

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

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052
2019
Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation HERMIONE FOUNDATION C/O LAURA SLOATE		A Employer identification number 13-3673826	
Number and street (or P.O. box number if mail is not delivered to street address) 35 EAST 75TH STREET		B Telephone number (see instructions) (212) 476-9175	
Room/suite		C If exemption application is pending, check here <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10021		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>1,619,189</u>		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	976,968			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	13,848	13,848		
	4 Dividends and interest from securities	14,574	14,574		
	5a Gross rents	47,880	47,880		
	b Net rental income or (loss) <u>35,333</u>				
	6a Net gain or (loss) from sale of assets not on line 10	546			
	b Gross sales price for all assets on line 6a <u>1,277,515</u>				
	7 Capital gain net income (from Part IV, line 2)		457,056		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	1,053,816	533,358			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	6,988	0		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	12,547	12,547		0
	24 Total operating and administrative expenses. Add lines 13 through 23	19,535	12,547		0
	25 Contributions, gifts, grants paid	765,433			765,433
26 Total expenses and disbursements. Add lines 24 and 25	784,968	12,547		765,433	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	268,848				
b Net investment income (if negative, enter -0-)		520,811			
c Adjusted net income (if negative, enter -0-)					

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,380,192	1,617,139	1,617,139
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	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 ▶ _____)	1,424	2,050	2,050	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,381,617	1,619,189	1,619,189	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	50,109	21,222	
	23 Total liabilities (add lines 17 through 22)	50,109	21,222	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	1,331,508	1,597,967	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	1,331,508	1,597,967		
30 Total liabilities and net assets/fund balances (see instructions) .	1,381,617	1,619,189		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,331,508
2 Enter amount from Part I, line 27a	2	268,848
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	1,600,356
5 Decreases not included in line 2 (itemize) ▶ _____	5	2,389
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	1,597,967

Part IV Capital Gains and Losses for Tax on Investment Income

	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			
1a See Additional Data Table			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	457,056
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{			3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Yes No

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	1,114,389	1,247,486	0.893308
2017	1,341,212	1,507,900	0.889457
2016	901,310	412,276	2.186181
2015	1,111,311	521,269	2.131934
2014	930,516	563,272	1.651983
2 Total of line 1, column (d)			2 7.752863
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 the foundation has been in existence if less than 5 years			3 1.550573
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 1,368,476
5 Multiply line 4 by line 3			5 2,121,922
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 5,208
7 Add lines 5 and 6			7 2,127,130
8 Enter qualifying distributions from Part XII, line 4			8 765,433

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

Table with 11 rows for excise tax calculation. Includes questions about exempt foundations, tax under section 511, and tax due. Total tax due is 12,004, with 12,004 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for statements regarding activities. Includes questions about political campaigns, political expenditures, and state reporting requirements. Yes/No columns for each question.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 covering questions about controlled entities, distributions, public inspection requirements, books in care, and nonexempt charitable trusts.

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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b covering questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interest.

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LAURA J SLOATE 35 EAST 75TH STREET NEW YORK, NY 10021	PRESIDENT 0.00	0	0	0
MICHAEL J SCHWARTZ 3040 JUDITH DRIVE MERRICK, NY 11566	TRUSTEE 0.00	0	0	0
DONNA LEONE 9 FLANDERS LANE CORTLANDT MANOR, NY 10567	TRUSTEE 0.00	0	0	0
NESLI BASGOZ 1 FRANKLIN STREET 460 BOSTON, MA 02110	TRUSTEE 0.00	0	0	0

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 NONE - CONTRIBUTIONS WERE MADE TO OTHER CHARITABLE ORGANIZATIONS	0
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	0
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	711,515
b	Average of monthly cash balances.	1b	677,801
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,389,316
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,389,316
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	20,840
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,368,476
6	Minimum investment return. Enter 5% of line 5.	6	68,424

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

1	Minimum investment return from Part X, line 6.	1	68,424
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	10,416
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	10,416
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	58,008
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	58,008
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	58,008

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	765,433
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	765,433
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	765,433

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				58,008
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	910,612			
b From 2015.	1,099,980			
c From 2016.	895,598			
d From 2017.	1,283,519			
e From 2018.	1,058,441			
f Total of lines 3a through e.	5,248,150			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____ 765,433				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				58,008
e Remaining amount distributed out of corpus	707,425			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,955,575			
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).		0		
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	910,612			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	5,044,963			
10 Analysis of line 9:				
a Excess from 2015.	1,099,980			
b Excess from 2016.	895,598			
c Excess from 2017.	1,283,519			
d Excess from 2018.	1,058,441			
e Excess from 2019.	707,425			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. 1992-10-27

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
 LAURA J SLOATE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
 DONNA LEONE
 35 EAST 75TH STREET 16C
 NEW YORK, NY 10021
 (212) 476-9175

b The form in which applications should be submitted and information and materials they should include:
 CALL FOR INFORMATION QUESTIONNAIRE

c Any submission deadlines:
 NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
 NONE

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				765,433
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash.
(2) Other assets.
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line No., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?
b If "Yes," complete the following schedule.
(a) Name of organization, (b) Type of organization, (c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign Here
***** 2020-11-09 *****
Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr.) [X] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name: MICHAEL J SCHWARTZ CPA
Preparer's Signature
Date: 2020-11-09
Check if self-employed []
PTIN: P00115049
Firm's name: MACIAS GINI & O'CONNELL LLP
Firm's EIN: 11-3080565
Firm's address: 2580 SUNRISE HIGHWAY, BELLMORE, NY 11710
Phone no. (516) 409-5000

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1,000 SHS APPLE	D	2016-02-08	2019-01-04
1,000 SHS ZOETIS	D	2018-12-27	2019-04-05
155 SHS ZOETIS	D	2018-12-27	2019-05-02
845 SHS ZOETIS	D	2018-12-27	2019-05-02
300 SHS COSTCO	D	2014-06-03	2019-06-20
240 SHS AIR PRODUCTS & CHEM	D	2016-10-17	2019-07-05
1,350 SHS LEIDOS	D	2016-01-28	2019-12-03
500 SHS LVMH MOET HENNESSY VUITTON SE	D	2014-11-07	2019-07-31
150 SHS NIKE INC	D	2016-12-06	2019-12-18
2,000 SHS ONEOK INC	D	2017-07-03	2019-09-23

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
143,957		93,915	50,042
102,009		84,330	17,679
15,810		13,071	2,739
86,189		25,117	61,072
79,902		34,185	45,717
54,953		31,861	23,092
120,257		61,116	59,141
207,739		75,100	132,639
14,942		7,586	7,356
151,757		94,178	57,579

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			50,042
			17,679
			2,739
			61,072
			45,717
			23,092
			59,141
			132,639
			7,356
			57,579

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
300,000 SHS FEDERAL HOME LN MTG CORP	D	2019-04-02	2019-07-05

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
300,000		300,000	0

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

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET 18TH FL NEW YORK, NY 10004	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	2,500
ANIMAL MEDICAL CENTER 510 EAST 62ND STREET NEW YORK, NY 10065	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	500
ARMS WITH ETHICS 9480 BYRON AVENUE SURFSIDE, FL 33154	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	4,500
Total ▶ 3a				765,433

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BARNARD COLLEGE 3009 BROADWAY NEW YORK, NY 10027	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	60,000
BLYTHEDALE CHILDREN'S HOSPITAL 95 BRADHURST AVENUE VALHALLA, NY 10595	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	2,000
BREAKTHROUGH NEW YORK 123 WILLIAM STREET 4TH FL NEW YORK, NY 10038	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	110,000
Total ▶ 3a				765,433

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CARNEGIE HALL SOCIETY 881 7TH AVENUE NEW YORK, NY 10019	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	23,963
CENTRAL SYNAGOGUE 652 LEXINGTON AVENUE NEW YORK, NY 10022	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	5,000
GREYSTON FOUNDATION 21 PARK AVENUE YONKERS, NY 10703	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	5,000
Total ▶ 3a				765,433

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOLE IN THE WALL GANG CAMP 565 ASHFORD CENTER RD ASHFORD, CT 06278	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	5,500
JAZZ AT LINCOLN CENTER 3 COLUMBUS CIRCLE NEW YORK, NY 10019	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	3,349
LINCOLN CENTER INC 10 LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	3,497
Total ▶ 3a				765,433

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET STE 540 BOSTON, MA 02114	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	35,000
METROPOLITAN MUSEUM OF ART 1000 5TH AVENUE NEW YORK, NY 10028	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	1,500
METROPOLITAN OPERA 30 LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	127,535
Total ▶ 3a				765,433

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MICHAEL WOLK HEART FOUNDATION 865 PARK AVENUE NEW YORK, NY 10075	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	5,000
MOUNT SINAI ADOLESCENT HEALTH CENTER 212 EAST 94TH STREET NEW YORK, NY 10128	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	80,000
NEW YORK PHILHARMONIC 10 LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	178,774
Total ▶ 3a				765,433

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PERLMAN MUSIC PROGRAM 19 WEST 69TH STREET NEW YORK, NY 10023	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	36,300
RAMAPO FOR CHILDREN 49 WEST 38TH STREET 5TH FL NEW YORK, NY 10018	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	1,000
RICHARD TUCKER MUSIC FOUNDATION 1790 BROADWAY 715 NEW YORK, NY 10019	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	4,500
Total ▶ 3a				765,433

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEACHERS COLLEGE OF COLUMBIA UNIVERSITY 525 W 120TH STREET NEW YORK, NY 10027	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	50,000
THE BRIDGE 290 LENOX AVE 3RD FLOOR NEW YORK, NY 10027	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	100
THE SEEING EYE 10 WASHINGTON VALLEY ROAD MORRISTOWN, NJ 07960	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	5,000
Total ▶ 3a				765,433

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WHITNEY MUSEUM OF AMERICAN ART 99 GANSEVOORT STREET NEW YORK, NY 10014	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	140
ASPCA520 8TH AVENUE NEW YORK, NY 10018	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	500
FRIENDS OF UNFPA605 THIRD AVENUE NEW YORK, NY 10158	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	1,000
Total ▶ 3a				765,433

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JACK MARTIN FUND 17 EAST 102ND STREET NEW YORK, NY 10029	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	4,000
NEW YORK CITY CENTER 131 WEST 55TH STREET NEW YORK, NY 10019	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	75
PATH TO THE FUTURE 465 WEST 141ST STREET NEW YORK, NY 10031	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	1,000
Total ▶ 3a				765,433

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEATRO NUOVO820 WEST END AVENUE NEW YORK, NY 10025	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	1,000
THE JEWISH COMMUNAL FUND RUBINSTEIN 575 MADISON AVENUE NEW YORK, NY 10022	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	5,400
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 123 TOWNE BUILDING PHILADELPHIA, PA 19104	NONE	PUBLIC CHARITY	TO FURTHER RECIPIENTS' PUBLICLY STATED OBJECTIVES	1,800
Total ▶ 3a				765,433

TY 2019 Other Assets Schedule**Name:** HERMIONE FOUNDATION

C/O LAURA SLOATE

EIN: 13-3673826**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER RECEIVABLE	1,424	2,050	2,050

TY 2019 Other Decreases Schedule**Name:** HERMIONE FOUNDATION

C/O LAURA SLOATE

EIN: 13-3673826

Description	Amount
UNREALIZED LOSS ON INVSTMTS/BK TO TX DIFF	2,389

TY 2019 Other Expenses Schedule

Name: HERMIONE FOUNDATION
C/O LAURA SLOATE

EIN: 13-3673826

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FGHP CAPITAL LMTD PARTNERSHIP	12,547	12,547		0

TY 2019 Other Liabilities Schedule**Name:** HERMIONE FOUNDATION

C/O LAURA SLOATE

EIN: 13-3673826

Description	Beginning of Year - Book Value	End of Year - Book Value
INVESTMENT - FGHP	50,109	21,222

TY 2019 Other Professional Fees Schedule

Name: HERMIONE FOUNDATION
C/O LAURA SLOATE

EIN: 13-3673826

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEE	349	0		0
MISC EXPENSE	6,639	0		0

**TY 2019 Substantial Contributors
Schedule****Name:** HERMIONE FOUNDATION

C/O LAURA SLOATE

EIN: 13-3673826**Name****Address**

LAURA SLOATE

35 EAST 75TH STREET
NEW YORK, NY 10021

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

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019

Name of the organization
HERMIONE FOUNDATION
C/O LAURA SLOATE

Employer identification number
13-3673826

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
 HERMIONE FOUNDATION
 C/O LAURA SLOATE

Employer identification number
 13-3673826

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization HERMIONE FOUNDATION C/O LAURA SLOATE	Employer identification number 13-3673826
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Part II **Noncash Property** (see Instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—	See Additional Data Table	\$ _____	_____
(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
 HERMIONE FOUNDATION
 C/O LAURA SLOATE

Employer identification number
 13-3673826

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

Additional Data**Software ID:****Software Version:****EIN:** 13-3673826**Name:** HERMIONE FOUNDATION
C/O LAURA SLOATE

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAURA J SLOATE 35 EAST 75TH STREET NEW YORK, NY 10021	\$ 142,190	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
2	LAURA J SLOATE 35 EAST 75TH STREET NEW YORK, NY 10021	\$ 101,980	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
3	LAURA J SLOATE 35 EAST 75TH STREET NEW YORK, NY 10021	\$ 101,790	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
4	LAURA J SLOATE 35 EAST 75TH STREET NEW YORK, NY 10021	\$ 79,098	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
5	LAURA J SLOATE 35 EAST 75TH STREET NEW YORK, NY 10021	\$ 55,536	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
6	LAURA J SLOATE 35 EAST 75TH STREET NEW YORK, NY 10021	\$ 208,589	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LAURA J SLOATE <hr/> 35 EAST 75TH STREET <hr/> NEW YORK, NY 10021	<hr/> \$ 151,540	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
8	LAURA J SLOATE <hr/> 35 EAST 75TH STREET <hr/> NEW YORK, NY 10021	<hr/> \$ 121,297	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
9	LAURA J SLOATE <hr/> 35 EAST 75TH STREET <hr/> NEW YORK, NY 10021	<hr/> \$ 14,948	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	1,000 SHS APPLE	<u>\$ 142,190</u>	<u>2019-01-04</u>
<u>2</u>	1,000 SHS ZOETIS	<u>\$ 101,980</u>	<u>2019-04-05</u>
<u>3</u>	1,000 SHS ZOETIS	<u>\$ 101,790</u>	<u>2019-05-02</u>
<u>4</u>	300 SHS COSTCO	<u>\$ 79,098</u>	<u>2019-06-20</u>
<u>5</u>	240 SHS AIR PRODUCTS & CHEMICALS INC	<u>\$ 55,536</u>	<u>2019-07-05</u>
<u>6</u>	500 SHS LVMH MOET HENNESSY	<u>\$ 208,589</u>	<u>2019-07-31</u>
<u>7</u>	2,000 SHS ONEOK INC	<u>\$ 151,540</u>	<u>2019-09-23</u>
<u>8</u>	1,350 SHS LEIDOS HLDGS INC	<u>\$ 121,297</u>	<u>2019-12-03</u>
<u>9</u>	150 SHS NIKE	<u>\$ 14,948</u>	<u>2019-12-18</u>