**Return of Private Foundation** 

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

Department of the Treasury Internal Revenue Service

			dar year 2018 or tax year beginning		2018, and			, 20		
	Nam	e of fou	ndation	-1-1		A Employe	r identification numb	er		
			VIN ZOLTAN MERSZEI FOUNDATION, INC.	tdel		81-38	859411			
	Num	ber and	street (or P O box number if mail is not delivered to street address)		Room/suite	B Telephon	ie number (see instruct	ions)		
	20	0 BR	ADLEY PLACE		203	(203	) 253 <u>-0</u> 737			
	City	or town,	state or province, country, and ZIP or foreign postal code				tion application is pend	ing, check here ▶ □		
	PΑ	LM B	EACH FL 33480							
				n of a former p	ublic charit	V D 1. Foreigi	n organizations, check	here ▶□		
			☐ Final return ☐ Amended			-				
			☐ Address change ☒ Name cha	ange			n organizations meeting here and attach compi			
	н	Check	type of organization.   Section 501(c)(3) exempt		tion () U		foundation status was			
			on 4947(a)(1) nonexempt charitable trust $\Box$ Other ta			section 5	07(b)(1)(A), check here	▶ 🗆		
			parket value of all assets at   J   Accounting method			7				
			f year (from Part II, col. (c),			I F II the tour	h termination k here ► ☐			
		line 16				1 225, 35,	ction 507(b)(1)(B), chec	K Here		
				T Cash basis	<del>/</del>			(no.)		
	r	arti	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue a expenses pe		et investment	(c) Adjusted net	(d) Disbursements for charitable		
_			the amounts in column (a) (see instructions) )	books	51	income	ıncome	purposes (cash basis only)		
h x	_	1 4		1 455 0				(cush busis only)		
$\sim$		1	Contributions, gifts, grants, etc., received (attach schedule)	1,455,3	23.					
•		2	Check ► ☐ If the foundation is not required to attach Sch B							
		3	Interest on savings and temporary cash investments							
		4	Dividends and interest from securities	40,6	31.	40,631.	40,631.			
		5a	Gross rents							
8		b	Net rental income or (loss)							
~	ne	6a	Net gain or (loss) from sale of assets not on line 10	,			-,			
	Revenue	b	Gross sales price for all assets on line 6a							
FEB 1 7 2020	ě	7	Capital gain net income (from Part IV, line 2)			0.				
ij	æ	8	Net short-term capital gain					<u> </u>		
		9	Income modifications							
SCANNED		10a	Gross sales less returns and allowances					15		
200		b	Less; Çost of goods sold							
		С	Gross profit or (loss) (attach schedule)							
*		11	Other income (attach schedule)							
S		12	Total. Add lines 1 through 11	1,495,9	54.	40,631.	40,631.			
-	_	13	Compensation of officers, directors, trustees, etc.	,						
_	xpenses	14	Other employee salaries and wages							
$\mathcal{O}$	ü	15	Demonstrate and the second sec	0EU/ED	_	-				
$\gamma \alpha_{\mathcal{C}}$	χĎ	16a	Legal fees (attach schedule)	CEIVED						
25	ŽÜ	Ь	Accounting fees (attach schedule)		RS-OSC					
200-	Š	c		V 1 3 2019	ᅧ					
	rat	17	Interest	2 2 20.0	181					
<b>E</b> 3	stı	18	Tavas (attack sale sales) (as a material sales)	DEN LIT	-1=					
DEC 1 3 2019 97	Ē	19	Depreciation (attach schedule) and depletion	DEN, UT						
က	μþ	20	Occupancy							
tured.	Ā	21	Travel, conferences, and meetings							
DEC	nd	22	Printing and publications		-					
	) a	23	Other expenses (attach schedule) See .St.mt.	1	50.	150.	150.	150		
40	perating	24	Total operating and administrative expenses.	1.	<del></del>	130.	150.	150.		
***	at	_ <del>_</del>	Add lines 13 through 23		_	150	150	150		
31	)ei	25	-		50.	150.	150.	150.		
<i>\$4.2</i>	ō	25 26	· · · · · · · · · · · · · · · · · · ·	627,3		150	150	627,389.		
(~)			Total expenses and disbursements. Add lines 24 and 25	627,5	39.	150.	150.	627,539.		
0-0		27	Subtract line 26 from line 12		_					
હ્ય		a	Excess of revenue over expenses and disbursements	868,4	15.			<u> </u>		
শ্ৰে ক্ৰ		b	Net investment income (if negative, enter -0-)	ļ		40,481.				
ومسق		C	Adjusted net income (if negative, enter -0-) .				40,481.	1		

For Paperwork Reduction Act Notice, see instructions. BAA

Cat No 11289X

REV 02/01/19 PRO

Form **990-PF** (2018)

Part II	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End c	of year	
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Val	(b) Book Value (c) Fair M		
	1	Cash—non-interest-bearing	59,962.	11,2	18.	11,218.	
	2	Savings and temporary cash investments					
	3	Accounts receivable ►		<del> </del>			
		Less: allowance for doubtful accounts ▶		• •		" -	
	4	Pledges receivable ▶					
		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 ▶					
ts	8	Inventories for sale or use				-	
Assets	9	Prepaid expenses and deferred charges		-			
Ä	10a	Investments—U.S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule) L-10b Stmt	1,550,429.	2,415,5	34.	2,122,406.	
	С	Investments—corporate bonds (attach schedule)					
	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	Total assets (to be completed by all filers—see the					
		ınstructions. Also, see page 1, item l)	1,610,391.	2,426,7	52.	2,133,624.	
	17	Accounts payable and accrued expenses				.(	
s	18	Grants payable		_		130 500	
tie	19	Deferred revenue				-,,**	
Liabilities	20 Loans from officers, directors, trustees, and other disqualified persons					ひとの様と	
ia	21	Mortgages and other notes payable (attach schedule)				- , =	
	22	Other liabilities (describe ►)				`	
	23	Total liabilities (add lines 17 through 22)					
S		Foundations that follow SFAS 117, check here ▶ □					
alances		and complete lines 24 through 26, and lines 30 and 31.					
au	24	Unrestricted					
	25	Temporarily restricted				<i>'</i> .	
필	26	Permanently restricted					
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ▶ 🗵				, , ,	
בַ		and complete lines 27 through 31.					
S	27	Capital stock, trust principal, or current funds	1,610,391.	2,426,7	52.		
ě	28	Paid-in or capital surplus, or land, bldg., and equipment fund				<u> </u>	
SSI	29	Retained earnings, accumulated income, endowment, or other funds				·	
7	30	Total net assets or fund balances (see instructions)	1,610,391.	<u>2,</u> 426,7	52.		
ž	31	Total liabilities and net assets/fund balances (see					
Do	IIII	Instructions)	1,610,391.	2,426,7	52.		
	rt III	Analysis of Changes in Net Assets or Fund Balances	(-) ( 00 (				
1		Il net assets or fund balances at beginning of year—Part II, colur		-		1 610 201	
•					1	1,610,391.	
_		er amount from Part I, line 27a			2	868,415.	
3 ⊿	V ~~	er increases not included in line 2 (itemize) See Statement			3	10,529.	
4		lines 1, 2, and 3		4	2,489,335.		
5 6		reases not included in line 2 (itemize) ► CAPITAL LOSS  Il net assets or fund balances at end of year (line 4 minus line 5)—F	Part II. column (b). Iur		5 6	62,583.	
	iota	in her assers or fund balances at end of year (line 4 minus line 3)—r	art II, COIUITITI (D), III	<u> </u>	ט	2,426,752.	

Part	(a) List and describe the kin	d(s) of property sold (for example, real e	state,	(b) How acquired P—Purchase	(c) Date acquired	(d) Date sold	
		se, or common stock, 200 shs MLC Co	·	D-Donation	(mo , day, yr )	(mo , day, yr )	
	1500 SHRS - MACQUA	IRIE INFRASTRUCTURE CO	ORP	D	02/14/2017	05/04/2018	
<u> </u>	······································					<del> </del>	
<del>U</del>							
<u></u> е	<del> </del>						
	(e) Gross sales price (f) Depreciation allo (or allowable)		(g) Cost or other basis plus expense of sale		(h) Gain or (loss) ((e) plus (f) minus (g))		
a	56,814.	·		119,397.		-62,583.	
b						. =.	
c							
<u>d</u>							
<u>е</u>	2 11 11					<del></del>	
	Complete only for assets sho	wing gain in column (h) and owned	by the foundatio	on 12/31/69		ol (h) gain minus	
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any		ot less than -0-) or (from col (h))	
a						-62,583.	
b							
<u>C</u>							
d							
<u>е</u>				-			
2	Capital gain net income or		also enter in P		2	-62,583.	
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss	s), enter -0- ın }			
Part	V Qualification Und	er Section 4940(e) for Redu	lood Toy on	Not Invoctment	3	<del></del>	
Was t		e this part blank section 4942 tax on the distribu ualify under section 4940(e). Do			base period?	☐ Yes ☐ No	
1	·	unt in each column for each ye	<u> </u>	<u>·</u>	akıng anv entries	 S.	
Cale	(a)  Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution		(c) of noncharitable-use a	D	(d) istribution ratio i) divided by col (c))	
	2017	15,1	50.	1,153,3		0.013135	
	2016	10/1	0.	1,100,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.013133	
-	2015						
	2014						
	2013						
2	Total of line 1, column (d)				2	0.013135	
3		for the 5-year base period—div undation has been in existence			r by	0.013135	
4	Enter the net value of none	charitable-use assets for 2018 f	rom Part X, line	e 5	. 4	2,205,772.	
5	Multiply line 4 by line 3				. 5	28,973.	
6		it income (1% of Part I, line 27b	)		. 6	405.	
7						29,378.	
8		ns from Part XII, line 4					
O		ter than line 7, check the box in				627, 539. 1% tax rate. See the	

3

Part		Instr	uctio	ns)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. )							
_	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		405.					
•	here \( \subseteq \) and enter 1% of Part I, line 27b							
С	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-)		0.					
3	Add lines 1 and 2		405.					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		405.					
6	Credits/Payments:							
a	2018 estimated tax payments and 2017 overpayment credited to 2018 6a							
b	Exempt foreign organizations—tax withheld at source 6b							
C	Tax paid with application for extension of time to file (Form 8868) . 6c 0.							
d	Backup withholding erroneously withheld							
7	Total credits and payments. Add lines 6a through 6d		0.	<del></del>				
8 9	Enter any <b>penalty</b> for underpayment of estimated tax. Check here		105	<del></del>				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		405. 0.	<del></del>				
11	Enter the amount of line 10 to be Credited to 2019 estimated tax   Refunded   11		υ.					
	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		Yes	No				
·u	participate or intervene in any political campaign?	1a	1.00	×				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the							
_	instructions for the definition	1b		×				
	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.							
С	c Did the foundation file Form 1120-POL for this year?							
d								
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	.	-	. I				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
	on foundation managers. ► \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×				
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		<del> </del>					
40	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		<u>×</u>				
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>×</u>				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b 5	+					
3	If "Yes," attach the statement required by General Instruction T	3		<u> </u>				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			.				
•	By language in the governing instrument, or			. 1				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			. [				
	conflict with the state law remain in the governing instrument?	6	×					
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		×					
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶							
	FL							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General							
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×					
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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"			/				
	complete Part XIV	9	×	`				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their							
	names and addresses	10	×					

			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		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	ł		
	person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A			
14	The books are in care of ► COREY E. LEVINE, CPA  Telephone no. ► (561)		0360	) ~
45	Located at ▶ 15300 JOG ROAD, #208 DELRAY BEACH FL ZIP+4 ▶ 33446			
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		•	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
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?   Yes  No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?	k		
	(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.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  Organizations relying on a current notice regarding disaster assistance, check here	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
	were not corrected before the first day of the tax year beginning in 2018?	1c		×
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)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
L	If "Yes," list the years ► 20 , 20 , 20 , 20			
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			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any 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?	ŀ		
b	If "Yes," did it have excess business holdings in 2018 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	ļ		
	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 2018.)	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	· · · ·		<del>-^</del>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		×

	t VII-B Statements Regarding Activitie	s for Whic	ch Form	4720 I	May Be R	equire	d (contir	nued)			
5a	During the year, did the foundation pay or incur	any amoun	nt to.							Yes	No
	(1) Carry on propaganda, or otherwise attempt	to influence	e legislatio	n (sect	ion 4945(e	))?	☐ Yes	⊠ No			
	(2) Influence the outcome of any specific publ		(see secti	on 495	5); or to ca	arry on,					ŀ
	directly or indirectly, any voter registration d	rıve <sup>?</sup>					☐ Yes	⊠ No			1
	(3) Provide a grant to an individual for travel, st						☐ Yes	⊠ No			i
	(4) Provide a grant to an organization other that	n a charitat	ble, etc., o	organiz	ation desc	rıbed ın			1		Į.
	section 4945(d)(4)(A)? See instructions						☐ Yes	⊠ No			- 1
	(5) Provide for any purpose other than religious										- 1
	purposes, or for the prevention of cruelty to						☐Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of t							scribed			
	in Regulations section 53.4945 or in a current n	•	•						5b		
	Organizations relying on a current notice regard	_								Ŷ	ı
C	If the answer is "Yes" to question 5a(4), does										ı
	because it maintained expenditure responsibilit						Yes	∐ No			
•	If "Yes," attach the statement required by Regu									1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums										ŀ	
on a personal benefit contract?										<del></del>	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 6b											<u>×</u> ,
If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No											
7a b	If "Yes," did the foundation receive any proceed						Yes	_	7b		
8	Is the foundation subject to the section 4960 to						ansaction	17 .	76		
O	remuneration or excess parachute payment(s) of						□ Vec	□No			
Par	Information About Officers, Direct										
	and Contractors	, , , , , , , , , , , , , , , , , , , ,	0.000,	Janaa		<b>.</b> 90.0,		u.u =	прісу	,	
1	List all officers, directors, trustees, and foun-	dation man	nagers an	d their	compens	ation. S	ee instru	ıctions			
	(a) Name and address	(b) Title, and			npensation		Contribution:		(e) Expe	nse acc	ount.
_	(a) Name and address	hours pe devoted to			iot paid, ter -0-)	employee benefit plans and deferred compensation		ensation	other a	llowan	ces
AIM	EE MODNED MEDCZET	DID DDDO	mpeac								
	EE MORNER MERSZEI	DIR., PRES.	., IKEAS.			l					
200	BRADLEY PLACE, #203 PALM BEACH FL 33480		10.00		0.			0.			0.
-			10.00		0.			0.			0.
ROB	BRADLEY PLACE, #203 PALM BEACH FL 33480		10.00		0.			0.			0.
ROB 1 TA	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MAROHL	DIR., S	10.00 SEC. 5.00								
ROB 1 TA	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870	DIR., S	10.00 SEC. 5.00								
ROB 1 TA	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MAROHL	DIR., S	10.00 SEC. 5.00 DR		0.			0.			0.
ROB 1 TA	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MAROHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260	DIR., S	10.00 SEC. 5.00 DR 5.00		0.			0.			0.
ROB 1 TA	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe	DIR., S	10.00 SEC. 5.00 DR 5.00	se inclu	0.	ne 1—:	see instr	0.	s). If no	one, e	0.
ROB 1 TA	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MAROHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00		0.	ne 1—		0. 0.	s). If no	one, e	0.
ROB 1 T/ AAR( 9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe "NONE."	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00 than thos	verage	0. 0. uded on li		(d) Contribu	0.  0.  uctions	(e) Expe	nse acc	0. 0. enter
ROB 1 T/ AAR( 9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00	verage veek	0.		(d) Contribu	0. 0. uctions	(e) Expe		0. 0. enter
ROB: 1 T/ AAR( 9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00 than thos	verage veek	0. 0. uded on li		(d) Contribution employee plans and contributions and contributions and contributions are contributions and contributions are contribution	0. 0. uctions	(e) Expe	nse acc	0. 0. enter
ROB 1 T/ AAR( 9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00 than thos	verage veek	0. 0. uded on li		(d) Contribution employee plans and contributions and contributions and contributions are contributions and contributions are contribution	0. 0. uctions	(e) Expe	nse acc	0. 0. enter
ROB: 1 T/ AAR( 9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00 than thos	verage veek	0. 0. uded on li		(d) Contribution employee plans and contributions and contributions and contributions are contributions and contributions are contribution	0. 0. uctions	(e) Expe	nse acc	0. 0. enter
ROB: 1 T/ AAR( 9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00 than thos	verage veek	0. 0. uded on li		(d) Contribution employee plans and contributions and contributions and contributions are contributions and contributions are contribution	0. 0. uctions	(e) Expe	nse acc	0. 0. enter
ROB: 1 T/ AAR( 9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00 than thos	verage veek	0. 0. uded on li		(d) Contribution employee plans and contributions and contributions and contributions are contributions and contributions are contribution	0. 0. uctions	(e) Expe	nse acc	0. 0. enter
ROB: 1 T/ AAR( 9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00 than thos	verage veek	0. 0. uded on li		(d) Contribution employee plans and contributions and contributions and contributions are contributions and contributions are contribution	0. 0. uctions	(e) Expe	nse acc	0. 0. enter
ROB: 1 T/ AAR( 9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00 than thos	verage veek	0. 0. uded on li		(d) Contribution employee plans and contributions and contributions and contributions are contributions and contributions are contribution	0. 0. uctions	(e) Expe	nse acc	0. 0. enter
ROB: 1 T/ AAR( 9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00 than thos	verage veek	0. 0. uded on li		(d) Contribution employee plans and contributions and contributions and contributions are contributions and contributions are contribution	0. 0. uctions	(e) Expe	nse acc	0. 0. enter
ROB: 1 T/ AAR( 9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00 than thos	verage veek	0. 0. uded on li		(d) Contribution employee plans and contributions and contributions and contributions are contributions and contributions are contribution	0. 0. uctions	(e) Expe	nse acc	0. 0. enter
ROB 1 T/AAR(9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00 than thos	verage veek	0. 0. uded on li		(d) Contribution employee plans and contributions and contributions and contributions are contributions and contributions are contribution	0. 0. uctions	(e) Expe	nse acc	0. 0. enter
ROB 1 T/AAR(9259	BRADLEY PLACE, #203 PALM BEACH FL 33480 ERT A. STEVENS AIT ROAD OLD GREENWICH CT 06870 ON MARCHL E. RAINTREE DRIVE, #1147 SCOTTSDALE AZ 85260  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	DIR., S DIRECTO	10.00 SEC. 5.00 DR 5.00 than thos	verage veek	0. 0. uded on li		(d) Contribution employee plans and contributions and contributions and contributions are contributions and contributions are contribution	0.  O.  uctions to benefit deferred sation	(e) Expe	nse acc	0. 0. enter

Pari	Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	y Paid Employees,
3	ive highest-paid independent contractors for professional services. See instructions. If none, e	nter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	
NON		(4,7
	mber of others receiving over \$50,000 for professional services	▶  0
Par		<del></del>
	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the ations and other beneficiaries served, conferences convened, research papers produced, etc.	ne number of Expenses
1	ONE	
		o
2		
_		
3		
		,
4		
Par		
	e the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	······································	
2	····	
2		
All	r program-related investments. See instructions	
3	· ·	
-		
		,
Total	dd lines 1 through 3	•
BAA	REV 02/01/19 PRO	Form <b>990-PF</b> (20

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<u> </u>
а	Average monthly fair market value of securities	1a	2,224,075.
b	Average of monthly cash balances	1b	15,287.
С	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	2,239,362.
е	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,239,362.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	33,590.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4	5	2,205,772.
6	Minimum investment return. Enter 5% of line 5	6	110,289.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ounda	
	and certain foreign organizations, check here ▶ ☒ and do not complete this part.)	T .	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5	-	
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	<u>.</u> .
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
Б.	line 1	7	
	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		508 500
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	627,539.
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	<u></u> -
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	627,539.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	400
•	Enter 1% of Part I, line 27b. See instructions	5	405.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	627,134.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	ther the foundation

rari	Ondistributed income (see instruction	2115)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 2018				<u> </u>
a	Enter amount for 2017 only				
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2018:			<u> </u>	
а	From 2013				
b	From 2014 0.				
C	From 2015 0.	•			
d	From 2016 0.				
e	From 2017				
f	Total of lines 3a through e	15,150.			
4	Qualifying distributions for 2018 from Part XII,	13,130.			
	line 4: $\blacktriangleright$ \$ 627,539.  Applied to 2017, but not more than line 2a.	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -			
a	• •				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2018 distributable amount				
е	Remaining amount distributed out of corpus	627,539.			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
_	, , ,				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	642,689.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	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				
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0.		
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions		_	0.	
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019	,			0.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a	642,689.			
10	Analysis of line 9:				
а	Excess from 2014				
b	Excess from 2015 0.	ļ			
С	Excess from 2016 0.				
d	Excess from 2017 15,150.				
е	Excess from 2018 627, 539.	<u> </u>			

Part	XIV Private Operating Founda	tions (see instru	ctions 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 fo				08/18/2016	
b	Check box to indicate whether the four	ndation is a private	operating foundat	ion described in se		(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	(e) Total
	each year listed	40,481.	0.	0.		40,481.
b	85% of line 2a	34,409.	0.	0.		34,409.
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	627,539.	15,150.			642,689.
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	(0) 500	15 15			640,600
3	Complete 3a, b, or c for the alternative test relied upon:	627,539.	15,150.	0.	0.	642,689.
а	"Assets" alternative test—enter:		$\times$			
u	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				-	
b	"Endowment" alternative test—enter <sup>2</sup> / <sub>3</sub> of minimum investment return shown in Part X, line 6 for each year listed					·
С	"Support" alternative test—enter.					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on					
	securities foans (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 .					$\overline{}$
Part		on (Complete th	is part only if th	ne foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-	-see instruction	s.)		•	
1	Information Regarding Foundation	Managers:	· ·			
а	List any managers of the foundation of before the close of any tax year (but of					by the foundation
b	List any managers of the foundation ownership of a partnership or other er					rge portion of the
2	Information Regarding Contribution Check here ► ☒ if the foundation unsolicited requests for funds. If the foundation complete items 2a, b, c, and d. See in	only makes contri oundation makes (	butions to presel	ected charitable of		
а	The name, address, and telephone nu	ımber or email add	ress of the persor	to whom applica	tions should be ac	ddressed.
b	The form in which applications should	be submitted and	I information and r	materials they sho	uld include	
С	Any submission deadlines:		<u> </u>		•	
d	Any restrictions or limitations on aw factors.	vards, such as by	geographical are	eas, charitable fie	elds, kinds of inst	itutions, or other

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK NY 10065 501(C)(3) GENERAL 599,439. BOYS & GIRLS CLUB OF PALM BEACH 800 NORTHPOINT PKWY, #204 WEST PALM BEACH FL 33407 501 (C) (3) GENERAL 1,200. HOSPITAL FOR SPECIAL SURGERY PO BOX 21042 NEW YORK NY 10027 501(C)(3) GENERAL 26,750. За 627,389. Approved for future payment

Total

⊏⊓l€	gro	ess amounts unless otherwise indicated.		isiness income	Excluded by section		(e) Related or exempt
			(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income
1	Pro	gram service revenue.					(See instructions)
	а						
	b						
	C						
	d					·	
	е						
	f.				<del>                                     </del>		
_	_	Fees and contracts from government agencies			<del>                                     </del>		
2		mbership dues and assessments			<u> </u>	<del></del>	
3		rest on savings and temporary cash investments			<del> </del>		
4		dends and interest from securities			14	40,631.	
5		rental income or (loss) from real estate:			_		
		Debt-financed property			-		
6		Not debt-financed property rental income or (loss) from personal property	<u> </u>			<del></del>	
6 7		er investment income	-				
8		or (loss) from sales of assets other than inventory	<u> </u>		1	·	
9		income or (loss) from special events			+		
10		ass profit or (loss) from sales of inventory			<del>                                     </del>		
		er revenue: a	-		-		
••	b						
	c			<del></del>			
	d						
	e			·			
12	-	ototal. Add columns (b), (d), and (e)				40,631.	
		<b>al.</b> Add line 12, columns (b), (d), and (e)		<del></del> -		13	40,631.
_							
(See		ksheet in line 13 instructions to verify calculation					10,031.
•	wor		ns.)	ent of Exemp	ot Purposes		10,031.
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor rt X\	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
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Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
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Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		
Pa	wor it X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	ns.) Accomplishm		<u>-</u>		

Form **990-PF** (2018)

Part	XVII	Information Organization		ing Tra	nsfers to	and Tran	saction	ns and F	Relationsh	ips Wit	h Noncha	ritable	Exempt
1 a	in sec organ Transt	e organization oction 501(c) (oizations? fers from the rep	other than	section ndation t	501(c)(3) o a nonch	organization	ons) or mpt org	in sect	ion 527, re				Yes No
		ash										1a(1)	×
	<b>(2)</b> Ot	her assets .										1a(2)	×
b		transactions.											
		ales of assets to										1b(1)	×
		rchases of asse										1b(2)	×
		ental of facilities										1b(3)	×
		eimbursement a	-									1b(4)	×
		ans or loan gua										1b(5)	×
	(6) Pe	erformance of se	rvices or r	nembers	hip or fund	draising soli	citations					1b(6)	×
C		ng of facilities, e										1c	×
d		answer to any											
		of the goods, o											
		in any transaction		-									
(a) Line	no (b	) Amount involved	(c) Na	me of nonc	haritable exe	mpt organizati	on	(d) Desc	ription of transf	ers, transa	ctions, and sh	naring arra	ngements
						·							
												u	
	_												
							_						
	_												
			<del></del>										
2a b	descr	foundation dire	501(c) (othe	er than se	ection 501				ore tax-exe	empt org	janizations	_	s 🗵 No
		(a) Name of organ	<u>_</u>		<u>.                                      </u>	(b) Type of org	ianization			(c) Descri	ption of relati	onship	
						(-, -,				(1)			
			_										
			<del></del> -										
							· · · · · · · · · · · · · · · · · · ·						
	Under	penalties of perjury, I	declare that I	have examin	ed this return,	including accor	mpanying s	chedules and	d statements, an	d to the bes	st of my knowle	edge and b	elief, it is true.
Sign Here	<u> </u>	et, and complete Decl	180.	arer (other th	nan taxpayer)	s based on all in Date		EŞIDEN	-	owledge	with the	preparer sh	s this return lown below? Yes No
	<del>                                     </del>	Print/Type preparer			Preparer'	satgnature	-//	<u> </u>	Date	T		PTIN	
Paid		COREY E. I		CDA	CORE	~ ~ ~ ~ ~ .	INE	$\mathfrak{A}_{\lambda}$		2010	heck if elf-employed		0106
Prep		Firm's name		CPA E. LEV		A, PA	TINE (	<u></u> ,ε <sub>H</sub>	10/29/2		IN ► 65-0		
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FL 33446

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#### 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** 

THE KEVIN ZOLTAN MERSZEI FOUNDATION, INC. 81-3859411 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ★ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules**  $\Box$  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 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).

Name of organization
THE KEVIN ZOLTAN MERSZEI FOUNDATION, INC.

**Employer identification number** 

81-3859411

Parti	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AIMEE MERSZEI  200 BRADLEY PLACE, APT 203  PALM BEACH FL 334803765	\$ 1,455,323.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

THE KEVIN ZOLTAN MERSZEI FOUNDATION, INC.

Employer identification number

81-3859411

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional space	ce 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
		s	
(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
		   \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** THE KEVIN ZOLTAN MERSZEI FOUNDATION, INC. 81-3859411 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I

#### (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# Additional information from your Form 990-PF: Return of Private Foundation

# Form 990-PF: Return of Private Foundation

## **Other Expenses**

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
ANNUAL FEES	150.	150.	150.	150.
Total	150.	150.	150.	150.

## Form 990-PF: Return of Private Foundation

#### **Other Increases**

### **Continuation Statement**

Description	Amount
NON DIVIDEND DISTRIBUTIONS	745.
BASIS ADJUSTMENT FROM PRIOR PERIOD	9,784.
Tota	10,529.

# **Investments**

Name THE KEVIN ZOLTAN MERSZEI FOUNDATION, INC.		yer Identification No 359411
End of Year  Line 10a - Investments - US and State Government Obligations:  Book Value  End of Year  State and Local Obligations Obligations FMV	End o US Government Obligations Book Value	f Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a		
Line 10b - Investments - Corporate Stock:	End o Book Value	f Year Fair Market Value
5,862 SHARES - DOWDUPONT INC  11,086 SHARES - APPLE INC  570 SHARES - WISDOMTREE TR US MULTIFACTOR FD  1,200 SHARES - WESTROCK CO  Totals to Form 990-PF, Part II, Line 10b	354,548. 1,978,211. 17,714. 65,061. 2,415,534.	313,500. 1,748,706. 14,888. 45,312. 2,122,406.
Line 10c - Investments - Corporate Bonds:	End o Book Value	f Year Fair Market Value
Totals to Form 990-PF, Part II, Line 10c		
Line 12 - Investments - Mortgage Ioans:	End o Book Value	f Year Fair Market Value
Totals to Form 990-PF, Part II, Line 12		
Line 13 - Investments - Other:	End o Book Value	f Year Fair Market Value
Totals to Form 990-PF, Part II, Line 13		