

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](http://www.irs.gov/form990pf).

2017

Open to Public  
Inspection

For calendar year 2017, or tax year beginning 12-01-2017, and ending 11-30-2018

<p>Name of foundation THE BALM FOUNDATION INC</p> <p>Number and street (or P O box number if mail is not delivered to street address) C/O JEANNE ANSELMO PO BOX 600</p> <p>City or town, state or province, country, and ZIP or foreign postal code SEACLIFF, NY 11579</p> <p><b>G</b> 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</p> <p><b>H</b> 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</p> <p><b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 1,619,084</p>		<p><b>A</b> Employer identification number 13-3746421</p> <p><b>B</b> Telephone number (see instructions) (516) 801-4524</p> <p><b>C</b> If exemption application is pending, check here ► <input type="checkbox"/></p> <p><b>D</b> 1. Foreign organizations, check here ► <input type="checkbox"/>  2 Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/></p> <p><b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/></p> <p><b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/></p>			
		<p><b>J</b> Accounting method    <input checked="" type="checkbox"/> Cash    <input type="checkbox"/> Accrual  <input type="checkbox"/> Other (specify) _____</p> <p>(Part I, column (d) must be on cash basis)</p>			
<p><b>Part I</b> <b>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))</p>		<p><b>(a)</b> Revenue and expenses per books</p>	<p><b>(b)</b> Net investment income</p>	<p><b>(c)</b> Adjusted net income</p>	<p><b>(d)</b> Disbursements for charitable purposes (cash basis only)</p>
Revenue	1 Contributions, gifts, grants, etc, received (attach schedule)				
	2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	42,688	42,688		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-9,735			
	b Gross sales price for all assets on line 6a	734,329			
	7 Capital gain net income (from Part IV, line 2)		0		
	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) (attach schedule)					
11 Other income (attach schedule)					
12 <b>Total.</b> Add lines 1 through 11	32,953	42,688			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	
	14 Other employee salaries and wages	72,201	0	72,201	
	15 Pension plans, employee benefits	9,500	0	9,500	
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	4,400	2,200	2,200	
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	5,668	0	5,668	
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	52,864	16,239	36,625	
	<b>24 Total operating and administrative expenses.</b>	144,633	18,439	126,194	
25 Contributions, gifts, grants paid	378,652		378,652		
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	523,285	18,439	504,846		
27 Subtract line 26 from line 12	-490,332				
a <b>Excess of revenue over expenses and disbursements</b>					
b <b>Net investment income</b> (if negative, enter -0-)		24,249			
c <b>Adjusted net income</b> (if negative, enter -0-)					

<b>Part II</b> <b>Balance Sheets</b>		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>	1	Cash—non-interest-bearing . . . . .	147,953	145,906	145,906
	2	Savings and temporary cash investments . . . . .	163,244	75,069	75,069
	3	Accounts receivable ► . . . . .			
		Less allowance for doubtful accounts ► . . . . .			
	4	Pledges receivable ► . . . . .			
		Less allowance for doubtful accounts ► . . . . .			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ► . . . . .			
		Less allowance for doubtful accounts ► . . . . .			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .	1,884,938	1,484,828	1,398,109
<b>Liabilities</b>	11	Investments—land, buildings, and equipment basis ► . . . . .			
		Less accumulated depreciation (attach schedule) ► . . . . .			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ► . . . . .			
		Less accumulated depreciation (attach schedule) ► . . . . .			
	15	Other assets (describe ► . . . . .)			
	16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	2,196,135	1,705,803	1,619,084
<b>Net Assets or Fund Balances</b>	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ► . . . . .)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
	<b>Foundations that follow SFAS 117, check here ► <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	2,196,135	1,705,803	
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	2,196,135	1,705,803	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	2,196,135	1,705,803	

**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	2,196,135
2	Enter amount from Part I, line 27a . . . . .	2	-490,332
3	Other increases not included in line 2 (itemize) ► . . . . .	3	0
4	Add lines 1, 2, and 3 . . . . .	4	1,705,803
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	1,705,803

**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.)
1a See Additional Data Table					
b					
c					
d					
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 See Additional Data Table					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(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))		
a See Additional Data Table					
b					
c					
d					
e					
2 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	2	-9,734	
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					

**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?

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

 Yes  No**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	456,339	1,933,512	0 236016
2015	659,999	2,900,218	0 227569
2014	527,412	3,505,538	0 150451
2013	790,955	4,178,011	0 189314
2012	547,244	4,555,956	0 120116
<b>2 Total</b> of line 1, column (d)			<b>2</b> 0 923466
<b>3 Average</b> 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 184693
<b>4 Enter</b> the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 1,683,552
<b>5 Multiply</b> line 4 by line 3			<b>5</b> 310,940
<b>6 Enter</b> 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 242
<b>7 Add</b> lines 5 and 6			<b>7</b> 311,182
<b>8 Enter</b> qualifying distributions from Part XIII, line 4			<b>8</b> 504,846

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)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	242
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> 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-)	2	0
3	Add lines 1 and 2.	3	242
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0-	5	242
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	635
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments Add lines 6a through 6d.	7	635
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	393
11	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ►	393	Refunded ►
		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?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b	Yes	No
	<i>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</i>			
c	Did the foundation file <b>Form 1120-POL</b> for this year?	1c	Yes	No
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? <i>If "Yes," attach a detailed description of the activities</i>	2	Yes	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	Yes	No
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?	6	Yes	No
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	No
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? <i>If "No," attach explanation</i>	8b	Yes	No
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 taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	Yes	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	Yes	No

**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).	11	No
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)	12	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes
14	The books are in care of ►WILLIAM SHMERLER	Telephone no ►(914) 681-0400	
Located at ►11 MARTINE AVENUE SUITE 970 WHITE PLAINS NY			ZIP+4 ►10606
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year.	► 15	
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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes No

**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.		
		Yes No
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? Organizations relying on a current notice regarding disaster assistance check here.	► <input type="checkbox"/>
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?	1c <input type="checkbox"/> No
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? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions) ►	2b <input type="checkbox"/>
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).	3b <input type="checkbox"/>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a <input type="checkbox"/> No
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?	4b <input type="checkbox"/> No

**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 <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. . . . . ►			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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53 4945-5(d)</i>			
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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6b
	<i>If "Yes" to 6b, file Form 8870</i>			No
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

**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, (e) other allowances
JANET STEIN PO BOX 600 SEACLIFF, NY 11579	PRESIDENT 0 00	0	0	0
PEGGY DAVIS PO BOX 600 SEACLIFF, NY 11579	DIRECTOR 0 00	0	0	0
VINCENT MCGEE PO BOX 600 SEACLIFF, NY 11579	DIRECTOR 0 00	0	0	0

**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	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
JEANNE ANSELMO PO BOX 600 SEACLIFF, NY 11579	PROGRAM DIRECTOR 40 00	72,201	9,500	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
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, conferences convened, research papers produced, etc

Expenses

1	
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	1,592,022
b	Average of monthly cash balances. . . . .	1b	117,168
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	1,709,190
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	1,709,190
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	25,638
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,683,552
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	84,178

**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreignPart XI organizations check here ►  and do not complete this part )

1	Minimum investment return from Part X, line 6. . . . .	1	84,178
2a	Tax on investment income for 2017 from Part VI, line 5. . . . .	2a	242
b	Income tax for 2017 (This does not include the tax from Part VI). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	242
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	83,936
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	83,936
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	83,936

**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	504,846
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	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	504,846
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	242
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	504,604
<b>Note:</b> 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				83,936
<b>2</b> Undistributed income, if any, as of the end of 2017			0	
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	320,430			
<b>b</b> From 2013. . . . .	584,272			
<b>c</b> From 2014. . . . .	353,457			
<b>d</b> From 2015. . . . .	516,894			
<b>e</b> From 2016. . . . .	360,305			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	2,135,358			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ► \$ 504,846			0	
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				83,936
<b>e</b> Remaining amount distributed out of corpus	420,910			
<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) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,556,268			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<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) . . . . .	0			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . . .	320,430			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	2,235,838			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .	584,272			
<b>b</b> Excess from 2014. . . . .	353,457			
<b>c</b> Excess from 2015. . . . .	516,894			
<b>d</b> Excess from 2016. . . . .	360,305			
<b>e</b> Excess from 2017. . . . .	420,910			

**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. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
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).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

**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) )

JANET STEIN

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 Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			► 3a	378,652
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1 Program service revenue</b>					
a					
b					
c					
d					
e					
f					
<b>g Fees and contracts from government agencies</b>					
<b>2 Membership dues and assessments.</b>					
<b>3 Interest on savings and temporary cash investments</b>					
<b>4 Dividends and interest from securities.</b>				14	42,688
<b>5 Net rental income or (loss) from real estate</b>					
a Debt-financed property.					
b Not debt-financed property.					
<b>6 Net rental income or (loss) from personal property</b>					
<b>7 Other investment income.</b>					
<b>8 Gain or (loss) from sales of assets other than inventory</b>					-9,735
<b>9 Net income or (loss) from special events</b>					
<b>10 Gross profit or (loss) from sales of inventory</b>					
<b>11 Other revenue a</b>					
b					
c					
d					
e					
<b>12 Subtotal Add columns (b), (d), and (e).</b>			0	42,688	-9,735
<b>13 Total. Add line 12, columns (b), (d), and (e).</b>				13	32,953
(See worksheet in line 13 instructions to verify calculations.)					

**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 with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>1a(1)</b>		<b>No</b>
<b>1a(2)</b>		<b>No</b>
<b>1b(1)</b>		<b>No</b>
<b>1b(2)</b>		<b>No</b>
<b>1b(3)</b>		<b>No</b>
<b>1b(4)</b>		<b>No</b>
<b>1b(5)</b>		<b>No</b>
<b>1b(6)</b>		<b>No</b>
<b>1c</b>		<b>No</b>

a Transfers from the reporting foundation to a noncharitable exempt organization of

**b Other transactions**

(1) Sales of assets to a noncharitable exempt organization. . . . .	1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization. . . . .	1b(2)	No
(3) Rental of facilities, equipment, or other assets. . . . .	1b(3)	No
(4) Reimbursement arrangements. . . . .	1b(4)	No
(5) Loans or loan guarantees. . . . .	1b(5)	No
(6) Performance of services or membership or fundraising solicitations. . . . .	1b(6)	No

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (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

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.

\* \* \* \* \*

2019-01-23

\* \* \* \* \*

May the IRS discuss this  
return  
with the preparer shown  
below  
(see instr )?  Yes  No

Signature of officer or trustee

Date

✓ Title

**Sign  
Here**

**Paid  
Preparer  
Use Only**

(see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>
	WILLIAM SHMERLER		2019-01-23	PTIN P01323169
	Firm's name ► MAXWELL SHMERLER & CO			Firm's EIN ► 13-1302847
Firm's address ► 11 MARTINE AVE WHITE PLAINS, NY 10606			Phone no (914) 681-0400	

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

(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.)
US TREAS NOTE	P	2016-11-21	2017-12-18
AMERICAN EXPRESS NOTE	P	2014-04-22	2018-03-19
WISCONSIN ELECTRIC NOTE	P	2014-04-25	2018-03-15
GE CAPITAL NOTE	P	2015-04-28	2018-04-17
AT&T NOTE	P	2018-02-06	2018-05-07
BNY MELLON NOTE	P	2017-07-11	2018-05-07
BNY MELLON NOTE	P	2017-07-11	2018-05-22
JOHNSON & JOHNSON NOTE	P	2017-08-30	2018-05-07
METLIFE NOTE	P	2017-06-12	2018-05-07
HTHN STATES POWER NOTE	P	2018-03-12	2018-05-07

**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 (h) plus expense of sale	(h) (e) plus (f) minus (g)
66,508		66,612	-104
27,000		27,000	0
35,797		36,194	-397
22,664		23,168	-504
7,892		7,971	-79
7,997		8,000	-3
21,000		21,000	0
6,697		7,011	-314
6,203		6,517	-314
3,850		3,911	-61

**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			(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	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-104
			0
			-397
			-504
			-79
			-3
			0
			-314
			-314
			-61

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

(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.)
HTHN STATES POWER NOTE	P	2018-03-15	2018-05-07
PNC BANK NOTE	P	2018-03-01	2018-05-07
PUBLIC SVCS ELECTRIC NOTE	P	2018-03-13	2018-05-07
STATE STREET NOTE	P	2018-02-26	2018-05-07
US TREAS NOTE	P	2017-11-08	2018-05-07
US TREAS NOTE	P	2017-11-08	2018-05-07
AEP NOTE	P	2014-05-22	2018-05-15
BBT NOTE	P	2017-03-16	2018-05-07
BERKSHIRE HATHAWAY NOTE	P	2017-03-07	2018-05-07
CAROLINA POWER NOTE	P	2014-04-29	2018-05-07

**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 (h) plus expense of sale	(h) (e) plus (f) minus (g)
5,775		5,867	-92
3,879		3,899	-20
2,687		2,736	-49
8,848		9,016	-168
20,233		20,885	-652
18,867		19,881	-1,014
16,037		16,283	-246
9,666		9,814	-148
7,951		8,036	-85
10,928		11,080	-152

**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			(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	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-92
			-20
			-49
			-168
			-652
			-1,014
			-246
			-148
			-85
			-152

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

(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.)
CHASE BANK NOTE	P	2014-06-25	2018-05-15
COMERICA BANK NOTE	P	2015-12-15	2018-05-07
EXXON MOBIL NOTE	P	2016-02-23	2018-05-07
HONEYWELL NOTE	P	2015-06-02	2018-05-07
KIMBERLY CLARK NOTE	P	2016-12-01	2018-05-07
NATL RES UTIL NOTE	P	2017-03-22	2017-05-07
NORTHERN TRUST NOTE	P	2014-05-07	2018-05-07
PEPSICO NOTE	P	2014-08-04	2018-05-07
PNC BANK NOTE	P	2017-03-30	2018-05-07
PROCTOR & GAMBLE NOTE	P	2016-11-09	2017-05-07

**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 (g) plus expense of sale	(h) (e) plus (f) minus (g)
17,719		17,584	135
9,875		9,986	-111
7,819		8,014	-195
7,250		7,407	-157
7,100		7,227	-127
4,916		4,982	-66
5,046		5,110	-64
10,975		11,033	-58
4,866		5,006	-140
7,804		8,130	-326

**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			(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	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			135
			-111
			-195
			-157
			-127
			-66
			-64
			-58
			-140
			-326

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

(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.)
PRUDENTIAL NOTE	P	2014-08-14	2018-05-07
PUBLIC SVCS ELECTRIC NOTE	P	2017-02-16	2018-05-07
SLM NOTE	P	2014-04-23	2018-05-15
S CAROLINA ELECTRIC NOTE	P	2014-04-09	2018-05-07
TARGET CORP NOTE	P	2016-02-18	2018-05-07
UNITED PARCEL SVC NOTE	P	2014-04-04	2018-05-07
UNITED TECHNOLOGIES NOTE	P	2017-03-23	2018-05-07
US BANK NOTE	P	2015-05-28	2018-05-07
US TREAS NOTE	P	2016-11-21	2018-05-07
US TREAS NOTE	P	2016-11-15	2018-05-07

**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 (h) plus expense of sale	(h) (e) plus (f) minus (g)
9,930		10,007	-77
6,728		7,006	-278
52,847		52,745	102
7,100		7,153	-53
8,162		8,387	-225
10,059		10,130	-71
8,609		8,805	-196
9,901		10,039	-138
6,966		6,960	6
39,987		41,190	-1,203

**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			(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	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-77
			-278
			102
			-53
			-225
			-71
			-196
			-138
			6
			-1,203

**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.)
US TREAS NOTE	P	2016-09-29	2018-05-07
US TREAS NOTE	P	2014-04-04	2018-05-07
US TREAS NOTE	P	2015-06-03	2018-05-07
WALT DISNEY NOTE	P	2014-07-14	2018-05-07
GOLDMAN SACHS NOTE	P	2018-01-30	2018-09-27
S CAROLINA ELECTRIC NOTE	P	2014-04-09	2018-09-28
GOLDMAN SACHS NOTE	P	2018-01-30	2018-09-27
BERKSHIRE HATHAWAY NOTE	P	2017-03-07	2018-10-26
WALT DISNEY NOTE	P	2014-07-14	2018-11-15

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

(e) Gross sales price	Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
24,162		26,819	-2,657
23,781		23,176	605
22,682		23,224	-542
7,947		7,963	-16
14,017		14,017	0
28,847		28,116	731
14,016		14,017	-1
20,878		21,059	-181
23,861		23,890	-29

**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			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-2,657
			605
			-542
			-16
			0
			731
			-1
			-181
			-29

## 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 Paid during the year</b>				
CAMPHILL VILLAGE 20 TRI FORM ROAD HUDSON, NY 12534	NONE	PUBLIC CHARITY	TO SUPPORT VARIOUS THERAPEUTIC AND HEALING TECHNIQUES FOR YOUNG ADULTS WITH DISABILITIES	15,000
CENTER FOR FAMILY REPRESENTATION 40 WORTH STREET NEW YORK, NY 10013	NONE	PUBLIC CHARITY	TO SUPPORT A PROJECT COORDINATOR AND SELF-CARE AND RESILIENCY BUILDING EFFORTS	30,000
EAST END HOSPICE 481 WESTHAMPTON-RIVERHEAD RD WESTHAMPTON, NY 11978	NONE	PUBLIC CHARITY	TO SUPPORT CONTINUING HOSPICE SERVICES AND COMFORT CARE TO PATIENTS AND THEIR FAMILIES IN THE EAST END OF LONG ISLAND	10,000
<b>Total . . . . .</b>			►	378,652
<b>3a</b>				

## 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 Paid during the year</b>				
FIGHTING CHANCE INCPO BOX 1358 SAG HARBOR, NY 11963	NONE	PUBLIC CHARITY	TO SUPPORT EXPANDED RESTORATIVE YOGA CLASSES FOR CANCER SURVIVORS AND CAREGIVERS ON THE EAST END OF LONG ISLAND	5,000
HAMPTON HEALTH SOCIETY 365 COUNTRY ROAD SOUTHAMPTON, NY 11968	NONE	PUBLIC CHARITY	TO SUPPORT THE SOCIETY'S COMMUNITY CARE AND HOSPITAL AND NURSING PROGRAMS	30,000
INTEGRAL YOGA INSTITUTE INC 227 W 13TH STREET NEW YORK, NY 10011	NONE	PUBLIC CHARITY	TO SUPPORT THE RESTORATIVE YOGA AND THERAPEUTIC YOGA TEACHERS TRAINING AND EDUCATION PROGRAM	16,950
<b>Total . . . . .</b>			►	378,652
<b>3a</b>				

## 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 Paid during the year</b>				
OUR LADY OF THE HAMPTONS 160 N MAIN ST SOUTHAMPTON, NY 11968	NONE	PUBLIC CHARITY	TO SUPPORT THE SCHOOL'S ACADEMIC MISSION FOR 3 AND 4 YEAR OLDS	10,000
SOUTHAMPTON HOSPITAL 240 MEETING HOUSE LANE SOUTHAMPTON, NY 11968	NONE	PUBLIC CHARITY	TO SUPPORT THE IN-HOUSE EMPLOYEE CARE FOR THE CAREGIVER WELLNESS PROGRAMING AT THE HOSPITAL	31,852
SOUTHAMPTON HOSPITAL 240 MEETING HOUSE LANE SOUTHAMPTON, NY 11968	NONE	PUBLIC CHARITY	TO SUPPORT THE HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAM HOMECARE COORDINATOR AT SOUTHAMPTON HOSPITAL	115,000
<b>Total . . . . .</b>			►	378,652
<b>3a</b>				

## 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 Paid during the year</b>				
VISITING NURSE SERVICE OF NEW YORK 107 EAST 70TH STREET NEW YORK, NY 10021	NONE	PUBLIC CHARITY	TO SUPPORT THE PHYSICIAN TRAINING PROGRAM AT VNSNY HOSPICE/PALLIATIVE CARE	60,000
REGIS COLLEGE SCHOOL OF NURSING 170 GOVERNORS AVE MEDFORD, MA 02155	NONE	PUBLIC CHARITY	TO SUPPORT THE COMPASSIONATE CARE INITIATIVE TO IMPLEMENT AND SUSTAIN FACULTY AND STAFF IN DEVELOPING SELF-CARE AS A FOUNDATION FOR HEALTHY WORK ENVIRONMENT	14,850
AMAGANSETT FOOD INSTITUTE PO BOX 356 SOUTHAMPTON, NY 11969	NONE	PUBLIC CHARITY	TO SUPPORT THE FARM TO COMMUNITY PROGRAM - PRESERVING EXCESS FRESH LOCAL PRODUCE AND DISTRIBUTE FROZEN PRODUCTS TO FOOD PANTRIES	35,000
<b>Total . . . . . ►</b>				378,652
<b>3a</b>				

**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)				
<i>a Paid during the year</i>				
WHITE PLAINS HOSPITAL 41 EAST POST ROAD WHITE PLAINS, NY 10601	NONE	PUBLIC CHARITY	TO SUPPORT THE HOLISTIC CARE PROGRAM OF INTEGRATING HOLISTIC CARE IN IMPROVING PAIN RELIEF AS AN ADJUNCT TO TRADITIONAL TREATMENTS AND MEDICATION	5,000
<b>Total . . . . .</b>			►	378,652
<b>3a</b>				

## TY 2017 Accounting Fees Schedule

**Name:** THE BALM FOUNDATION INC

**EIN:** 13-3746421

## 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>
MAXWELL SHMERLER & CO	4,400	2,200		2,200

## TY 2017 Investments Corporate Bonds Schedule

**Name:** THE BALM FOUNDATION INC

**EIN:** 13-3746421

### Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME SECURITIES	1,484,828	1,398,109

## TY 2017 Other Expenses Schedule

**Name:** THE BALM FOUNDATION INC  
**EIN:** 13-3746421

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOOKKEEPING	30,000	5,000		25,000
COMPUTER EXPENSES	235	0		235
INTERNET	719	0		719
LOCAL TRAVEL	169	0		169
PAYROLL SERVICE	1,396	0		1,396
POSTAGE & MAILINGS	403	0		403
STATE FILING FEES	250	0		250
SUPPLIES & SUNDRIES	613	0		613
TELEPHONE & FAX	1,103	0		1,103
INVESTMENT FEES	11,239	11,239		0

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Adjusted Net Income	Disbursements for Charitable Purposes
EMPLOYEE HEALTH INS	6,737	0	6,737

## TY 2017 Taxes Schedule

**Name:** THE BALM FOUNDATION INC**EIN:** 13-3746421

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	5,668	0		5,668