COMPUTER EQUIPMENT	2018-03-30	2,167		SL	5 000000000000	253	0	253	
COMPUTER EQUIPMENT	2018-10-28	325		SL	5 000000000000	0	0	0	

TY 2017 ExplanOfLegisPoliticalActvts

Name: HEISMAN TROPHY TRUST

EIN: 13-7052079

Explanation: N/A

TY 2017 Investments Corporate Bonds Schedule**Name:** HEISMAN TROPHY TRUST**EIN:** 13-7052079**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
US FIXED INCOME	4,693,216	4,550,601
GLOBAL FIXED INCOME	962,099	958,158
US FIXED INCOME- NORTHERN TRUST	2,732,005	2,691,136

TY 2017 Investments Corporate Stock Schedule**Name:** HEISMAN TROPHY TRUST**EIN:** 13-7052079

Name of Stock	End of Year Book Value	End of Year Fair Market Value
US LARGE CAP EUIITY	4,130,186	4,723,899
EAFE EQUITY	2,152,012	2,226,625
GLOBAL EQUITY	606,131	708,190
JAPANESE LARGE CAP	260,131	247,865
EQUITIES- NORTHERN TRUST	5,123,038	5,750,345
EQUITIES- NORTHERN TRUST COHO	570,187	672,743
EQUITIES- NORTHERN TRUST JENNISON	470,176	669,652

TY 2017 Investments - Other Schedule**Name:** HEISMAN TROPHY TRUST**EIN:** 13-7052079**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
REAL ESTATE	FMV	340,465	318,113
COMMODITIES- NORTHERN TRUST	FMV	725,869	648,304

TY 2017 Land, Etc. Schedule

Name: HEISMAN TROPHY TRUST

EIN: 13-7052079

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COPIER USED	3,739	3,739	0	
LAPTOP	1,463	1,463	0	
NEW COMPUTER	1,713	1,713	0	
NEW OFFICE PRINTER	1,807	1,807	0	
6 CR CARD SWIPERS	2,832	2,807	25	
WEB SOFTWARE UPGRADE	1,524	1,524	0	
DESKTOP COMPUTER	1,272	1,272	0	
NEW LABTOP	2,023	2,023	0	
OFFICE FURNITURE	49,642	41,535	8,107	
NEW LABTOP RW	2,403	2,403	0	
EXTERNAL HARD DRIVE	162	162	0	
OFFICE FURNITURE	15,667	14,802	865	
NEW PHONE SYSTEM	3,554	3,198	356	
COMPUTER EQUIPMENT	1,498	1,498	0	
COMPUTER EQUIPMENT	5,000	2,405	2,595	
COMPUTER EQUIPMENT	2,167	253	1,914	
COMPUTER EQUIPMENT	325	0	325	

TY 2017 Legal Fees Schedule**Name:** HEISMAN TROPHY TRUST**EIN:** 13-7052079

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	40,872	0	40,872	0

TY 2017 Other Assets Schedule**Name:** HEISMAN TROPHY TRUST**EIN:** 13-7052079**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SECURITY DEPOSITS	15,000	15,000	15,000

TY 2017 Other Expenses Schedule**Name:** HEISMAN TROPHY TRUST**EIN:** 13-7052079**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	24,799	0	24,799	0
OFFICE EXPENSES	24,810	0	24,810	0
HEISMAN AWARDS DINNER EXPENSES	639,267	0	639,267	0
BANK CHARGES AND MISC FEES	4,571	0	4,571	0
WEBSITE	71,870	0	71,870	0
PAYROLL FEE	4,580	0	4,580	0
JP MORGAN CUSTODY FEE	77,018	77,018	0	0
NORTHER TRUST CUSTODY FEE	68,363	68,363	0	0
DUES AND SUBSCRIPTIONS	5,735	0	5,735	0
POSTAGE AND STATIONARY	7,755	0	7,755	0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE EXPENSE	3,390	0	3,390	0

TY 2017 Other Income Schedule**Name:** HEISMAN TROPHY TRUST**EIN:** 13-7052079**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
LICENSING	114,397		114,397
MEDIA	2,010,000		2,010,000
MERCHANDISE SALES	682		682

TY 2017 Other Liabilities Schedule**Name:** HEISMAN TROPHY TRUST**EIN:** 13-7052079

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED RENT	28,815	20,815
OTHER LIABILITIES	29,000	0

TY 2017 Other Professional Fees Schedule**Name:** HEISMAN TROPHY TRUST**EIN:** 13-7052079

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OUTSIDE CONTRACTORS	90,750	0	90,750	0

TY 2017 Taxes Schedule**Name:** HEISMAN TROPHY TRUST**EIN:** 13-7052079

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	20,005	0	20,005	0
NYS FILING FEE	750	0	750	0
PAYROLL TAXES	18,989	0	18,989	0

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

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at
www.irs.gov/form990

OMB No 1545-0047
2017

Name of the organization
HEISMAN TROPHY TRUST

Employer identification number
13-7052079

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 foundation

Check 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 other 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 33¹ 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
HEISMAN TROPHY TRUST

Employer identification number
13-7052079

Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization HEISMAN TROPHY TRUST	Employer identification number 13-7052079
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Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed			
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____

Name of organization HEISMAN TROPHY TRUST	Employer identification number 13-7052079
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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 information once. See instructions.) ▶ \$ _____
 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
_____	_____
_____	_____

(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
_____	_____
_____	_____

(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
_____	_____
_____	_____

(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
_____	_____
_____	_____

Additional Data**Software ID:****Software Version:****EIN:** 13-7052079**Name:** HEISMAN TROPHY TRUST

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOSTENSVISANT <hr/> 357 MAIN ST <hr/> ARMONK, NY10504	<hr/> \$ 82,084	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
2	WENDY'S <hr/> ONE DAVE THOMAS BLVD <hr/> DUBLIN, OH43017	<hr/> \$ 675,138	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
3	NISSAN <hr/> 1 NISSAN WAY <hr/> FRANKLIN, TN37067	<hr/> \$ 2,187,166	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
4	INTER-BORO SPRINKLER CORP- ROBERT KIRK <hr/> 12 ATLANTIC WALK <hr/> ROCKAWAY POINT, NY11697	<hr/> \$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
5	MICHAEL COMERFORD <hr/> 1122 FRANKLIN AVE STE 406 <hr/> GARDEN CITY, NY11530	<hr/> \$ 6,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
6	MIKE HOUCK <hr/> 180 W BROOKS STREET STE 2525 <hr/> NORMAN, OK 73019	<hr/> \$ 14,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DANIEL PASSACANTILLI 62 COMMERCIAL WHARF BOSTON, MA02110	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
8	STEVE LOPES ED 3501 WATT WAY LOS ANGELES, CA90089	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
9	ROBERT TUCKER 12 HENRY AUSTIN DRIVE WILTON, CT06897	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
10	ROSS ARTALE 3535 STATE HIGHWAY 66 STE 7 NEPTUNE, NJ07753	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
11	JAMES MALONEY 1 SUNDIAL AVE MANCHESTER, NH03103	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
12	JERRY WILLIAMS 8647 S 79TH E AVE TULSA, OK74133	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	<p>SANDRA RICHARDS</p> <hr/> <p>2000 WESTCHESTER AVE</p> <hr/> <p>PURCHASE, NY 10577</p>	<hr/> <p>\$ 6,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contribution)</p>