Form 990-PF

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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

| Departmen | it of the Treasury | ļ | | social security numbers on | | | | ZU 10 |
|--|------------------------------------|---|--|--|---|------------------|--|--|
| | venue Service | | Go to www.i | rs.gov/Form990PF for inst | ructions and | the latest info | rmation. | Open to Public Inspection |
| For caler | idar year 2018 | or tax year beginnin | g <u>i - 3" </u> | ₹ ² * | , and e | nding | | |
| Name of | f foundation | | fi . | | | | A Employer identification (| number |
| THE | SEYMOU | R FOX MEM | ÓRÌAL | | | | | |
| | NDATION | | ļ., | | | | 45-4293819 | |
| | | ox number if mail is not | delivered to street a | nddress) | | Room/suite | B Telephone number | |
| | / | GREENBUSH | " | • | | | 518-320-097 | 7.0 |
| | · | | | | | L | | |
| • | | ovince, country, and 12180 | ZIP or foreign p | ostal code | | | C If exemption application is per | nding, check here |
| G Check | all that apply: | Initial re | turn | Initial return of a f | ormer public | charity | D 1. Foreign organizations, | check here |
| | | Final reti | | Amended return | • | - | · | |
| | | X Address | | Name change | | | Foreign organizations mee check here and attach corr | ting the 85% test, |
| U. Chaol | / h :== of ores=:= | | | | | | 1 | |
| | type of organiz | | | kempt private foundation | -4 | 04 | E If private foundation state | |
| | |) nonexempt charita | | Other taxable private found | | - 0 1 | under section 507(b)(1)(| A), check here |
| | | assets at end of yea | . — | - | X Acc | rual | F If the foundation is in a 6 | |
| (from f | Part II, col. (c), i | | • | ther (specify) | | <u> </u> | under section 507(b)(1)(| B), check here |
| \$ | | 8,740,454 | • (Part I, colu | mn (d) must be on cash bas | ıs.) | | | |
| Rartil | Analysis of R (The total of amo | evenue and Expens ounts in columns (b), (c), al the amounts in column | es and (d) may not | (a) Revenue and expenses per books | | nvestment ome | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| <u> </u> | | | | 346,292. | | \$425×1051 | N/A | (Calcinotation) |
| 1 | | qıfts, grants, etc., re | | J-10, 434. | NEACH PAGE 124 | | | |
| 2 | Interest on saving | if the foundation is not requir | eo to attach Sch B | | 190000000000000000000000000000000000000 | 1.0 | | |
| 3 | cash investments | i | | 10. | | 10. | | STATEMENT 1 |
| 4 | Dividends and | interest from securi | ties | 105,376. | 10 | 5,376. | | STATEMENT 2 |
| 5a | Gross rents | | | |] | | | |
| Ь. | Net rental income | or (loss) | | | | | | |
| 6a | Not gain or (loss) | from sale of assets not o | n line 10 | 113,261. | | | 19 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - | |
| | Gross sales price | | 4,914. | | | | 30000000100 | VED - Arm |
| Revenue 2 | assets on line 6a | | | 120 N. S. | 11 | 3,261. | | 1012 CO |
| 7 آھ | | ncome (from Part IV, line | 2) | THE RESERVE OF THE PROPERTY OF | (1.4) "SARRI MAR | <u> </u> | Market V. William Control of | 20010-101 |
| 8. | Net short-term | capital gain | | | 784.084.29 | | 1∞1 NOV 1 | 5-7013/11/01/2019 |
| 9 | Income modifi | | | EN COLUMN TO A SERVICE | | | 181 1101 | |
| 10a | Gross sales less and allowances | eturns | | | A POST OF THE | | | Commission Commission Commission |
| ь | Less Cost of goo | bloe ebe | | | | | | |
| c | Gross profit or | (loss) | | | | 73. M. W. | 1 000 | |
| 11 | Other income | ` ' | | | | | | |
| 12 | | es 1 through 11 | | 564,939. | 21 | 8,647. | | |
| $\overline{}$ | | | | 50,000. | | 0. | | 50,000. |
| 13 | | officers, directors, trust | | 30,0001 | | | | 30,0001 |
| 14 | | e salaries and wages | 5 | 4 000 | - | | | 4 000 |
| 15 | | , employee benefits | | 4,099. | ļ | 0. | <u> </u> | 4,099. |
| ន្ល្លី 16a | Legal fees | | STMT 3 | 5,100. | <u> </u> | 0. | | 5,100. |
| Administrative Expense 12 1 18 10 19 19 19 19 19 19 19 19 19 19 19 19 19 | Accounting fee | es | STMT 4 | 9,745. | | 0. | | 9,745. |
| . X | Other professi | onal fees | | | | | | |
| g 17 | Interest | | | | İ | | | |
| (등 | Taxes | i | STMT 5 | 1,770. | | 1,770. | | 0. |
| 19 | Depreciation a | | | · · · · · · · · · · · · · · · · · · · | | | | |
| iii 20 | | na acpicaon | | , | | | | CTE ACCESSANCE ACCESSANCE AND ACCESSANCE ACC |
| 튐 | Occupancy | | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | |
| | | ences, and meetings | | | | | | |
| DE 22 | Printing and p | | amver 6 | 45 400 | <u> </u> | 0.036 | | F F0F |
| 100 | Other expense | | STMT 6 | 45,423. | 3 | 9,836. | | 5,587. |
| Operating 73 | Total operatin | g and administrative | e | | | | | |
| oer. | expenses. Ad | d lines 13 through 2 | 3 | 116,137. | 4 | 1,606. | <u> </u> | 74,531. |
| Ö 25 | - | gifts, grants paid | | 346,183. | | Price Meta | 4.0 | 104,625. |
| 26 | | s and disbursement | 'S. | | | | | |
| 1 | Add lines 24 a | | | 462,320. | 4 | 1,606. | | 179,156. |
| +- | | | | =02,320. | | AZZZZACE | | |
| 27 | | | | 102 610 | | | | |
| | | e over expenses and dis | | 102,619. | 1 7 | 7 041 | ASSESSED FOR THE PROPERTY OF THE PARTY OF TH | THE REPORT OF THE PARTY OF THE |
| | | it income (if negative, | | AND THE PROPERTY OF THE PARTY O | | 7,041. | 7.1. ** 4.0 A. / ** W. 15.5 A | Part Control of the C |
| | Adjusted net i | ncome /d negative ent | or -0-1 | | 1957 | | N/A | 24478417575 |

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

6.24

Form **990-PF** (2018)

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| <u>a</u> | **** | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End o | |
|-------------|----------|--|-------------------------------------|---|--|
| 8 14 | ai:Lş | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 276,136. | 73,007. | 73,007. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | 3. A. A. | | |
| | | Less; allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 2 | Receivables due from officers, directors, trustees, and other | | | |
| | ľ | disqualified persons | | | |
| | , | Other notes and loans receivable 423,161. | | | |
| | 7 | | 423,161. | 423,161. | 423,161. |
| | ١, | Ecos, anomarios for adaptital academics - | 423,1014 | 423,101. | 423,101. |
| Assets | 8 | Inventories for sale or use | | | |
| ASS | 9 | Prepaid expenses and deferred charges | | · - · · · · · · · · · · · · · · · · · · | |
| _ | | Investments - U.S. and state government obligations | | · · · · · · · · · · · · · · · · · · · | |
| | ı | Investments - corporate stock | | | |
| | ı | Investments - corporate bonds | HY SEE VIEWS OF DESIGNATION CARDINY | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | l | Investments - mortgage loans | 0 510 077 | 0 172 070 | 0 172 070 |
| | 13 | Investments - other | 8,518,277. | 8,173,978. | 8,173,978. |
| | 14 | Land, buildings, and equipment basis | | 1.7 (** 76889800000) TOURDANAGE, MINISTER | |
| | | Less accumulated depreciation | 45 610 | 70 200 | 70 200 |
| | | Other assets (describe STATEMENT 10) | 45,612. | 70,308. | 70,308. |
| | 16 | Total assets (to be completed by all filers - see the | 0 000 100 | 0 740 454 | 0 740 454 |
| _ | <u> </u> | instructions. Also, see page 1, item I) | 9,263,186. | 8,740,454. | 8,740,454. |
| | l | Accounts payable and accrued expenses | | | EDITOR AND PROPERTY |
| | 18 | Grants payable | | | CONTRACTOR OF THE CONTRACTOR O |
| S | 19 | Deferred revenue | | | |
| Ë | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | 187 (24 18) 187 (14 18) 187 (28) 187 (24 18 18 18) |
| Liabilities | 21 | Mortgages and other notes payable | 1 ()5 | 250 | Total of the second |
| _ | 22 | Other liabilities (describe | 1,635. | 250. | |
| | | | 1 625 | 250 | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 1,635. | 250. | 1522 C 457 - 1555 - 1565 - 252 1554 |
| | | Foundations that follow SFAS 117, check here | , | • | |
| u | l | and complete lines 24 through 26, and lines 30 and 31. | 0 261 551 | 0 740 204 | |
| ances | 24 | Unrestricted | 9,261,551. | 8,740,204. | |
| | ı | Temporarily restricted | | | Province of the second |
| or Fund Ba | 26 | Permanently restricted | | , | |
| Ĕ | | Foundations that do not follow SFAS 117, check here | | | |
| F | | and complete lines 27 through 31. | | | |
| ş | 27 | Capital stock, trust principal, or current funds | | | |
| SSe | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| Net Assets | 29 | Retained earnings, accumulated income, endowment, or other funds | 9,261,551. | 8,740,204. | |
| ž | 30 | Total net assets or fund balances | 9,201,331. | 0,740,204. | |
| | | | 9,263,186. | 8,740,454. | |
| _ | 31 | Total liabilities and net assets/fund balances | ·- | 0,/40,434. | |
| P | art | Analysis of Changes in Net Assets or Fund Ba | alances | | |
| _ | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | <u> </u> |
| • | | it agree with end-of-year figure reported on prior year's return) | 30 | , | 9,261,551. |
| 2 | - | amount from Part I, line 27a | | 1 2 | 102,619. |
| | | r increases not included in line 2 (itemize) | SEE ST | PATEMENT 7 $\frac{2}{3}$ | 241,558. |
| | | lines 1, 2, and 3 | 265 21 | ATEMENT / 3 | 9,605,728. |
| | | eases not included in line 2 (itemize) | SEE ST | ATEMENT 8 5 | 865,524. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | | 6 | 8,740,204. |
| <u>-</u> | · otal | Tariff to | (0), 00 | | Form 990-PF (2018) |

THE SEYMOUR FOX MEMORIAL

FOUNDATION, INC. 45-4293819 Form 990-PF (2018) Page 3 Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (for example, real estate. (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) PUBLICLY TRADED SECURITIES P _<u>b</u> C d е (h) Gain or (loss) (g) Cost or other basis (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) 581,653 113,261 694.914 C đ е 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 (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col. (1), if any 113,261 If gain, also enter in Part I, line 7 113,261. 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 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). N/A 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. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) Base period years Calendar year (or tax year beginning in) (d) Distribution ratio (c) Adjusted qualifying distributions Net value of noncharitable-use assets (col. (b) divided by col. (c)) ,106,407 462,229 .050759 2017 9,231,457. 444,936. .048198 2016 9,182,708. 441,820. .048114 2015 588,143. 9.143.234. .064325 2014 181,829. ,727,820. .018692 2013 .230088 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years .046018 the foundation has been in existence if less than 5 years 3 9,071,358. 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 417,446. 5 5 Multiply line 4 by line 3 1,770. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 419,216. 7 Add lines 5 and 6 420,714. 8 Enter qualifying distributions from Part XII, line 4

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.

THE SEYMOUR FOX MEMORIAL FOUNDATION, INC.

| Form 990-PF (2018) FOUNDATION, INC. Part VI Excise Tax Based on Investment In | come (Section 4940(a), 4 | 940(b), 4940(e), o | | 4293819 see instruc | Pa ctions) | age 4 |
|---|--|---|------------|------------------------------|-----------------------|----------------------|
| 1a Exempt operating foundations described in section 4940(d)(2) | | | | | | |
| Date of ruling or determination letter: b Domestic foundations that meet the section 4940(e) requirements | | | 1 | | 1,77 | <u> </u> |
| of Part I, line 27b | into in rate v, check nore | and chief 176 | 48.46 | | 20. | |
| c All other domestic foundations enter 2% of line 27b. Exempt fo | reign organizations, enter 4% of Part | t I, line 12, col. (b). | | | : 10 | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and | | | 2 | | | 0. |
| 3 Add lines 1 and 2 | | | 3 | | 1,77 | 0. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts an | d taxable foundations only; others, er | nter -0-) | 4 | | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. | If zero or less, enter -0- | | 5 | n a . herospoordan N Sex II. | 1,77 | 0. |
| 6 Credits/Payments: | ı | | | | | |
| a 2018 estimated tax payments and 2017 overpayment credited | | 5,50 | - WAR 18 | | Silva M | |
| b Exempt foreign organizations - tax withheld at source | | A | <u>0</u> . | | | |
| c Tax paid with application for extension of time to file (Form 88) | · | 5,50 | 0. | | | |
| d Backup withholding erroneously withheld | 6d | | | 1 | 1,00 | |
| 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check his | ora if Form 2220 is attached | | 8 | | | 0. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter a | | | ▶ 9 | | | <u></u> |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, i | | | 10 | | 9,23 | 0. |
| 11 Enter the amount of line 10 to be: Credited to 2019 estimated | | 9,230. Refunded | | | | 0. |
| Part VII: A Statements Regarding Activities | | , | | | | |
| 1a During the tax year, did the foundation attempt to influence any | national, state, or local legislation of | r did it participate or inter | vene in | | Yes I | No |
| any political campaign? | | | | 1a | | X |
| b Did it spend more than \$100 during the year (either directly or | indirectly) for political purposes? Ser | e the instructions for the o | definition | <u>1b</u> | | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description | i of the activities and copies of any m | naterials published or | | | | |
| distributed by the foundation in connection with the activities. | | | | Z. Z. | | |
| c Did the foundation file Form 1120-POL for this year? | | | | 1c | Scatterion in | X |
| d Enter the amount (if any) of tax on political expenditures (secti | | | ^ | | | |
| (1) On the foundation. > \$ | | | <u>o.</u> | | | |
| e Enter the reimbursement (if any) paid by the foundation during managers. > \$ 0. | the year for political expenditure tax | imposed on foundation | | ا د دید | | *); *** |
| managers. > \$0 . 2 Has the foundation engaged in any activities that have not prev | nough been reported to the IRS2 | | | 2 | ENSONAL E | X |
| If "Yes," attach a detailed description of the activities. | dusty been reported to the mo- | | | | 99943 | |
| 3 Has the foundation made any changes, not previously reported | to the IRS, in its governing instrume | ent. articles of incorporation | on, or | #163 #163 | | |
| bylaws, or other similar instruments? If "Yes," attach a conform | | , | , | 3 | | X |
| 4a Did the foundation have unrelated business gross income of \$ | | | | 4a | | Х |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | | N | /A 4b | | |
| 5 Was there a liquidation, termination, dissolution, or substantial | contraction during the year? | | | 5 | | X |
| If "Yes," attach the statement required by General Instruction | T | | | | | |
| 6 Are the requirements of section 508(e) (relating to sections 49 | 41 through 4945) satisfied either: | | | | | |
| By language in the governing instrument, or | | | | 1 | | Š |
| By state legislation that effectively amends the governing ins | trument so that no mandatory direction | ions that conflict with the | state law | | - | |
| remain in the governing instrument? | 0.4784 - 11 11 - 12 | | | 6 | X | — |
| 7 Did the foundation have at least \$5,000 in assets at any time d | Iring the year? If "Yes," complete Par | T II, COI. (C), and Part XV | | 7 | A | a second |
| 8a Enter the states to which the foundation reports or with which | it is registered. See instructions | | | | | |
| NY | t is registered. Occ mandetions. | | | | - | |
| b If the answer is "Yes" to line 7, has the foundation furnished a | copy of Form 990-PF to the Attorney | General (or designate) | | | | |
| of each state as required by General Instruction G? If "No," a | - · · | ·(3g) | | 8b | X | MACON AND ASSESSMENT |
| 9 Is the foundation claiming status as a private operating founda | | 942(j)(3) or 4942(j)(5) for | calendar | 200 | ADMINISTRATION OF THE | |
| year 2018 or the tax year beginning in 2018? See the instruction | | | | 9 | _ | X |
| 10 Did any persons become substantial contributors during the ta | | | | 10 | | Х |
| | | | | Form 99 0 |)-PF (2 | 2018) |

| | 990-PF (2018) FOUNDATION, INC. | 45-429 | <u> 3819</u> | | Page 5 |
|-------|--|--------------------------------------|-----------------|----------------|---|
| Pa | It VIEA Statements Regarding Activities (continued) | | | | |
| | | | 1,11 | Yes | No |
| 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 | | Х |
| 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 | , p | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application | n? | 13 | Х | |
| 10 | Website address SEYMOURFOXFOUNDATION.ORG | • | | | |
| 1.4 | The books are in care of BONNIE P. CHAVIN | Telephone no. $\triangleright 518-3$ | 20-0 | 970 | |
| 17 | Located at 233 NORTH GREENBUSH ROAD, TROY, NY | ZIP+4 ▶1 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | | $\overline{\Box}$ |
| 10 | and enter the amount of tax-exempt interest received or accrued during the year | ▶ 15 | N | /A | |
| 16 | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over | | | | No |
| 10 | securities, or other financial account in a foreign country? | a buint, | 16 | Х | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | 600 | | 18 34 |
| | foreign country SWITZERLAND | | | | |
| Pa | rtaviles Statements Regarding Activities for Which Form 4720 May Be Requi | ired | | · AMERICAN CAR | *************************************** |
| 32 BA | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | 911.3 | Yes | No |
| 4. | During the year, did the foundation (either directly or indirectly): | | | | 39 |
| 18 | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | 163 [22] 110 | | iont | |
| | | Yes X No | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes X No | 300 | | |
| | | Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 162 77 100 | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | Yes X No | | | |
| | for the benefit or use of a disqualified person)? | 162 [AL] NO | 7.0 | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | ı | 4.0 | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | Yes X No | | | ESSE CO |
| | termination of government service, if terminating within 90 days.) | | | | |
| | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | N/A | 1b | 28/22 | 2-12244 |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | N/A | 294.34 | 1000022 | 1880° |
| | Organizations relying on a current notice regarding disaster assistance, check here | t corrected | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were no | Corrected | 10 | 20022 | X |
| _ | before the first day of the tax year beginning in 2018? | na faundation | 1c | 63.7K. | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operation of the section 4940) or 4040(2)(5)) | ng tourioation | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | (a) haguanaa | | | |
| 8 | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year 2018. | Yes X No | 19.5 | | |
| | before 2018? | Yes _A_ NO | | | 100 |
| | If "Yes," list the years | | | | |
| 0 | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relatively the section 4942(a)(2)) and the section 4942(a)(b) to all years listed angular to the section 4942(a)(b) to all years listed and years listed and years listed angular to the section 4942(a)(b) to all years listed and years listed and years listed angular to the section 4942(a)(b) to all years listed and | | 4.75 | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer | N/A | 25 | | |
| | statement - see instructions.) | N/A | 2b | Charles . | DAMES. |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | 逐大星 |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | □ v [▽] u. | | | |
| _ | during the year? | Yes X No | | | |
| t | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disquality | | | | |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4 | | | | F2 |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Us | e Schedule C, N/A | 2 | | - \$200 |
| _ | Form 4720, to determine if the foundation had excess business holdings in 2018.) | IN / A | 3b_ | - | v |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 48 | 323600 | X |
| t | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its cha | aritable purpose that | للبية | 3 9 | V |
| _ | had not been removed from jeopardy before the first day of the tax year beginning in 2018? | | 4b | | (0040) |
| | | F | orm 99 6 | J-PF | (2018) |

| THE SEYMOUR FOX MEMORIAL | | | | |
|--|------------------------------------|-----------------------------|--|---|
| Form 990-PF (2018) FOUNDATION, INC. | | | <u>45-42938</u> | 19 Page 6 |
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be Re | equired (continu | ued) | |
| 5a During the year, did the foundation pay or incur any amount to: | | | | ∰Yes No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 4945(e))? | Ye | s X No | |
| (2) Influence the outcome of any specific public election (see section 4955); or | | ctly, | | |
| any voter registration drive? | • • • | | s 🗶 No 🤌 | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes' | 2 | | s 🗓 No 🎏 | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | | |
| 4945(d)(4)(A)? See instructions | | | s 🗶 No 🖇 | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational nurnoses, or fo | | | |
| the prevention of cruelty to children or animals? | or coucational purposos, or it | | es 🕱 No 🖔 | |
| | for the eventions described in | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | | i negulations | N/A | Eh |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | | | | 5b |
| Organizations relying on a current notice regarding disaster assistance, check h | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | | |
| expenditure responsibility for the grant? | N | //A Ye | ıs ∐ No 🏋 | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | į. | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | pay premiums on | _ | | |
| a personal benefit contract? | | Ye | es 🗶 No 🙎 | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 6b X |
| If "Yes" to 6b, file Form 8870. | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Y6 | es 🗶 No 🔯 | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | table to the transaction? | | N/A | 7b |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | 1,000,000 in remuneration or | | | |
| excess parachute payment(s) during the year? | | | s 🗓 No | |
| Part VIII Information About Officers, Directors, Truste | es, Foundation Man | | | |
| Paid Employees, and Contractors | · | | | |
| 1 List all officers, directors, trustees, and foundation managers and the | eir compensation. | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans | (e) Expense account, other |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | account, other allowances |
| BONNIE P. CHAVIN | PRESIDENT AND | CEO | Companianon | |
| 233 NORTH GREENBUSH ROAD | | 020 | Ì | |
| TROY, NY 12180 | 20.00 | 30,000. | 0. | 0. |
| | BOARD MEMBER | 30,000. | | <u> </u> |
| | DOMED MEMBER | | | |
| | 1.00 | 0. | 0. | 0. |
| TROY, NY 12180 | BOARD MEMBER | · · | 0. | · · · |
| | BOARD MEMBER | | | |
| 233 NORTH GREENBUSH ROAD | 1 00 | ١ . | _ | _ |
| TROY, NY 12180 | 1.00 | 0. | 0. | 0. |
| | VICE PRESIDEN | F | | |
| 233 NORTH GREENBUSH ROAD | | | _ | _ |
| TROY, NY 12180 | 20.00 | 20,000. | 0. | 0. |
| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | [/ B | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other allowances |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (C) Compensation | and deferred compensation | allowances |
| , NONE | | | | |
| | | | | |
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| | <u> </u> | l | <u> </u> | |
| Total number of other employees paid over \$50,000 | | | | 0 |

THE SEYMOUR FOX MEMORIAL

| | BIMOUR FOX MEMORIAL . | 4 = | 1000010 |
|--|--|--|--|
| Form 990-PF (2018) FOUND | ATION, INC. | 45- | - 4293819 Page |
| Part VIII Information Aboreast Employees | out Officers, Directors, Trustees, Fo s, and Contractors _(continued) | undation Managers, Highly | |
| Five highest-paid independent of | contractors for professional services. If none | e, enter "NONE." | |
| (a) Name and addre | ss of each person paid more than \$50,000 | (b) Type of service | (c) Compensati |
| NONE | | | |
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| otal number of others receiving over \$ | 50 000 for professional sequence | · · | • |
| art IX-A Summary of Dir | ect Charitable Activities | | <u></u> |
| | charitable activities during the tax year. Include releva | nt statistical information such as the | <u> </u> |
| umber of organizations and other bene | ficiaries served, conferences convened, research pap | ers produced, etc. | Expenses |
| N/A | | | |
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| art IX-B Summary of Pro | gram-Related Investments | | 1 |
| | d investments made by the foundation during the tax | year on lines 1 and 2. | Amount |
| N/A | | | |
| | | | |
| | | | |
| | | | _ |
| | | | 4 |
| | | | |
| II other program-related investments. S | ee instructions. | | |
| | | | ┥ |
| | | | 1 |
| | | · · · · · · · · · · · · · · · · · · · | 1 |
| | | | 1 |
| | | | 1 |
| etal. Add lines 1 through 3 | | | (|

Form **990-PF** (2018)

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign four | idations, s | ee instructions) |
|-----------|---|--------------|-------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | 21 | |
| а | Average monthly fair market value of securities | 1 <u>a</u> | 8,273,194. |
| b | Average of monthly cash balances | 1b | 22,172. |
| C | Fair market value of all other assets | 1c | 914,135. |
| d | Total (add lines 1a, b, and c) | 1d | 9,209,501. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | , , | |
| | 1c (attach detailed explanation) 1e 0. | . Y | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 9,209,501. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 138,143. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 9,071,358. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 453,568. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an | d certain | |
| _ | foreign organizations, check here and do not complete this part.) | | 452 560 |
| 1 | Minimum investment return from Part X, line 6 | 1 | 453,568. |
| 2a | · · · · · · · · · · · · · · · · · · · | | |
| þ | Income tax for 2018. (This does not include the tax from Part VI.) | | 1 770 |
| C | Add lines 2a and 2b | 2c | 1,770. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 451,798. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 451,798. |
| 6 | Deduction from distributable amount (see instructions) | 6 | <u>0.</u> |
| <u>7_</u> | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 451,798. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| · | | 1a | 179,156. |
| 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) SEE STATEMENT 12 | 3b | 241,558. |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 420,714. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| - | income. Enter 1% of Part I, line 27b | 5 | 1,770. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 418,944. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | ualifies for | the section |
| | 4940(e) reduction of tax in those years. | | |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
|--|---|--|---------------------------------|---|
| Distributable amount for 2018 from Part XI, | <u> </u> | • | | 451,798. |
| line 7 | | | | 451,/98. |
| 2 Undistributed income, if any, as of the end of 2018 | | | 241 604 | |
| a Enter amount for 2017 only | | | 341,604. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2018: | | 0. | | |
| · I | | / \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | W 1778W |
| a From 2013 | | | | |
| b From 2014 | | | | |
| c From 2015 | | | | |
| d From 2016 | | | | |
| e From 2017 | 0. | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2018 from | | | | |
| Part XII, line 4: ►\$ 420,714. | | | 241 604 | |
| a Applied to 2017, but not more than line 2a | | | 341,604. | |
| 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. | | | 70 110 |
| d Applied to 2018 distributable amount | | | | 79,110. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2017. Subtract line | | | _ | ļ |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2018. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2019 | | | | 372,688. |
| 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 2013 | | ոնին արդայան ա | | . sa it.uhi mminaitaitamminaita |
| not applied on line 5 or line 7 | υ. | Militaria i insurazione in interiorali il iliano di 11 di 1 | | |
| 9 Excess distributions carryover to 2019. | | (10/6/000 to 1 1/6 1 1 1 | J. | //w/w/w/w/ |
| Subtract lines 7 and 8 from line 6a | 0. | | population to the state of | a monten a mana i i i i i i i i i i i i i i i i i i |
| O Analysis of line 9: | प) मनः चातुर्वामामाम् स्टब्ल्यंतर्वत्रकत् । | TRANSPORTER OF A STANSFORM OF THE STANSF | Juliushumum A. (1.1000)-10000-1 | |
| a Excess from 2014 | | | | |
| b Excess from 2015 | | | | |
| c Excess from 2016 | | | | |
| d Excess from 2017 | 444 (//3/45 (//********************************** | .Xam66864 2****(6) | Shy bother or! | *(4000****) *2004 |
| e Excess from 2018 | | | <u> </u> | |

THE SEYMOUR FOX MEMORIAL FOUNDATION, INC. 45-4293819 Form 990-PF (2018) Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling 7/4942(j)(5) 4942(1)(3) b Check box to indicate whether the foundation is a private operating foundation described in section or Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2018 (b) 2017 (c) 2016 (d),2015 (e) Total 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 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 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)(jj/) (3) Largest amount of support from an exempt organization Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed:

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

SEE STATEMENT 13

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 Grants and Contributions Paid During the | | Pavment | | |
|---|---|----------------------|------------------------------------|---------|
| Recipient | If recipient is an individual, | | D | |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| a Paid during the year | or substantial contributor | recipient | | - |
| Taid during the year | | | | |
| | | | | |
| ALBANY LAW SCHOOL | N/A | | TO SUPPORT THE PRO | |
| 30 NEW SCOTLAND AVENUE | | DRG. | BONO LEGAL SERVICES PROJECT | 3,33 |
| ALBANY, NY 12208 | | | PROJECT | 3,33 |
| ANIMAL PROTECTIVE FOUNDATION | N/A | NOT FOR PROFIT | TO ASSIST ANIMAL LOW | |
| 33 MAPLE AVE | | DRG. | INCOME CLINICS WITH | |
| SCOTIA, NY 12302 | | | SPRAY AND NEUTER | |
| | | | EXPENSES | 5,000 |
| | | | | |
| CATHOLIC CHARITIES OF THE DIOCESE OF | N/A | | TO SUPPORT THE "NO | |
| ALBANY | | DRG. | WRONG DOOR" PROGRAM FOR INNER CITY | |
| 40 NORTH MAIN AVE | | | FAMILIES | 6,66 |
| ALBANY, NY 12203 | | | FAITIES | |
| | | | | |
| COLONIE SENIOR SERVICE CENTER, INC | N/A | NOT FOR PROFIT | TO SUPPORT THE RETIRED | |
| 6 WINNERS CIRCLE | | ORG. | SENIOR VOLUNTEER | |
| ALBANY, NY 12205 | | | PROGRAM | 8,333 |
| | | | | |
| FAMILIES IN NEED OF ASSISTANCE, INC | N/A | NOT FOR PROFIT | TO SUPPORT FAMILIES IN | |
| 69 BROOKLINE AVE | | ORG. | NEED | |
| ALBANY, NY 12203 | | | <u> </u> | 2,500 |
| | NTINUATION SHEE | T(S) | ▶ 3a | 104,62 |
| b Approved for future payment | | | | |
| ALBANY COLLEGE OF PHARMACY AND HEALTH | N/A | NOT FOR PROFIT | TO SUPPORT LAUNCH OF | |
| SCIENCES | ,, | DRG. | ACPHS COLLABORATORY AT | |
| 106 NEW SCOTLAND AVE | | | LINCOLN SQUARE | |
| ALBANY, NY 12208 | | | | 31,73 |
| | | | | |
| ALBANY INSTITUTE OF HISTORY AND ART | N/A | NOT FOR PROFIT | TO SUPPORT MUSEUM | |
| 125 WASHINGTON AVENUE | | DRG. | VISITS AND ACTIVITIES | |
| ALBANY, NY 12210 | | | FOR STUDENTS AND THEIR | |
| | | | FAMILIES | 5,000 |
| | | | | |
| ALBANY MEDICAL CENTER | N/A | NOT FOR PROFIT | 1 | |
| 43 NEW SCOTLAND AVE | | DRG. | PEDIATRIC CENTER AND | 24 54 |
| ALBANY, NY 12208 | <u> </u> | UT (C) | THE WE CARE PROGRAM | 34,50 |
| Total SEE CC | NTINUATION SHEE | T(2) | ▶ 3b | 241,558 |

| Part XV Supplementary Information | | | | |
|--|---|----------------------|--|--------|
| 3 Grants and Contributions Paid During the Y | /ear (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | 001121301011 | |
| • | | | | |
| FOOD PANTRIES FOR CAPITAL DISTRICT, | N/A | NOT FOR PROFIT | TO SUPPORT | • |
| INC | | DRG. | DISTRIBUTION TO LOCAL | |
| 32 ESSEX ST | | | FOOD PANTRIES IN THE | |
| ALBANY, NY 12206 | | ļ | CAPITAL DISTRICT | 15,000 |
| | | | | |
| FRIENDS OF WASHINGTON PARK, INC. | N/A | NOT FOR PROFIT | TO SUPPORT "OPERATION | |
| 195 SECOND STREET | | ORG. | SNIP" FOR | |
| TROY, NY 12180 | | | FERAL/COMMUNITY CATS | 3,000 |
| | | | | |
| | | | | |
| GOLF FOR GOOD C/O UNITY HOUSE | N/A | [· | TO SUPPORT GOLF FOR | |
| 2431 SIXTH AVENUE | | DRG. | GOOD | |
| TROY, NY 12180 | | | | 2,500 |
| | | + | | |
| RENSSELAER POLYTECHNIC INSTITUTE | N/A | NOT FOR PROFIT | TO COVER EXPENSES FOR | |
| 110 8TH ST | T. | ORG. | RECEPTION/MARKETING OF | |
| TROY, NY 12180 | | | THE PRIZE AND EVENT | 511 |
| | | | | |
| RENSSELAER POLYTECHNIC INSTITUTE | N/A | NOT FOR PROFIT | TO SUPPORT THE THIRD | |
| 110 8TH ST | | DRG. | SUMMER ENRICHMENT | |
| TROY, NY 12180 | | | PROGRAM BY RPI AT | |
| | | | SUNNYSIDE DAYCARE | 3,332 |
| | | | | |
| SCRUFF, INC. | N/A | NOT FOR PROFIT | TO SUPPORT THE SCRUFF | |
| 2073 WESTERN AVENUE | | DRG. | TRAP PROJECT AT 226 | |
| GUILDERLAND, NY 12084 | | | SPUR ROAD IN WEST | |
| <u> </u> | | | FULTON | 2,000 |
| | | TOT TOT PROPER | TO CURRORS MUT | |
| SIENA COLLEGE CENTER FOR ACADEMIC | N/A | NOT FOR PROFIT | TO SUPPORT THE | |
| COMMUNITY ENGAGEMENT | | DRG. | ACADEMIC COMMUNITY ENGAGEMENT PROGRAM | |
| 515 LOUDON ROAD LOUDONVILLE, NY 12210 | | | ENGAGEMENT PROGRAM | 5,000 |
| HOODONVILLE, NI 12210 | | | | |
| | | | | |
| STARS INTERGEN CORP | N/A | NOT FOR PROFIT | 1 1 | |
| PO BOX 785 | | DRG. | COMMUNITY-FOCUSED | |
| COEYMANS, NY 12045 | | | EDUCATIONAL PROGRAMS | 2,500 |
| | | | | |
| THE IRISH AMERICAN PARTNERSHIP | N/A | NOT FOR PROFIT | TO SUPPORT EDUCATION | |
| 15 BROAD ST, SUITE 210 | [· · · | DRG. | AND COMMUNITY | - |
| BOSTON, MA 02109 | | Γ | DEVELOPMENT PROJECTS | 2,500 |
| DOLLAR, MR VELVE | | | | 2,300 |
| THE REGIONAL FOOD BANK OF | N/A | NOT FOR PROFIT | TO SUPPORT THE "MAPLE | • |
| NORTHEASTERN NEW YORK | | DRG. | HILL PAT BACKPACK" | |
| 965 ALBANY SHAKER ROAD | | | PROGRAM | |
| LATHAM, NY 12110 | | | | 2,004 |
| Total from continuation sheets | | | | 78,790 |

| Part XV Supplementary Information | | | | |
|--|--|----------------------|---------------------------------------|----------|
| 3 Grants and Contributions Paid During the | Year (Continuation) | | - | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| THE SCHENECTADY CITY SCHOOL DISTRICT | N/A | NOT FOR PROFIT | "READING IS FUN" | |
| EDUCATIONAL FOUNDATION PO BOX 9437 | | DRG. | PROGRAM | |
| SCHENECTADY, NY 12309 | | | | 7,500. |
| , | | 1 | | <u> </u> |
| TRINITY ALLIANCE OF THE CAPITAL | N/A | NOT FOR PROFIT | TO SUPPORT THE CARE | |
| REGION, INC. | | DRG. | SUMMER CAMP PROGRAM | |
| 15 TRINITY PLACE | | | FOR INNER CITY | |
| ALBANY, NY 12202 | | | CHILDREN | 3,334. |
| | | | | |
| TROY CHABAD LUBAVICH CENTER | N/A | NOT FOR PROFIT | TO COVER THE COST OF | |
| 27 SOUTH LAKE AVE | | DRG. | ELECTRIC STOVE FOR | |
| TROY, NY 12180 | | | CHABAD CENTER | 616. |
| | | | | |
| WANG BALLING INMO DIAGE | N/A | NOT FOR PROFIT | TO SHIPPOPT THE | |
| WAMC - FALLING INTO PLACE 318 CENTRAL AVENUE | N/A | DRG. | "FALLING INTO PLACE" | |
| ALBANY, NY 12206 | | | PROGRAM | 8,334. |
| | | - | | <u></u> |
| | | YOU DOD DOORTE | TO GUDDODA MEE FOR | |
| YOUTH FOR CHRIST | N/A | ORG. | TO SUPPORT TEE FOR KIDS FUNDRAISER | |
| 7670 SOUTH VAUGHN CT ENGLEWOOD, CO 80112 | | DRG. | RIDS FUNDARISER | 1,200. |
| ENGLINGED, CO VOITE | | | | |
| YOUTH FX | N/A | NOT FOR PROFIT | TO SUPPORT PROGRAM | |
| 25 WARREN STREET | | DRG. | STAFFING AND STUDIO | |
| ALBANY, NY 12202 | | | DEVELOPMENT IN THE | |
| | | <u> </u> | SOUTH END OF ALBANY | 3,334. |
| YWCA OF THE GREATER CAPITAL REGION, | N/A | NOT FOR PROFIT | TO SUPPORT THE | |
| INC | | ORG. | JAMISON-ROUNDS READY | |
| 21 FIRST ST | | | FOR WORK PROGRAM | |
| TROY, NY 12180 | <u> </u> | | | 16,125. |
| | | 1 | | |
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| • | | | | |
| | | | | |
| | | | | |
| Total from continuation sheets | | | | |

| Part XV Supplementary Information 3 Grants and Contributions Approved for Future 1 | | | | |
|---|---|----------------------|----------------------------------|-------------|
| | If recipient is an individual. | T | 1 | |
| Recipient | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| ALBANY LAW SCHOOL | N/A | NOT FOR PROFIT | TO SUPPORT THE PRO | |
| 80 NEW SCOTLAND AVENUE | | DRG. | BONO LEGAL SERVICES | 6 666 |
| ALBANY, NY 12208 | <u> </u> | | PROJECT | 6,666. |
| CATHOLIC CHARITIES OF THE DIOCESE OF | N/A | NOT FOR PROFIT | TO SUPPORT THE "NO | |
| ALBANY | | ORG. | WRONG DOOR" PROGRAM | |
| 40 NORTH MAIN AVE | | } | FOR INNER CITY | |
| ALBANY, NY 12203 | | | FAMILIES | 13,332. |
| | | | | |
| CEO YOUTHBUILD | N/A | NOT FOR PROFIT | TO SUPPORT THE | |
| 2347 5TH AVE | | org. | YOUTHBUILD PROGRAM | |
| TROY, NY 12180 | | | | 10,000 |
| | | | | • |
| COLONIE SENIOR SERVICE CENTER, INC | N/A | NOT FOR PROFIT | TO SUPPORT THE RETIRED | |
| 6 WINNERS CIRCLE | | ORG. | SENIOR VOLUNTEER | |
| ALBANY, NY 12205 | | ļ | PROGRAM | 16,667. |
| | | | | |
| FRIENDS OF WASHINGTON PARK, INC. | N/A | NOT FOR PROFIT | TO SUPPORT "OPERATION | |
| 195 SECOND STREET | N/A | DRG. | SNIP" FOR FERAL CATS | |
| TROY, NY 12180 | | • | | 9,500. |
| | | | | |
| GUILDERHAVEN, INC. | N/A | NOT FOR PROFIT | TO SUPPORT ANIMAL SPAY | |
| 6655 ROUTE 158 | N/A | ORG. | AND NEUTER SURGERIES | |
| ALTAMONT NY 12009 | | | | 3,000. |
| | | 1 | | |
| INTERFAITH PARTNERSHIP FOR THE | N/A | NOT FOR PROFIT | TO SUPPORT THE MEDICAL | |
| HOMELESS | | ORG. | RESPITE PROGRAM | |
| 176 SHERIDAN AVE | | | | 2,500. |
| ALBANY, NY 12210 | | <u> </u> | | 2,500. |
| | | | | |
| MOSCOW BALLET | N/A | ŀ | TO SUPPORT BALLET | |
| 27 E HOUSATONIC ST | | DRG. | PERFORMANCE | 250 |
| PITTSFIELD, MA 01201 | | | | 250. |
| | | | | |
| PALACE PERFORMING ARTS CENTER | N/A | NOT FOR PROFIT | l I | |
| 19 CLINTON AVENUE | | DRG. | HOMELESS AMBASSADOR | 7 040 |
| ALBANY, NY 12207 | | | PILOT PROJECT | 7,040. |
| | | VOT. TOD | TO GUNDON THE THE TANK | |
| SAINT PAUL'S CENTER | N/A | | TO SUPPORT THE REVIVAL | |
| 1468 PARKVIEW CIRCLE | | DRG. | IN CATHOLIC SCRIPTURE STUDY | 17,500. |
| STEUBENVILLE, OH 43952 Total from continuation sheets | | 1 | P1001 | 170,323. |

| Part XV Supplementary Information | | · | | |
|---|--|----------------------|----------------------------------|-------------|
| 3 Grants and Contributions Approved for Fut | | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | L | [| |
| SIENA COLLEGE CENTER FOR ACADEMIC | N/A | | TO SUPPORT THE ACE | |
| COMMUNITY ENGAGEMENT | | DRG. | PROGRAM | |
| 515 LOUDON ROAD | | | 1 | 15 000 |
| LOUDONVILLE, NY 12210 | | | | 15,000 |
| | | | | |
| STARS INTERGEN CORP | N/A | NOT FOR PROFIT | TO SUPPORT | |
| PO BOX 869 | | DRG. | COMMUNITY-FOCUSED | |
| TROY, NY 12181 | | | EDUCATIONAL PROGRAMS | 5,000 |
| THE NORTHEAST HEALTH FOUNDATION, INC | N/A | NOT FOR PROFIT | TO ASSIST VOLUNTEERS | |
| (EDDY ALZHEIMER'S SERVICES-BRIDGET | | ORG. | WHO HELP PERSON WITH | |
| FUND | | | ALZHEIMER'S AND THEIR | |
| 310 SOUTH MANNING BOULEVARD | | | CAREGIVERS | |
| ALBANY, NY 12208 | | | | 2,000 |
| | | | TO SUPPORT THE "MAPLE | |
| THE REGIONAL FOOD BANK OF | N/A | | | |
| NORTHEASTERN NEW YORK | | DRG. | HILL PAT BACKPACK" | |
| 965 ALBANY SHAKER ROAD | | | PROGRAM | 4 000 |
| LATHAM, NY 12110 | | | | 4,008 |
| THE SCHENECTADY CITY SCHOOL DISTRICT | N/A | NOT FOR PROFIT | TO SUPPORT THE | |
| EDUCATIONAL FOUNDATION | l''' | DRG. | "READING IS FUN" | |
| PO BOX 9437 | | pino. | PROGRAM'S PART TIME | |
| SCHENECTADY, NY 12309 | | | PERSONNEL EXPENSES | 7,500 |
| SCHERECIADI, NI 12303 | | | 21.0011.00 | |
| TRINITY ALLIANCE OF THE CAPITAL | N/A | NOT FOR PROFIT | TO SUPPORT THE CARE | |
| REGION, INC. | | ORG. | SUMMER CAMP PROGRAM | |
| 15 TRINITY PLACE | | | FOR INNER CITY | |
| ALBANY, NY 12202 | | | CHILDREN | 6,666 |
| | | | | |
| WAMC NORTHEAST PUBLIC RADIO | N/A | NOT FOR PROFIT | TO SUPPORT THE | |
| 318 CENTRAL AVENUE | | ORG. | "FALLING INTO PLACE" | |
| ALBANY, NY 12206 | | | PROGRAM | 16,666 |
| | | L | | |
| WATERVLIET CIVIC CHERST, INC. | N/A | NOT FOR PROFIT | 1 | |
| PO BOX 164 | | ORG. | PURCHASE OF COMPUTERS | |
| WATERVLIET, NY 12189 | | | FOR AFTER-SCHOOL | |
| | | | HOMEWORK HELP PROGRAM | 5,000 |
| | | | | |
| WERK | N/A | NOT FOR PROFIT | TO SUPPORT WOMENT | |
| 233 NORTH GREENBUSH ROAD | | ORG. | GETTING INTO WORK | |
| TROY, NY 12180 | | | FORCE | 4,987 |
| | | | | |
| WHISKERS INC | N/A | NOT FOR PROFIT | TO ASSIST WORK OF | |
| P.O. BOX 11190 | | ORG. | PROVIDING CARE FOR | |
| ALBANY, NY 12211 | | <u></u> | HOMELESS CATS | 5,000 |
| Total from continuation sheets | | | | |

| Part XV Supplementary Information | | | | |
|---|---|---------------------|---|----------|
| 3 Grants and Contributions Approved for Fut | | • | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | CONTRIBUTION | 71110411 |
| YOUTH FX 25 WARREN STREET ALBANY, NY 12202 | N/A | NOT FOR PROFIT | TO SUPPORT PROGRAM STAFFIND AND STUDIO DEVELOPMENT IN THE | |
| | | | SOUTH END OF ALBANY | 6,666. |
| YWCA OF THE GREATER CAPITAL REGION, INC 21 FIRST ST | N/A | NOT FOR PROFIT | TO SUPPORT THE JAMISON-ROUNDS READY FOR WORK PROGRAM | |
| TROY, NY 12180 | | <u> </u> | | 5,375. |
| | | | | , |
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| • | | | | , |
| | | | | |
| | | | | |
| | | | | |
| Total from continuation sheets | | | | L |

Form 990-PF (2018)

Pan XVI: A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelate | ed business income | | ded by section 512, 513, or 514 | (e) |
|---|--|-----------------------------|--|--|---|
| 3.000 3.000 | (a) Business | (b) | (C) Exclu- sion | (d) | Related or exempt |
| 1 Program service revenue: | code | Amount | code | Amount | function income |
| a | | | | | |
| b | | | <u> </u> | | |
| c | | | | | |
| d | | | | | |
| e | | | 1 | | |
| f | | ***** | <u> </u> | | |
| g Fees and contracts from government agencies | | | <u> </u> | | |
| 2 Membership dues and assessments | | | <u> </u> | | |
| 3 Interest on savings and temporary cash | | | ١., | | |
| investments | | | 14 | | |
| 4 Dividends and interest from securities | | | 14 | 105,376. | DOGS 4 C. VERNORS - NA CASE A CONSTRUCTION OF A SECOND STATE OF A |
| 5 Net rental income or (loss) from real estate: | 2.1.13% | · 15年發於,其實於於 | KOMPT. | | 至人。中華 中国人类的 |
| a Debt-financed property | | | - | | |
| Not debt-financed property | | | ļ | | |
| 6 Net rental income or (loss) from personal | | | l | | |
| property | | | ļ | ļ _ | |
| 7 Other investment income | | | ļ | | |
| 8 Gain or (loss) from sales of assets other | | | ۱., | 112 061 | |
| than inventory | - | | 18 | 113,261. | |
| 9 Net income or (loss) from special events | | | ļ | | |
| 10 Gross profit or (loss) from sales of inventory | | <u> </u> | | | |
| 11 Other revenue: | | | | , | |
| a | | • | | | |
| b | | <u></u> | ├ | | |
| <u> </u> | | | | | |
| d | | | ├─ | <u>. </u> | |
| e | 2-04-24 | 0. | NS/C | 218,647. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | er bassar. | 1 | 14855.5 * | 13 | |
| (See worksheet in line 13 instructions to verify calculations.) | | • | | | |
| | Aba A a a a | | | Durnasas | |
| Part-XVI-B Relationship of Activities to | tne Acco | mplishment of Ex | empi | Purposes | |
| Line No. Explain below how each activity for which incom | ne is reported | ın column (e) of Part XVI-A | contrit | outed importantly to the accor | nplishment of |
| the foundation's exempt purposes (other than b | y providing fu | nds for such purposes). | | | |
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| 823621 12-11-18 | | | | | Form 990-PF (2018) |

Form 990-PF (2018) FOUNDATION, INC. 45-4293819
|Part:XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

| b | (other to Transfer (1) Ca (2) Other to (1) Sa (2) Pu (3) Re (4) Re (5) Lo (6) Pe Sharing If the air | than section 501(c)(3) organiers from the reporting foundalish her assets ransactions: alles of assets to a noncharitaturchases of assets from a norental of facilities, equipment, all all and the section of the above is sinces given by the reporting for | ncharitable exempt organization or other assets mbership or fundraising solicitatio ling lists, other assets, or paid em "Yes," complete the following sche bundation. If the foundation received ther assets, or services received. | g to political organizations? ganization of: ins iployees idule. Column (b) should alwa ed less than fair market value i | ys show the fair market value of the good in any transaction or sharing arrangement | |
|----------|--|---|---|---|---|--|
| (a)∟ | ine no | (b) Amount involved | (c) Name of noncharitable | e exempt organization | (d) Description of transfers, transactions, at | nd sharing arrangements |
| | | | N/A | | | |
| | | | | | | |
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| | -+ | | | <u> </u> | | |
| | | | | | | |
| | ın secti | | tly affiliated with, or related to, one n 501(c)(3)) or in section 527? edule. | or more tax-exempt organiza | tions described | Yes X No |
| | | (a) Name of org | | (b) Type of organization | (c) Description of relation | onship |
| | | N/A | · · · · · · · · · · · · · · · · · · · | ļ | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Si He | gn ere | nder penalties of perjury, I declare to d belief, it is vide, correct, and corp and corperations of officer or trustee | pleus Declaration of preparer (other than | accompanying schedules and state taxpayer) is based on all information and taxpayer) based on all information bate. | oments, and to the best of my knowledge n of which preparer has any knowledge PRESIDENT | May the IRS discuss this return with the preparer shown below? See instr |
| | | Print/Type preparer's na | me Preparer's s | ignature// | Date Check If PTI | N ~ |
| | | CAROL A. H | AUSAMANN, / | A // | self- employed | |
| Pa | | CPA | lara | Hausanam 1 | 0/29/19 P | 00339780 |
| | epare | 11111131141110 | VIN AND COMPANY | , P.C. <i>PA</i> | Firm's EIN ► 14- | 1567343 |
| US | se Onl | | DDIMIGH AMERIC | AN DIVE | | |
| | | l l | BRITISH AMERIC | | Dhan 510 | 785_0124 |
| | | A-LA | THAM, NY 12110- | 1402 | Phone no. 518- | 765-0134 |

| FORM 990-PF INTERE | ST ON SAVIN | GS AND TEM | PORARY | CASH I | NVESTMENTS | STATEMENT 1 |
|---|-----------------|------------------------------|--------|--------------------------|-------------------------------|-------------------------------|
| SOURCE | | (A REVE PER B | NUE | | (B) NVESTMENT NCOME | (C) ADJUSTED NET INCOME |
| ·INTEREST FROM CASH | ACCOUNTS | | 10. | | 10. | |
| TOTAL TO PART I, LI | INE 3 | | 10. | | 10. | |
| FORM 990-PF | DIVIDENDS | AND INTER | EST FR | OM SECU | RITIES | STATEMENT 2 |
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | | (A) EVENUE R BOOKS | (B) NET INVES MENT INCO | |
| DIVIDENDS FROM SECURITIES INTEREST FROM MORTGAGE | 83,507. | | 0. | 83,507 | . 83,50 | 07. |
| RECEIVABLE INTEREST FROM | 20,966. | | 0. | 20,966 | . 20,96 | 66. |
| SECURITIES | 903. | | 0. | 903 | . 90 | 03. |
| TO PART I, LINE 4 | 105,376. | | 0. | 105,376 | . 105,3 | 76. |
| | | | | | | |
| FORM 990-PF | | LEGAL | FEES | | | STATEMENT 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | NET I | B) NVEST- INCOME | (C) ADJUSTEI NET INCON | |
| LEGAL FEES | _ | 5,100. | | 0. | | 5,100. |
| TO FM 990-PF, PG 1, | LN 16A | 5,100. | | . 0. | | 5,100. |
| | | | | | | |
| FORM 990-PF | | ACCOUNTI | NG FEE | S | , | STATEMENT 4 |
| DESCRIPTION | 1 | (A) EXPENSES PER BOOKS | NET I | B) NVEST- INCOME | (C) ADJUSTEI NET INCOM | |
| ACCOUNTING FEES | | 9,745. | - | 0. | - | 9,745. |
| TO FORM 990-PF, PG | 1, LN 16B | 9,745. | | 0. | | 9,745. |
| | =- | | | | | |

| FORM 990-PF | TAX | ES | S | TATEMENT 5 |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| FEDERAL EXCISE TAX | 1,770. | 1,770. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 1,770. | 1,770. | | 0. |
| FORM 990-PF | OTHER E | XPENSES | S | TATEMENT 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| INVESTMENT FEES NYS DOL FEE OPERATING EXPENSES | 39,836. 250. 5,337. | | | 0. 250. 5,337. |
| TO FORM 990-PF, PG 1, LN 23 | 45,423. | 39,836. | | 5,587. |
| \ | | | | |
| FORM 990-PF OTHER INCREASES | S IN NET ASS | ETS OR FUND BA | ALANCES S | TATEMENT 7 |
| DESCRIPTION | | | | AMOUNT |
| CONDITIONAL PROMISES QUALIFIE | ED SET ASIDE | S | | 241,558. |

| FORM 990-PF C | THER INVESTMENTS | | STATEMENT 9 |
|----------------------------------|---------------------|-------------|----------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| COINS | FMV | 490,974. | 490,974. |
| PRECIOUS METALS | FMV | 4,645,202. | 4,645,202. |
| VARIOUS SECURITIES: MERRILL LYNC | CH FMV | 2,320,753. | 2,320,753. |
| VARIOUS SECURITIES: MORGAN STANI | LEY FMV | 717,049. | 717,049. |
| TOTAL TO FORM 990-PF, PART II, I | LINE 13 | 8,173,978. | 8,173,978. |
| | | | |

| FORM 990-PF | OTHER ASSETS | | STATEMENT 10 |
|----------------------------------|-------------------------------|---------------------------|----------------------|
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| OTHER RECEIVABLE PREPAID TAXES | 45,612. | 66,578. 3,730. | 66,578. 3,730. |
| TO FORM 990-PF, PART II, LINE 15 | 45,612. | 70,308. | 70,308. |

| FORM 990-PF C | OTHER LIABILITIES | | STA | TEMENT 11 |
|---|-------------------|----------------|-----|------------|
| DESCRIPTION | | BOY AMOUNT | EOY | AMOUNT |
| NYS DOL FEE PAYABLE FEDERAL EXCISE TAXES PAYABLE | - | 250. 1,385. | | 250. 0. |
| TOTAL TO FORM 990-PF, PART II, I | LINE 22 | 1,635. | | 250. |

FORM 990-PF EXPLANATION OF CASH SET-ASIDE STATEMENT 12
PART XII, LINE 3B

SEE ATTACHED INFORMATION

FORM 990-PF

1

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

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THE SEYMOUR FOX MEMORIAL FOUNDATION, INC.

233 NORTH GREENBUSH ROAD

TROY, NY 12180

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

518-320-0970

THE SEYMOUR FOX MEMORIAL FOUNDATION, INC.

EMAIL ADDRESS

SEYMOURFOXFOUNDATION@HOTMAIL.COM

FORM AND CONTENT OF APPLICATIONS

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

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

THE APPLICATION INCLUDES FIVE SECTIONS TO BE COMPLETED:

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

ANY SUBMISSION DEADLINES

BOARD OF DIRECTOR MEETING (SPRING, SUMMER AND FALL) EACH YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

ON A GRANT BY GRANT BASIS

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

THE SEYMOUR FOX MEMORIAL 45-4293819 FOUNDATION, INC. Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization
THE SEYMOUR FOX MEMORIAL
FOUNDATION. TNC.

Employer identification number

45-4293819

| LOUIND | OUNDATION, INC. | | | |
|-------------|---|----------------------------|--|--|
| 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 | ESTATE OF SEYMOUR FOX C/O 233 NORTH GREENBUSH ROAD TROY, NY 12180 | \$ <u>346,292.</u> | Person X Payroll | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| | | \$ | Person Payroll Oncash Occash (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| _ | | \$ | Person Payroll Omnicash Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| | | \$ | Person Payroll Oncash Occash (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) | |

Name of organization
THE SEYMOUR FOX MEMORIAL
FOUNDATION, INC.

Employer identification number

45-4293819

| PartII | Noncash Property (see instructions) Use duplicate copies of Part II if a | dditional space is needed | |
|------------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | · |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |

Name of organization

THE SEYMOUR FOX MEMORIAL

FOIRDATION INC.

Employer identification number

45-4293819

| Part III | | | 43-4293819 section 501(c)(7), (8), or (10) that total more than \$1,000 for the y | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|
| | from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or | through (e) and the following line entertainted the the entertain | ntry For organizations | | | | | |
| | 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 | | | | | |
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| | | (e) Transfer of gift | | | | | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
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