efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491259001429

OMB No 1545-0052

2017

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

| For                | cale     | ndar year 2017, or tax year beginning 11-01-20   | )17 , aı                           | nd er | nding 10-31-                                 | 2018   | <u> </u>  |  |  |  |  |
|--------------------|----------|--|------------------------------------|-------|--|--|---|--|--|--|--|
|                    |          | undation   |                                    |       | A Employer ide                               | entification numbe                           | r   |  |  |  |  |
| RC                 | SENKR    | ANZ FOUNDATION INC   |                                    |       | 13-3940017                                   |  |   |  |  |  |  |
|                    |          | d street (or P O $$ box number if mail is not delivered to street address) ISON AVENUE 30TH FLOOR              | Room/suite                         |       | <b>B</b> Telephone number (see instructions) |  |   |  |  |  |  |
| City               | or town  | 1, state or province, country, and ZIP or foreign postal code  |                                    |       | (212) 838-7000                               |  |   |  |  |  |  |
|                    |          | NY 10022   |                                    |       | C If exemption                               | application is pendin                        | g, check here                                   |  |  |  |  |
| <b>G</b> Cl        | neck al  | Il that apply $igsqcup$ Initial return $igsqcup$ Initial return of a   | former public charity              |       | <b>D 1.</b> Foreign or                       | ganizations, check he                        | ere 📗   |  |  |  |  |
|                    |          | Final return Amended return  |                                    |       |  | ganizations meeting<br>k here and attach coi |   |  |  |  |  |
|                    |          | ☐ Address change ☐ Name change   |                                    |       | ·  | ındatıon status was t                        | · —   |  |  |  |  |
| _                  | ,        | pe of organization ✓ Section 501(c)(3) exempt private  1 4947(a)(1) nonexempt charitable trust ☐ Other taxable | foundation<br>e private foundation |       | under sectio                                 | n 507(b)(1)(A), chec                         | k here 🕨 🗀                                      |  |  |  |  |
|                    |          | ket value of all assets at end  J Accounting method  | Cash 🗹 Accru                       | al    | F If the founda                              | ition is in a 60-month                       | n termination                                   |  |  |  |  |
|                    |          | from Part II, col (c),  ▶\$ 25,253,101  ☐ Other (specify)  (Part I, column (d) must                            | be on cash basis )                 |       | under section                                | n 507(b)(1)(B), chec                         | k here ► Ш                                      |  |  |  |  |
| Pa                 | rt I     | Analysis of Revenue and Expenses (The total  | (a) Revenue and                    |       |  |  | (d) Disbursements                               |  |  |  |  |
|                    |          | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) | expenses per<br>books              | (Ь)   | Net investment income                        | (c) Adjusted net income                      | for charitable<br>purposes<br>(cash basis only) |  |  |  |  |
|                    | 1        | Contributions, gifts, grants, etc , received (attach schedule)   | 323,400                            |       |  |  |   |  |  |  |  |
|                    | 2        | Check 🗹 if the foundation is <b>not</b> required to attach   |                                    |       |  |  |   |  |  |  |  |
|                    | 3        | Sch B Interest on savings and temporary cash investments   |                                    |       |  |  |   |  |  |  |  |
|                    | 4        | Dividends and interest from securities   |                                    |       |  |  |   |  |  |  |  |
|                    | 5a       | Gross rents  |                                    |       |  |  |   |  |  |  |  |
|                    | ь        | Net rental income or (loss)  |                                    |       |  |  |   |  |  |  |  |
| e e                | 6a       | Net gain or (loss) from sale of assets not on line 10  | 284,339                            |       |  |  |   |  |  |  |  |
| Revenue            | ь        | Gross sales price for all assets on line 6a 2,816,193  |                                    |       |  |  |   |  |  |  |  |
| Re                 | 7        | Capital gain net income (from Part IV, line 2)   |                                    |       | 252,238                                      |  |   |  |  |  |  |
|                    | 8        | Net short-term capital gain  |                                    |       |  |  |   |  |  |  |  |
|                    | 9        | Income modifications   |                                    |       |  |  |   |  |  |  |  |
|                    | 10a<br>b | Gross sales less returns and allowances Less Cost of goods sold  | <u> </u>                           |       |  |  |   |  |  |  |  |
|                    | c        | Gross profit or (loss) (attach schedule)   | <u> </u>                           |       |  |  |   |  |  |  |  |
|                    | 11       | Other income (attach schedule)   | <b>9</b>                           |       | 301,327                                      |  |   |  |  |  |  |
|                    | 12       | Total. Add lines 1 through 11  | 607,739                            |       | 553,565                                      | 0  |   |  |  |  |  |
| -                  | 13       | Compensation of officers, directors, trustees, etc   | 0                                  |       | 0  | 0  | 0   |  |  |  |  |
|                    | 14       | Other employee salaries and wages  |                                    |       |  |  |   |  |  |  |  |
| ses                | 15       | Pension plans, employee benefits   |                                    |       |  |  |   |  |  |  |  |
| Expenses           | 16a      | Legal fees (attach schedule)   |                                    |       |  |  |   |  |  |  |  |
| EX                 | b<br>c   | Other professional fees (attach schedule)  |                                    |       |  |  |   |  |  |  |  |
| and Administrative | 17       | Interest   | 43,667                             |       | 29,278                                       | 0  | 0   |  |  |  |  |
| trat               | 18       | Taxes (attach schedule) (see instructions)   | 17,784                             |       | 270  | 0  | 0   |  |  |  |  |
| SI S               | 19       | Depreciation (attach schedule) and depletion   |                                    |       |  |  |   |  |  |  |  |
| €                  | 20       | Occupancy  |                                    |       |  |  |   |  |  |  |  |
| βÞ                 | 21       | Travel, conferences, and meetings  |                                    |       |  |  |   |  |  |  |  |
|                    | 22       | Printing and publications  | <b>M</b> 1                         |       |  |  |   |  |  |  |  |
| EIII               | 23       | Other expenses (attach schedule)   | 31,321                             |       | 70,938                                       | 31,321                                       | 21,321  |  |  |  |  |
| Operating          | 24       | Total operating and administrative expenses.  Add lines 13 through 23  | 92,772                             |       | 100,486                                      | 31,321                                       | 21,321  |  |  |  |  |
| d                  | 25       | Contributions, gifts, grants paid  | 3,961,927                          |       | 100,100                                      | 31,321                                       | 3,961,927                                       |  |  |  |  |
|                    | 26       | Total expenses and disbursements. Add lines 24 and 25  | 4,054,699                          |       | 100,486                                      | 31,321                                       | 3,983,248                                       |  |  |  |  |
|                    | 27       | Subtract line 26 from line 12  | 1,051,055                          |       | 200,100                                      | 31,321                                       | 5,555,240                                       |  |  |  |  |
|                    | а        | Excess of revenue over expenses and disbursements  | -3,446,960                         |       |  |  |   |  |  |  |  |
|                    | ь        | Net investment income (if negative, enter -0-)   |                                    |       | 453,079                                      |  |   |  |  |  |  |
|                    | С        | Adjusted net income(If negative, enter -0-)  |                                    |       |  | 0  |   |  |  |  |  |
| For                | Paper    | work Reduction Act Notice, see instructions.   |                                    | (     | Cat No 11289                                 | ( For  | m <b>990-PF</b> (2017)                          |  |  |  |  |

|      | _   |  |            |            |  |
|------|-----|--|------------|------------|--|
|      | 3   | Accounts receivable ► 42,423                                       |            |            |  |
|      |     | Less allowance for doubtful accounts ▶                             | 11,717     | 42,423     |  |
|      | 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 ▶                             |            |            |  |
| ع    | 8   | Inventories for sale or use  |            |            |  |
| sets | 9   | Prepaid expenses and deferred charges                              |            |            |  |
| As   | 10a | Investments—U S and state government obligations (attach schedule) |            |            |  |
|      | ь   | Investments—corporate stock (attach schedule)                      |            |            |  |
|      | 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)                                | 25,838,075 | 25,065,145 |  |
|      | 14  | Land, buildings, and equipment basis ▶                             |            |            |  |
|      |     | Loss assumulated depresention (attach schodule)                    |            |            |  |

ارچە

286,000

888,647

25,066,195

25,066,195

25,954,842

25.065.145

25,253,101

25,253,101

51,789

75,000

550,000

2,082,000

2,758,789

22,494,312

22,494,312

25,253,101

1

2

3

4

5

6

25,066,195

-3,446,960

22,494,312

22,494,312 Form **990-PF** (2017)

875,077

## 15 Other assets (describe . Total assets (to be completed by all filers—see the 16 25,954,842 instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses . 52,647 550,000 18 Grants payable. . . 19 Deferred revenue . 20 Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds . . . .

Total net assets or fund balances (see instructions) .

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Liabilities

or Fund Balances

Net Assets

21

22

23

24

25

26

27

28

29

30

31

Part III

2

3

Other liabilities (describe ▶\_

Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

(a)

How acquired

(c)

(d)

|  | the kınd(s) of property sold (e g , rea<br>ehouse, or common stock, 200 shs 1     | P—Purchase<br>D—Donation        | Date acquired<br>(mo , day, yr ) | Date sold<br>(mo , day, yr )                       |                          |
|--|---|---------------------------------|----------------------------------|--|--------------------------|
| 1 a SENSATO ASIA PACIFIC                                       | OFFSHORE FUND   |                                 | Р                                | 2012-08-01   | 2017-12-31               |
| <b>b</b> PINE RIVER FIXED INCO                                 |   |                                 | Р                                | 2013-01-01   | 2017-12-31               |
| c SPINDRIFT  |   |                                 | Р                                | 2004-01-01   | 2017-12-31               |
| d PLACER CREEK   |   |                                 | Р                                | 2004-01-01   | 2017-12-31               |
| e  |   |                                 |                                  |  |                          |
| (-)  | (f)   |                                 | (g)                              | (  | h)                       |
| <b>(e)</b><br>Gross sales price                                | Depreciation allowed  | Cost or                         | other basis                      |  | r (loss)                 |
| •  | (or allowable)  | plus expe                       | ense of sale                     |  | ) minus (g)              |
| ,  | 7,045   |                                 | 1,076,83                         |  | 290,210                  |
|  | 6,653   |                                 | 32,52                            | <b>+</b>   | -5,871                   |
| c 1,16   | 0,574   |                                 | 1,193,49                         |  | -32,916                  |
| <b>d</b> 26  | 1,921   |                                 | 261,10                           | 5  | 815                      |
| e  |   |                                 |                                  |  |                          |
| Complete only for assets                                       | showing gain in column (h) and owi  | ned by the foundation (         | on 12/31/69                      | (  | <u> </u>                 |
| (i)  | (j)   |                                 | (k)                              | Gains (Col (                                       | h) gain minus            |
| F M V as of 12/31/69   | Adjusted basis  |                                 | of col (ı)                       |  | less than -0-) <b>or</b> |
|  | as of 12/31/69  | over col                        | (j), if any                      | Losses (II   | om col (h))              |
| а  |   |                                 |                                  |  | 290,210                  |
| b  |   |                                 |                                  |  | -5,871                   |
| С  |   |                                 |                                  |  | -32,916                  |
| d  |   |                                 |                                  |  | 815                      |
| e  |   |                                 |                                  |  |                          |
| · -  | gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction |                                 | , I                              | 3  | 252,238                  |
| Part V Qualification U   | Jnder Section 4940(e) for Re  | duced Tax on Net                | Investment In                    | icome  |                          |
|  | rivate foundations subject to the sec   |                                 |                                  |  |                          |
| f section 4940(d)(2) applies, le                               | eave this part blank  |                                 |                                  |  |                          |
|  | e section 4942 tax on the distributable to qualify under section 4940(e) Do       |                                 | in the base period               | ۲ 🗌 ۲  | es 🔽 No                  |
| 1 Enter the appropriate an                                     | nount in each column for each year,   | see instructions before         | making any entri                 | es   |                          |
| (a) Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions                                   | (c)<br>Net value of noncharitab | e-use assets                     | ( <b>d)</b> Distribution rat (col (b) divided by o |                          |
| 2016   | 3,657,143   |                                 | 23,698,329                       |  | 0 154321                 |
| 2015   | 3,241,753   |                                 | 24,588,737                       |  | 0 131839                 |
| 2014   | 3,341,114   |                                 | 27,402,108                       |  | 0 121929                 |
| 2013   | 2,707,590   |                                 | 29,138,557                       |  | 0 092921                 |
| 2012   | 1,937,000   |                                 | 31,981,154                       |  | 0 060567                 |
| 2 Total of line 1, column (c                                   | d)  |                                 | 2                                |  | 0 561577                 |
| ·  | ,<br>for the 5-year base period—divide t  |                                 | or by the                        |  |                          |
| number of years the four                                       | idation has been in existence if less t   | han 5 years                     | <u>3</u>                         | -  | 0 112315                 |
|  | ncharitable-use assets for 2017 from  | •                               | 4                                | -  | 26,271,821               |
|  |   |                                 | <u>5</u>                         |  | 2,950,720                |
|  | ent income (1% of Part I, line 27b)   |                                 | 6                                |  | 4,531                    |
|  |   |                                 | <u>7</u>                         |  | 2,955,251                |
| 8 Enter qualifying distributi                                  | ons from Part XII, line 4 ,   |                                 | 8                                |  | 3,983,248                |

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

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

| Form 990-PF (2017)   |        |   |                                      |  | Page <b>7</b>                          |
|--|--------|---|--------------------------------------|--|--|
| Part VIII Information About 0 and Contractors  | Offic  | ers, Directors, Trust   | tees, Foundation Ma                  | anagers, Highly Paid Er  | nployees,                              |
| 1 List all officers, directors, truste   | es, f  | oundation managers ar   | nd their compensation                | (see instructions).  |  |
| (a) Name and address   |        | Title, and average<br>hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter | (d)<br>Contributions to employee<br>benefit plans and deferred | Expense account, (e) other allowances  |
| See Additional Data Table  |        | · · · · · · · · · · · · · · · · · · ·                           |                                      | compensation   |  |
|  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
|  | 1      |   |                                      |  |  |
| 2 Compensation of five highest-pa  | id ei  | mplovees (other than t  | <br>hose included on line :          | <br>L—see instructions). If no                                 | ne, enter "NONE."                      |
| (a)  |        | Title, and average  |                                      | Contributions to   |  |
| Name and address of each employee particles when \$50,000  | aid    | hours per week (b) devoted to position                          | (c) Compensation                     | employee benefit plans and deferred (d) compensation           | Expense account,  (e) other allowances |
| NONE   |        | 1   |                                      |  |  |
|  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
|  |        | 1   |                                      |  |  |
|  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
|  |        | -   |                                      |  |  |
| Total number of other employees paid ov  | er \$5 | 50,000  |                                      |  | 0                                      |
| 3 Five highest-paid independent of   |        |   |                                      |  |  |
| (a) Name and address of each perso   | праі   | d more than \$50,000  | (6) 190                              | e of service   | (c) Compensation                       |
|  |        |   |                                      |  |  |
|  |        |   | 4                                    |  |  |
|  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
|  |        |   | †                                    |  |  |
| Total number of others receiving over \$50   |        |   |                                      |  | 0                                      |
| Part IX-A Summary of Direct (  |        |   | udo rolovant statistical inform      | nation such as the number of                                   |  |
| List the foundation's four largest direct charitable organizations and other beneficiaries served, con |        |   |                                      | nation such as the number or                                   | Expenses                               |
| 1  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
| 2  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
| 3  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
| 4  |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
| Part IX-B Summary of Program   | n-R    | elated Investments  | (see instructions)                   |  |  |
| Describe the two largest program-related invo  | estme  | ents made by the foundation d                                   | uring the tax year on lines 1        | and 2  | Amount                                 |
| 1 NA<br>2  |        |   |                                      |  | 0                                      |
| <del>-</del>   |        |   |                                      |  |  |
|  |        |   |                                      |  |  |
| All other program-related investments  3   | See    | instructions  |                                      |  |  |
| <u> </u>   |        |   |                                      |  |  |
|  |        |   |                                      |  |  |

Total. Add lines 1 through 3

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

3a 3h

4

5

3,983,248

3.983.248

3.978.717

Form **990-PF** (2017)

4.531

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

1

2

3

4

5

1,309,060

1,309,060

Form 990-PF (2017)

0

(d)

2017

| _ | • | • | • | ٠ | _ | _ | _ |   |   | <u>.                                    </u> | ١ | _ | _ | _ | • | / |
|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|
|   |   | • | ŀ |   | П | 1 | X | • | Ī | Ŧ  | 1 |   | Π |   | ī | J |

**b** Total for prior years

a From 2012. . . . .

**b** From 2013. . . . . c From 2014. . .

d From 2015. . . . .

e From 2016. . . . .

| 1-PF (20 | 017)                 |                    |
|----------|----------------------|--------------------|
| (1111)   | Undistributed Income | (see instructions) |

| -PF | (201 | .7) |  |
|-----|------|-----|--|
| 1   |      |     |  |

1 Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . . e Excess from 2017. . .

**b** Excess from 2014. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 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 2012 not

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

363.615 1,288,637

2.021.549

2.025.544 2,504,289

1.288.637 2,021,549

2.025.544

2,504,289

2.674.188

(a)

Corpus

8.203.634

2,674,188

10,877,822

363.615

10,514,207

(b)

Years prior to 2016

(c)

2016

| orr      | n 990-PF (2017)  |                          |                        |                         |                     | Page <b>10</b> |
|----------|--|--------------------------|------------------------|-------------------------|---------------------|----------------|
| :        | art XIV Private Operating Found  | <b>ations</b> (see ınstr | uctions and Part V     | /II-A, question 9)      |                     |                |
| 1a       | If the foundation has received a ruling or defoundation, and the ruling is effective for 20  |                          |                        | rating                  | _                   |                |
| b        | Check box to indicate whether the organization   | on is a private oper     | ating foundation des   | cribed in section L     | 」 4942(j)(3) or   └ | 4942(j)(5)     |
| 2a       | Enter the lesser of the adjusted net   | Tax year                 |                        | Prior 3 years           |                     | (e) Total      |
|          | income from Part I or the minimum investment return from Part X for each year listed   | (a) 2017                 | <b>(b)</b> 2016        | (c) 2015                | (d) 2014            | (0) 10141      |
| b        | 85% of line 2a   |                          |                        |                         |                     |                |
|          | 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  |                          |                        |                         |                     |                |
| е        | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c                               |                          |                        |                         |                     |                |
|          | Complete 3a, b, or c for the alternative test relied upon  |                          |                        |                         |                     |                |
| а        | "Assets" alternative test—enter  |                          |                        |                         |                     |                |
|          | (1) Value of all assets  |                          |                        |                         |                     |                |
| b        | "Endowment" alternative test— enter 2/3 of minimum investment return shown in  |                          |                        |                         |                     |                |
| _        | Part X, line 6 for each year listed "Support" alternative test—enter   |                          |                        |                         |                     |                |
| C        | (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  | (0)                      |                        | <u> </u>                | 1 +                 |                |
| Pa       | rt XV Supplementary Information assets at any time during th   |                          |                        | organization na         | a \$5,000 or more   | e i <b>n</b>   |
| 1        | Information Regarding Foundation Mana  | agers:                   | •                      |                         |                     |                |
| а        | List any managers of the foundation who hav<br>before the close of any tax year (but only if<br>ROBERT ROSENKRANZ                          |                          |                        |                         |                     | n              |
| b        | List any managers of the foundation who own  |                          |                        |                         | arge portion of the |                |
|          | ownership of a partnership or other entity) o  | of which the foundar     | tion has a 10% or gr   | eater interest          |                     |                |
|          |  |                          |                        |                         |                     |                |
|          |  |                          |                        |                         |                     |                |
| 2        | Information Regarding Contribution, Gra  |                          |                        |                         |                     |                |
|          | Check here ► ☑ If the foundation only mak<br>unsolicited requests for funds If the founda<br>other conditions, complete items 2a, b, c, ai | tion makes gifts, gr     |                        |                         |                     | der            |
| а        | The name, address, and telephone number of   | or email address of      | the person to whom     | applications should     | be addressed        |                |
|          |  |                          |                        |                         |                     |                |
| b        | The form in which applications should be sub   | omitted and informa      | ation and materials th | ney should include      |                     |                |
| С        | Any submission deadlines   |                          |                        |                         |                     |                |
| ď        | Any restrictions or limitations on awards, su  | h as by geographic       | al areas, charitable f | fields, kinds of instit | utions, or other    |                |
| <b>.</b> | factors  | as ay goograpine         | a. cas, charitable i   |                         |                     |                |

| Name and address (nome or business)                               | or substantial contributor | recipient |      |           |
|---|----------------------------|-----------|------|-----------|
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                            |           |      |           |
| Total   |                            |           | ▶ 3a | 3,386,927 |
| <b>b</b> Approved for future payment                              |                            |           |      | _         |

| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET SUITE 540<br>BOSTON, MA 02114 | 501( C)(3) | CHARITABLE | 50,000 |
|---|------------|------------|--------|
| MUSEUM OF THE CITY OF NEW YORK  | 501( C)(3) | CHARITABLE | 25,000 |

5.000 1220 FIFTH AVENUE

NEW YORK, NY 10029 500,000 YALE PEDAGOGICAL INNOVATION

501(C)(3) CHARITABLE

PO BOX 205

NEW HAVEN, CT 06250

. . . . . . . . . ▶ 3b 575,000 

Form **990-PF** (2017)

|                     | Analysis of Income-Producing s amounts unless otherwise indicated                                 |                      | usiness income       | Excluded by section   | 512, 513, or 514 | (e)<br>Related or exempt               |
|---------------------|---|----------------------|----------------------|-----------------------|------------------|--|
| <b>1</b> Progran    | n service revenue   | (a)<br>Business code | <b>(b)</b><br>Amount | (c)<br>Exclusion code | (d)<br>Amount    | function income<br>(See instructions ) |
| а                   |   |                      |                      |                       |                  |  |
| b                   |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     | and contracts from government agencies  |                      |                      |                       |                  |  |
| _                   | Membership dues and assessments   |                      |                      |                       |                  |  |
|                     | est on savings and temporary cash<br>tments   |                      |                      | 14                    |                  |  |
|                     | nds and interest from securities  |                      |                      |                       |                  |  |
|                     | ntal income or (loss) from real estate  |                      |                      |                       |                  |  |
|                     | -financed property  |                      |                      |                       |                  |  |
|                     | ental income or (loss) from personal property   |                      |                      |                       |                  |  |
|                     | investment income.  | 531110               |                      | 14                    | 301,327          |  |
|                     | or (loss) from sales of assets other than   | 331110               |                      | 1-7                   | 301,327          |  |
|                     | tory  |                      |                      | 18                    | 252,238          |  |
|                     | come or (loss) from special events  |                      |                      |                       |                  |  |
|                     | profit or (loss) from sales of inventory revenue a  |                      |                      |                       |                  |  |
|                     | revenue a   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
| d                   |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
| 12 Subtot           | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)                           |                      | 0                    |                       | 553,565          |  |
| 13 lotal.<br>(See w | orksheet in line 13 instructions to verify calcu  | lations              |                      | 13                    | 3                | 553,565                                |
|                     | I-B Relationship of Activities to th  |                      | nment of Exem        | pt Purposes           |                  |  |
| Line No.<br>▼       | Explain below how each activity for which the accomplishment of the foundation's exinstructions ) |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     | +   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |
|                     |   |                      |                      |                       |                  |  |

| Form 99        | 0-PF (2 |   |                  |        |                      |                |          |               |              |                                |                   |                     | Pa       | ge <b>13</b>    |
|----------------|---------|---|------------------|--------|----------------------|----------------|----------|---------------|--------------|--------------------------------|-------------------|---------------------|----------|-----------------|
| Part           | XVII    | Information Re<br>Exempt Organi   |                  | ransi  | fers To a            | and Trans      | actio    | ns and        | Relatio      | nships With No                 | ncharit           | able                |          |                 |
|                |         | anization directly or in<br>Tode (other than section                        |                  |        |                      |                |          |               |              |                                | on 501            |                     | Yes      | No              |
| , ,            |         | rom the reporting foun  |                  | -      | •                    |                |          | -             | ·            |                                | ļ                 |                     |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                | F                 | 1a(1)               |          | No              |
|                |         | assets  |                  |        |                      |                | • •      | • •           |              |                                | •                 | 1a(2)               |          | No              |
|                |         | of assets to a nonchar  | ıtable exempi    | t orga | nızatıon.            |                |          |               |              |                                |                   | 1b(1)               |          | No              |
| (2)            | Purch   | ases of assets from a r   | noncharitable    | exem   | pt organiz           | ation          |          |               |              |                                | [                 | 1b(2)               |          | No              |
|                |         | l of facilities, equipmer   | •                |        |                      |                |          |               |              |                                | F                 | 1b(3)               |          | No              |
|                |         | oursement arrangemer<br>or loan guarantees.                                 |                  |        |                      |                |          |               |              |                                | F                 | 1b(4)<br>1b(5)      |          | No<br>No        |
| ٠.             |         | nance of services or m  |                  |        |                      |                |          |               |              |                                | F                 | 1b(6)               |          | No              |
| <b>c</b> Shar  | ing of  | facılıtıes, equipment, r  | nailing lists, d | other  | assets, or           | paid employ    | ees.     |               |              |                                | . [               | 1c                  |          | No              |
|                |         | er to any of the above<br>ls, other assets, or ser                          |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                |         | saction or sharing arra   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
| (a) Line       | No      | (b) Amount involved   | (c) Name of      | noncha | arıtable exe         | mpt organizati | on       | <b>(d)</b> De | scription of | transfers, transactions        | , and shar        | ıng arra            | ngemen   | ıts             |
|                | _       |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                | _       |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                | +       |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                | _       |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
| desc           | ribed i | dation directly or indirently or indirently of the                          | Code (other      |        | •                    | •              |          |               |              |                                | [                 | ∃Yes                | <b>✓</b> | No              |
| b If "Y        | es," co | mplete the following s  (a) Name of organization                            |                  |        | (1                   | ) Type of orga | anızatıo | n             | 1            | (c) Description                | n of relation     | nship               |          |                 |
|                |         | (=,   |                  |        | ,                    | , .,,,         |          |               |              | (-,                            |                   |                     |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |
|                | of m    | r penalties of perjury,<br>/ knowledge and belief<br>n preparer has any kno | , it is true, co |        |                      |                |          |               |              |                                |                   |                     |          |                 |
| Sign<br>Here   | *       | ****  |                  |        |                      | 2019-09-1      | 5        | _ \           | *****        |                                | return<br>with th | e IRS di<br>e prepa |          |                 |
|                | S       | ignature of officer or t  | rustee           |        |                      | Date           |          |               | Title        |                                | below<br>(see in: | str )? [            | Yes      | □ <sub>No</sub> |
| Paid           |         | Print/Type preparer's name P  |                  |        | Preparer's Signature |                |          | Date          |              | Check if self-<br>employed ▶ □ |                   |                     |          |                 |
| Prepa<br>Use ( |         | Firm's name ▶   |                  | 1      |                      |                |          |               |              |                                | Fırm's EI         | N ►                 |          |                 |
|                | · · · y | Firm's address ▶  |                  |        |                      |                |          |               |              |                                | Phone no          | )                   |          |                 |
|                |         |   |                  |        |                      |                |          |               |              |                                |                   |                     |          |                 |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation ROBERT ROSENKRANZ PRESIDENT/DIRECTOR 1 00 590 MADISON AVENUE NEW YORK, NY 10022 STEPHANTE HESSLER DIRECTOR 1 00 590 MADISON AVENUE NEW YORK, NY 10022 NICHOLAS ROSENKRANZ DIRECTOR O 1.00 590 MADISON AVENUE NEW YORK, NY 10022 SALVATORE ARENA TREASURER 1 00 590 MADISON AVENUE NEW YORK, NY 10022 ALEXANDRA K MUNROF DIRECTOR 1 00 590 MADISON AVENUE NEW YORK, NY 10022

SECRETARY 1 00

SALVATORE ARENA

590 MADISON AVENUE NEW YORK, NY 10022

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

60,000

20,000

95,000

3,386,927

| a Paid during the year  |            |            |  |
|---|------------|------------|--|
| AKM COMMUNITY FUNDS INC<br>909 THIRD AVENUE<br>NEW YORK, NY 10022 | 501( C)(3) | CHARITABLE |  |

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

| AKM COMMUNITY FUNDS INC<br>909 THIRD AVENUE<br>NEW YORK, NY 10022 | 501( C)(3) | CHARITABLE |  |
|---|------------|------------|--|

| 909 THIRD AVENUE<br>NEW YORK, NY 10022 | · / / /    |            |  |
|--|------------|------------|--|
| AKM COMMUNITY FUNDS INC                | 501( C)(3) | CHARITABLE |  |

| ··-·· · · · · · · · · · · · · · · · · · |            |            |  |
|---|------------|------------|--|
| AKM COMMUNITY FUNDS INC                 | 501( C)(3) | CHARITABLE |  |
| 909 THIRD AVENUE                        |            |            |  |
| NEW YORK, NY 10022                      |            |            |  |

Total . 3a

| AKM COMMUNITY FUNDS INC<br>909 THIRD AVENUE | 501( C)(3) | CHARITABLE |  |
|---|------------|------------|--|
| NEW YORK, NY 10022                          |            |            |  |
|   |            |            |  |

| AKM COMMUNITY FUNDS INC | [ 501( C)(3) | CHARITABLE | 1 |
|-------------------------|--------------|------------|---|
| 909 THIRD AVENUE        |              |            |   |
| NEW YORK, NY 10022      |              |            |   |
|                         |              |            |   |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year  |            |            |        |
|---|------------|------------|--------|
| AKM COMMUNITY FUNDS INC<br>909 THIRD AVENUE<br>NEW YORK, NY 10022 | 501( C)(3) | CHARITABLE | 52,000 |

| NEW YORK, NY 10022  |            |            |       |
|---|------------|------------|-------|
| ALZHEIMER'S DISEASE RESEARCH<br>3152 LITTLE ROAD SUITE 146<br>TRINITY, FL 34655 | 501( C)(3) | CHARITABLE | 1,000 |

| ALZHEIMER'S DISEASE RESEARCH<br>3152 LITTLE ROAD SUITE 146<br>TRINITY, FL 34655 | 501( C)(3) | CHARITABLE | 1, |
|---|------------|------------|----|
| AMERICAN ENTERPRISE INSTITUTE   | 501( C)(3) | CHARITABLE | 50 |

| TRINITY, FL 34655   |            |            |        |
|---|------------|------------|--------|
| AMERICAN ENTERPRISE INSTITUTE 1789 MASSACHUSETTS AVENUE NW WASHINGTON DC DC 200361133 | 501( C)(3) | CHARITABLE | 50,000 |

| AMERICAN ENTERPRISE INSTITUTE | 501( C)(3) | CHARITABLE | 50,000 |
|-------------------------------|------------|------------|--------|
| 1789 MASSACHUSETTS AVENUE NW  |            |            |        |
| WASHINGTON DC, DC 200361133   |            |            |        |
|                               |            |            |        |

| Total   | <br>         |            | 3,386,927 |
|---|--------------|------------|-----------|
| 1789 MASSACHUSETTS AVENUE NW<br>WASHINGTON DC, DC 200361133 |              |            |           |
| AMERICAN ENTERPRISE INSTITUTE                               | [ 501( C)(3) | CHARITABLE | J 50,     |

Total . 3a

Recipient Foundation Purpose of grant or Amount If recipient is an individual, show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| AMERICAN FRIENDS OF POLICY<br>EXCHANGE<br>8-10 GREAT GEORGE STREET<br>WESTMINSTER, LONDON<br>UK |    | 501( C)(3) | CHARITABLE | 40,000 |
|---|----|------------|------------|--------|
|   | II |            | 1          |        |

| uk  |            |            |       |
|---|------------|------------|-------|
| ANDERSON RANCH ARTS CENTER<br>PO BOX 5598<br>SNOWMASS VILLAGE, CO 81615 | 501( C)(3) | CHARITABLE | 2,500 |
| ASIA SOCIETY725 PARK AVENUE   | 501( C)(3) | CHARITABLE | 2.500 |

| PO BOX 5598<br>SNOWMASS VILLAGE, CO 81615             |   |            |            | ·     |
|---|---|------------|------------|-------|
| ASIA SOCIETY725 PARK AVENUE<br>NEW YORK, NY 100215088 | 5 | 501( C)(3) | CHARITABLE | 2,500 |

| SNOWMASS VILLAGE, CO 81615                            |            |            |     |
|---|------------|------------|-----|
| ASIA SOCIETY725 PARK AVENUE<br>NEW YORK, NY 100215088 | 501( C)(3) | CHARITABLE | 2,5 |
|   |            |            | ĺ   |

За

| ASIA SOCIETY725 PARK AVENUE<br>NEW YORK, NY 100215088 | 501( C)(3) | CHARITABLE | 2,5 |
|---|------------|------------|-----|
|   |            | _          |     |

3,386,927

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

recipient

10.000

13,000

500

| · ·                    | or substantial contributor |            |            |  |
|------------------------|----------------------------|------------|------------|--|
| a Paid during the year |                            |            |            |  |
| ASPEN ART MUSEUM       |                            | 501( C)(3) | CHARITABLE |  |

any foundation manager

Name and address (home or business)

| WASHINGTON DC, DC 200361133                            |            |            |  |
|--|------------|------------|--|
| ASPEN MUSIC FESTIVAL & SCHOOL<br>225 MUSIC SCHOOL ROAD | 501( C)(3) | CHARITABLE |  |

| ASPEN MUSIC FESTIVAL & SCHOOL<br>225 MUSIC SCHOOL ROAD<br>ASPEN, CO 81611 | 501( C)(3) | CHARITABLE |  |
|---|------------|------------|--|
|   |            |            |  |

| ASPEN, CO 81611              |            |            |  |
|------------------------------|------------|------------|--|
| AVE N JEWISH CENTER321 AVE N | 501( C)(3) | CHARITABLE |  |

| ASI EIV, CO 01011                                  |            |            |  |
|--|------------|------------|--|
| AVE N JEWISH CENTER321 AVE N<br>BROOKLYN, NY 11230 | 501( C)(3) | CHARITABLE |  |

| VE N JEWISH CENTER321 AVE N<br>ROOKLYN, NY 11230 | 501( C)(3) | CHARITABLE |  |
|--|------------|------------|--|
|  |            |            |  |

| NVE N JEWISH CENTER321 AVE N<br>BROOKLYN, NY 11230 | 501( C)(3) | CHARITABLE |  |
|--|------------|------------|--|
|  |            |            |  |

| BROOKLYN, NY 11230 | 301( 0)(3) | CHARTABLE |           |
|--------------------|------------|-----------|-----------|
| Total              | <br>       |           | 3,386,927 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

| ,   | or substantial contributor |            |            |       |
|---|----------------------------|------------|------------|-------|
| a Paid during the year                          |                            |            |            |       |
| CENTRAL PARK CONSERVANCY<br>14 EAST 60TH STREET |                            | 501( C)(3) | CHARITABLE | 1,000 |

recipient

16,000

| NEW YORK, NY 10022  |            |            |  |
|---|------------|------------|--|
| CENTRAL PARK CONSERVANCY<br>14 EAST 60TH STREET<br>NEW YORK, NY 10022 | 501( C)(3) | CHARITABLE |  |

| 14 EAST 60TH STREET NEW YORK, NY 10022 | 501( C)(3) | CHARITABLE |  |
|--|------------|------------|--|
| CITY HARVEST6 EAST 32ND STREET         | 501( C)(3) | CHARITABLE |  |

any foundation manager

Name and address (home or business)

| NEW YORK, NY 10022                                   |            |            |  |
|--|------------|------------|--|
| CITY HARVEST6 EAST 32ND STREET<br>NEW YORK, NY 10016 | 501( C)(3) | CHARITABLE |  |

| NEW YORK, NY 10022                                   |            |            |   |
|--|------------|------------|---|
| CITY HARVEST6 EAST 32ND STREET<br>NEW YORK, NY 10016 | 501( C)(3) | CHARITABLE | 1 |

| CITY HARVEST6 EAST 32ND STREET<br>NEW YORK, NY 10016 | 501( C)(3) | CHARITABLE | 1,000     |
|--|------------|------------|-----------|
| Tatal  |            |            | 2 200 027 |

| NEW YORK, NY 10016 |      |               |
|--------------------|------|---------------|
| Total              | <br> | <br>3,386,927 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COLUMBIA SCHOOL OF INTL AND 501(C)(3) CHARITABLE 2.000

| 622 WEST 113TH STREET 6TH FLOOR<br>NEW YORK, NY 10025 |            |            |        |
|---|------------|------------|--------|
| COUNCIL ON FOREIGN RELATIONS 58 EAST 68TH STREET      | 501( C)(3) | CHARITABLE | 25,000 |

| 8 EAST 68TH STREET<br>IEW YORK, NY 10065                           | (          |            |  |
|--|------------|------------|--|
| URESEARCH FOR CHILDREN'S CANCER<br>600 EAST-WEST HIGHWAY SUITE 600 | 501( C)(3) | CHARITABLE |  |

PUBLIC AFFAIRS

| NEW YORK, NY 10065  |            |            |  |
|---|------------|------------|--|
| CURESEARCH FOR CHILDREN'S CANCER<br>4600 EAST-WEST HIGHWAY SUITE 600<br>BETHESDA MD 20814 | 501( C)(3) | CHARITABLE |  |

| 10065   |            |            | I |
|---|------------|------------|---|
| OR CHILDREN'S CANCER<br>ST HIGHWAY SUITE 600<br>20814 | 501( C)(3) | CHARITABLE |   |

| CURESEARCH FOR CHILDREN'S CANCER<br>4600 EAST-WEST HIGHWAY SUITE 600<br>BETHESDA, MD 20814 | 501( C)(3) | CHARITABLE | 500       |
|--|------------|------------|-----------|
| Total  | <br>       |            | 3.386.927 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

500

1,000

50,000

| - · /                                       |            |            |  |
|---|------------|------------|--|
| DECODA INCPO BOX 3252<br>NEW YORK, NY 10163 | 501( C)(3) | CHARITABLE |  |
| DELAWARE HIGHLANDS CONSERVANCY              | 501(C)(3)  | CHARITABLE |  |

a Paid during the year

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

| ELAWARE HIGHLANDS CONSERVANCY<br>O BOX 219<br>ARROWSBURG, NY 12764 | 501( C)(3) | CHARITABLE |  |
|--|------------|------------|--|
| ILM SOCIETY OF LINCOLN CENTER                                      | 501( C)(3) | CHARITABLE |  |



| FILM SOCIETY OF LINCOLN CENTER | 501( C)(3) | CHARITABLE |  |
|--------------------------------|------------|------------|--|
| 2017 FSLC                      |            |            |  |
| 70 LINCOLN CENTER PLAZA 9TH FL |            |            |  |
| NEW YORK, NY 10023             |            |            |  |

| 017 FSLC<br>0 LINCOLN CENTER PLAZA 9TH FL<br>EW YORK, NY 10023 | , ,, , |  |
|--|--------|--|
|  |        |  |

| LINCOLN CENTER PLAZA 9TH FL | 17 FSLC   |  |  |
|-----------------------------|---|--|--|
| W TORK, NT 10025            | LINCOLN CENTER PLAZA 9TH FL<br>W YORK, NY 10023 |  |  |

3,386,927

Total .

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FILMMAKER'S COLLABORATIVE 501(C)(3) CHARITABLE 2.500 29 GREENE STREET

| NEW YORK, NY 10013   |            |            |        |
|--|------------|------------|--------|
| FOUNDATION INDIVIDUAL RIGHTS 2018<br>510 WALNUT STREET<br>PHILADELPHIA, PA 19106 | 501( C)(3) | CHARITABLE | 25,000 |
| FUTURES AND OPTIONS DREAM BIG  | 501( C)(3) | CHARITABLE | 10.000 |

| PHILADELPHIA, PA 19106  |            |            |        |
|---|------------|------------|--------|
| FUTURES AND OPTIONS DREAM BIG<br>GALA<br>120 BROADWAY SUITE 1019<br>NEW YORK NY 10271 | 501( C)(3) | CHARITABLE | 10,000 |

| FUTURES AND OPTIONS DREAM BIG<br>GALA | 501( C)(3) | CHARITABLE | 10,000 |
|---------------------------------------|------------|------------|--------|
| 120 BROADWAY SUITE 1019               |            |            |        |
| NEW YORK, NY 10271                    |            |            |        |

| FUTURES AND OPTIONS DREAM BIG | [501( C)(3) | CHARITABLE | 10,0 |
|-------------------------------|-------------|------------|------|
| GALA                          |             |            |      |
| 120 BROADWAY SUITE 1019       |             |            |      |
| NEW YORK, NY 10271            |             |            |      |
|                               |             |            |      |

3,386,927

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GARDENS FOR HEALTH INTERNATIONAL 501(C)(3) CHARITABLE 1,000

| PO BOX 51935<br>BOSTON, MA 02205   |            |            |     |
|--|------------|------------|-----|
| GOUVERNEUR FAMILIES<br>227 MADISON STREET 12TH FLOOR<br>NEW YORK, NY 10002 | 501( C)(3) | CHARITABLE | 500 |

| 227 MADISON STREET 12TH FLOOR<br>NEW YORK, NY 10002 | 501( C)(3) | CHARITABLE |  |
|---|------------|------------|--|
| GRAND STREET SETTLEMENT SENIOR<br>SERVICE           | 501( C)(3) | CHARITABLE |  |

| NEW YORK, NY 10002  |            |            |  |
|---|------------|------------|--|
| GRAND STREET SETTLEMENT SENIOR<br>SERVICE<br>80 PITT STREET | 501( C)(3) | CHARITABLE |  |

| NEW YORK, NY 10002                        |            |            |  |
|---|------------|------------|--|
| GRAND STREET SETTLEMENT SENIOR<br>SERVICE | 501( C)(3) | CHARITABLE |  |
| 80 PITT STREET                            |            |            |  |

| Total   | <br>       |            | 3,386,927 |
|---|------------|------------|-----------|
| SERVICE<br>80 PITT STREET<br>NEW YORK, NY 10002 |            |            |           |
| GRAND STREET SETTLEMENT SENTOR                  | 301( C)(3) | CHARITABLE | ] 500     |

FOO

| NEW YORK, NY 10002 |      |  |
|--------------------|------|--|
| Total              | <br> |  |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

E04/ C\/3\

25,000

5,000

| 434 GALVEZ MALL<br>STANFORD, CT 943056003 | 501( C)(3) | CHARITABLE |  |
|---|------------|------------|--|
| HOUSE OF SPEAKEASY FOUNDATION             | 501( C)(3) | CHARITABLE |  |

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

| HOUSE OF SPEAKEASY FOUNDATION<br>117 EAST 19TH ST<br>NEW YORK, NY 10003 | 501( C)(3) | CHARITABLE |  |
|---|------------|------------|--|
| INTELIGENCE SQUARED US<br>FOUNDATION                                    | 501( C)(3) | CHARITABLE |  |

| 11LW 10KK, 111 10005  |            |            |  |
|---|------------|------------|--|
| INTELIGENCE SQUARED US<br>FOUNDATION<br>590 MADISON AVENUE 30TH FLOOR | 501( C)(3) | CHARITABLE |  |
| NEW YORK NY 10022   |            |            |  |

| INTELIGENCE SQUARED US                   | 501( C)(3) | CHARITABLE | 1 |
|--|------------|------------|---|
| FOUNDATION 590 MADISON AVENUE 30TH FLOOR |            |            |   |
| NEW YORK, NY 10022                       |            |            |   |

| INTELIGENCE SQUARED US        |     | 501( C)(3) | CHARITABLE | 1,64 |
|-------------------------------|-----|------------|------------|------|
| FOUNDATION                    |     |            |            |      |
| 590 MADISON AVENUE 30TH FLOOR |     |            |            |      |
| NEW YORK, NY 10022            |     |            |            |      |
|                               | l . | ı          |            | ı    |

| INTELIGENCE SQUARED US        | 501(C)(3) | CHARITABLE | 1,647,777 |
|-------------------------------|-----------|------------|-----------|
| FOUNDATION                    |           |            |           |
| 590 MADISON AVENUE 30TH FLOOR |           |            |           |
| NEW YORK, NY 10022            |           |            |           |

| NEW YORK, NY 10022            |  |  |
|-------------------------------|--|--|
| 590 MADISON AVENUE 30TH FLOOR |  |  |

| NEW YORK, NY 10022 |      |      |
|--------------------|------|------|
| Total              | <br> | 3,38 |

| Total | <br> | <br>3,386,927 |
|-------|------|---------------|
| 3a    |      |               |

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JAZZ POWER INITIATIVE 501(C)(3) CHARITABLE 2,000 5030 BROADWAY AVE

| NEW YORK, NY 10034  |            |            |       |
|---|------------|------------|-------|
| LENOX HILL NEIGHBORHOOD HOUSE<br>331 EAST 70TH STREET<br>NEW YORK, NY 10021 | 501( C)(3) | CHARITABLE | 1,000 |
| LINCOLN CENTER FOR PERFORMING   | 501( C)(3) | CHARITABLE | 5,000 |

| NEW YORK, NY 10021  |            |            |     |
|---|------------|------------|-----|
| LINCOLN CENTER FOR PERFORMING<br>ARTS<br>70 LINCOLN CENTER PLAZA 9TH FL<br>NEW YORK, NY 10023 | 501( C)(3) | CHARITABLE | 5,0 |

| LINCOLN CENTER FOR PERFORMING  | 501( C)(3) | CHARITABLE |  |
|--------------------------------|------------|------------|--|
| ARTS                           |            |            |  |
| 70 LINCOLN CENTER PLAZA 9TH FL |            |            |  |
| NEW YORK, NY 10023             |            |            |  |
|                                |            |            |  |

За

3,386,927

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| MANHATTAN INSTITUTE BOARD DUES<br>52 VANDERBILT AVE<br>NEW YORK, NY 10017 | 501( C)(3) | CHARITABLE | 50,000 |
|---|------------|------------|--------|
| MARK ROSS MONTESSORI FOUNDATION   | 501( C)(3) | CHARITABLE | 500    |

| MARK ROSS MONTESSORI FOUNDATION<br>109 LEWIES LANE<br>CARBONDALE, CO 81623 | 501( C)(3) | CHARITABLE | 500    |
|--|------------|------------|--------|
| MUSEUM OF MODERN ART DIRECTOR'S<br>COUNCIL                                 | 501( C)(3) | CHARITABLE | 15,000 |

| CARBONDALE, CO 81623  |            |            |        |
|---|------------|------------|--------|
| MUSEUM OF MODERN ART DIRECTOR'S<br>COUNCIL<br>11 WEST 53RD ST<br>NEW YORK, NY 10019 | 501( C)(3) | CHARITABLE | 15,000 |

Total . .

3,386,927 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                                       |            |            |        |
|--|------------|------------|--------|
| MUSEUM OF MODERN ART<br>11 WEST 53RD ST<br>NEW YORK NY 10019 | 501( C)(3) | CHARITABLE | 10,000 |

| MUSEUM OF THE CITY OF NEW YORK<br>.220 FIFTH AVENUE<br>NEW YORK, NY 10029 | 501( C)(3) | CHARITABLE |  |
|---|------------|------------|--|
|   |            |            |  |

| 1220 FIFTH AVENUE<br>NEW YORK, NY 10029 |            |            |  |
|---|------------|------------|--|
| NEW YORK LAW SCHOOL                     | 501( C)(3) | CHARITABLE |  |

| NEW YORK, NY 10029                       |            |            |  |
|--|------------|------------|--|
| NEW YORK LAW SCHOOL<br>185 WEST BROADWAY | 501( C)(3) | CHARITABLE |  |

3a

|  | 501( C)(3) | CHARITABLE |  |
|--|------------|------------|--|
|  |            |            |  |

35,000

1.500

| 185 WEST BROADWAY<br>NEW YORK, NY 100132921 | (,(, | -,            |
|---|------|---------------|
| Total                                       | <br> | <br>3,386,927 |

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEW YORK UNIVERSITY INSTITUTE FOR 501(C)(3) CHARITABLE 5,000

| STUDY OF THE ANCIENT WORLD<br>25 WEST 4TH STREET 3RD FLOOR<br>NEW YORK, NY 10012 |            |            |        |
|--|------------|------------|--------|
| NEW YORK UNIVERSITY  | 501( C)(3) | CHARITABLE | 117,00 |

| NEW TORK, NY 10012  |            |            |         |
|---|------------|------------|---------|
| NEW YORK UNIVERSITY<br>25 WEST 4TH STREET 3RD FLOOR<br>NEW YORK, NY 10012 | 501( C)(3) | CHARITABLE | 117,000 |
| PARK AVENUE ARMORY  | 501( C)(3) | CHARITABLE | 2,500   |

| NEW YORK, NY 10012  |            |            |       |
|---|------------|------------|-------|
| PARK AVENUE ARMORY<br>643 PARK AVENUE<br>NEW YORK, NY 10065 | 501( C)(3) | CHARITABLE | 2,500 |

3,386,927

| NEW YORK, NY 10012  |            |            |  |
|---|------------|------------|--|
| PARK AVENUE ARMORY<br>643 PARK AVENUE<br>NEW YORK, NY 10065 | 501( C)(3) | CHARITABLE |  |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

10,000

15,000

1,000

| a Paid during the year                               |            |            |  |
|--|------------|------------|--|
| PUBLIC ART FUND1 EAST 53RD STREET NEW YORK, NY 10012 | 501( C)(3) | CHARITABLE |  |

or substantial contributor

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

Name and address (home or business)

| SOUTHAMPTON FRESH AIR HOME<br>36 BARKERS ISLAND ROAD<br>SOUTHHAMPTON, NY 11968 | 501( C)(3) | CHARITABLE |  |
|--|------------|------------|--|
| <u> </u>   |            |            |  |

| 36 BARKERS ISLAND ROAD<br>SOUTHHAMPTON, NY 11968 | 551( 5)(5) | 517 HQ17 IS 22 |  |
|--|------------|----------------|--|
| SOUTHAMPTON HOSPITAL FOUNDATION                  | 501( C)(3) | CHARITABLE     |  |

| 50011111A11111011,1111 11300                           |            |            |  |
|--|------------|------------|--|
| SOUTHAMPTON HOSPITAL FOUNDATION 240 MEETING HOUSE LANE | 501( C)(3) | CHARITABLE |  |
| COLITHUAMPTON NV 11069                                 |            |            |  |

| SOUTHAMPTON HOSPITAL FOUNDATION | 501( C)(3) | CHARITABLE |  |
|---------------------------------|------------|------------|--|
| 240 MEETING HOUSE LANE          |            |            |  |
| SOUTHHAMPTON, NY 11968          |            |            |  |

| SOUTHAMPTON HOSPITAL FOUNDATION | 501( C)(3) | CHARITABLE |  |
|---------------------------------|------------|------------|--|
| 240 MEETING HOUSE LANE          |            |            |  |
| SOUTHHAMPTON, NY 11968          |            |            |  |
|                                 |            |            |  |

|                                   |  | _         |   |
|-----------------------------------|--|-----------|---|
| SOUTHHAMPTON, NY 11968            |  |           | I |
| 240 MEETING HOUSE LANE            |  |           | I |
| 300 THAPIFTON HOSFITAL TOUNDATION |  | CHARTABLE | 1 |

| Total                  |  | _ | 2 206 027 |
|------------------------|--|---|-----------|
| SOUTHHAMPTON, NY 11968 |  |   |           |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year   |            |            |       |
|--|------------|------------|-------|
| ST JUDE CHILDREN'S RESEARCH<br>220 E 42ND STREET<br>NEW YORK, NY 10017 | 501( C)(3) | CHARITABLE | 1,000 |

| NEW TORK, NT 10017   |            |            |       |
|--|------------|------------|-------|
| STUDENT SPONSOR PARTNERSHIP INC<br>424 MADISON AVENUE SUITE 1002<br>NEW YORK, NY 10017 | 501( C)(3) | CHARITABLE | 4,100 |
|  |            |            |       |

| STUDENT SPONSOR PARTNERSHIP INC<br>424 MADISON AVENUE SUITE 1002<br>NEW YORK, NY 10017 | 501( C)(3) | CHARITABLE |   |
|--|------------|------------|---|
| STUDENT SPONSOR PARTNERSHIP INC  | 501( C)(3) | CHARITABLE | İ |

| NEW YORK, NY 10017   |            |            |      |
|--|------------|------------|------|
| STUDENT SPONSOR PARTNERSHIP INC<br>424 MADISON AVENUE SUITE 1002 | 501( C)(3) | CHARITABLE | 4,10 |
| NEW YORK NY 10017  |            |            | i    |

| NEW YORK, NY 10017   |            |            |   |
|--|------------|------------|---|
| STUDENT SPONSOR PARTNERSHIP INC<br>424 MADISON AVENUE SUITE 1002 | 501( C)(3) | CHARITABLE |   |
| NEW YORK NV 10017  |            |            | i |

| STUDENT SPONSOR PARTNERSHIP INC<br>424 MADISON AVENUE SUITE 1002<br>NEW YORK, NY 10017 | 501( C)(3) | CHARITABLE | 4,100 |
|--|------------|------------|-------|
|  |            |            |       |

| 424 MADISON AVENUE SUITE 1002<br>NEW YORK, NY 10017 | 552( 5)(5) | <br>,,200     |
|---|------------|---------------|
| Total   | <br>       | <br>3,386,927 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year   |            |            |       |
|--|------------|------------|-------|
| THE ASPEN COMMUNITY FOUNDATION ONE DUPONT CIRCLE SUITE 700 WASHINGTON DC, DC 200361133 | 501( C)(3) | CHARITABLE | 1,000 |

| WASHINGTON DC, DC 200301133   |            |            |  |
|---|------------|------------|--|
| THE ASPEN INSTITUTE<br>DNE DUPONT CIRCLE SUITE 700<br>WASHINGTON DC, DC 200361133 | 501( C)(3) | CHARITABLE |  |

| THE ASPEN INSTITUTE   | 501( C)(3) | CHARITABLE | 25,000  |
|---|------------|------------|---------|
| THE ASPEN INSTITUTE ONE DUPONT CIRCLE SUITE 700 WASHINGTON DC, DC 200361133 | 501( C)(3) | CHARITABLE | 100,000 |

| WASHINGTON DC, DC 200361133                        |            |            |        |
|--|------------|------------|--------|
| THE ASPEN INSTITUTE<br>ONE DUPONT CIRCLE SUITE 700 | 501( C)(3) | CHARITABLE | 25,000 |

| HINGTON DC, DC 200361133   |            |            |        |
|--|------------|------------|--------|
| ASPEN INSTITUTE DUPONT CIRCLE SUITE 700 HINGTON DC. DC 200361133 | 501( C)(3) | CHARITABLE | 25,000 |

| THE ASPEN INSTITUTE ONE DUPONT CIRCLE SUITE 700 WASHINGTON DC, DC 200361133 | 501( C)(3) | CHARITABLE | 25,000 |
|---|------------|------------|--------|
| ·   |            |            |        |

| ONE DUPONT CIRCLE SUITE 700<br>WASHINGTON DC, DC 200361133 |      | ,         |
|--|------|-----------|
| Total  | <br> | 3,386,927 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year   |            |            |         |
|--|------------|------------|---------|
| THE BROWNING SCHOOL<br>52 EAST 62ND STREET<br>NEW YORK, NY 10065 | 501( C)(3) | CHARITABLE | 1,100   |
| THE BROWNING SCHOOL  | 501( C)(3) | CHARITABLE | 100,000 |

| THE BROWNING SCHOOL<br>52 EAST 62ND STREET<br>NEW YORK, NY 10065 | 501( C)(3) | CHARITABLE |  |
|--|------------|------------|--|
| THE CATO INSTITUTE   | 501( C)(3) | CHARITABLE |  |

| NEW YORK, NY 10065                           |            |            |        |
|--|------------|------------|--------|
| THE CATO INSTITUTE 1000 MASSACHUSETTS AVE NW | 501( C)(3) | CHARITABLE | 25,000 |

| THE CATO INSTITUTE        | 501( C)(3) | CHARITABLE | 25 |
|---------------------------|------------|------------|----|
| 1000 MASSACHUSETTS AVE NW | ' ' ' '    |            |    |
| WASHINGTON DC DC 20036    |            |            | l  |

| 1000 MASSACHUSETTS AVE NW<br>WASHINGTON DC, DC 20036 |      |               |
|--|------|---------------|
| Total  | <br> | <br>3,386,927 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year   |            |            |        |
|--|------------|------------|--------|
| THE CHAPIN SCHOOL<br>100 EAST END AVENUE<br>NEW YORK, NY 10028 | 501( C)(3) | CHARITABLE | 10,000 |

| NEW YORK, NY 10028   |            |            |        |
|--|------------|------------|--------|
| THE FEDERALIST SOCIETY<br>1015 18TH STREET NW SUITE 425<br>WASHINGTON DC, DC 20036 | 501( C)(3) | CHARITABLE | 4,000  |
| THE METROPOLITAN MUSEUM OF ART   | 501(C)(3)  | CHARITABLE | 60,000 |

| WASHINGTON DC, DC 20036                        |            |            |    |
|--|------------|------------|----|
| THE METROPOLITAN MUSEUM OF ART 1000 5TH AVENUE | 501( C)(3) | CHARITABLE | 60 |

| WASHINGTON DC, DC 20036                        |            |            |   |
|--|------------|------------|---|
| THE METROPOLITAN MUSEUM OF ART 1000 5TH AVENUE | 501( C)(3) | CHARITABLE |   |
| NEW YORK NY 10028                              | I          |            | i |

| Total   | <br>       |            | 3,386,927 |
|---|------------|------------|-----------|
| THE METROPOLITAN MUSEUM OF ART<br>1000 5TH AVENUE<br>NEW YORK, NY 10028 | 501( C)(3) | CHARITABLE | 60,0      |

| Total              | .1 | <u>I</u> | <u> </u> |  |
|--------------------|----|----------|----------|--|
| NEW YORK, NY 10028 |    |          |          |  |
| 1000 SITI AVENUE   |    |          | 1        |  |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE SOLOMON R GUGGENHEIM 501(C)(3) CHARITABLE 10,000 **FOUNDATION** 

| 1071 5TH AVENUE<br>NEW YORK, NY 10128  |            |            |        |
|--|------------|------------|--------|
| THE SOLOMON R GUGGENHEIM<br>FOUNDATION<br>1071 5TH AVENUE<br>NEW YORK NY 10128 | 501( C)(3) | CHARITABLE | 80,000 |

| THE SOLOMON R GUGGENHEIM<br>FOUNDATION<br>1071 5TH AVENUE<br>NEW YORK, NY 10128 | 501( C)(3) | CHARITABLE | 80,000 |
|---|------------|------------|--------|
| THE SPEYER LEGACY SCHOOL<br>LEADERSHIP SCHOLARSHIP<br>925 9TH AVENUE            | 501( C)(3) | CHARITABLE | 50,000 |

| NEW YORK, NY 10128  |                       |       |
|---|-----------------------|-------|
| THE SPEYER LEGACY SCHOOL LEADERSHIP 925 9TH AVENUE | 501( C)(3) CHARITABLE | 50,00 |

3,386,927

| HE SPEYER LEGACY SCHOOL | 501(C)(3) | CHARITABLE | 50 |
|-------------------------|-----------|------------|----|
| EADERSHIP SCHOLARSHIP   | ( -/(-/   |            | ,  |
| 25 9TH AVENUE           |           |            |    |
| IEW YORK, NY 10019      |           |            |    |

| THE SPEYER LEGACY SCHOOL | 501( C)(3) | CHARITABLE | 50,0 |
|--------------------------|------------|------------|------|
| LEADERSHIP SCHOLARSHIP   |            |            |      |
| 925 9TH AVENUE           |            |            |      |
| NEW YORK, NY 10019       |            |            |      |
|                          |            |            |      |

Total.

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year  |            |            |        |
|---|------------|------------|--------|
| TRUSTEES OF PRINCETON UNIVERSITY<br>PRINCETON UNIVERSITY<br>PRINCETON, NJ 08544 | 501( C)(3) | CHARITABLE | 25,000 |
|   |            |            |        |

330,750

-500

| <u>'</u>                  |            |            |  |
|---------------------------|------------|------------|--|
| S FRIENDS OF THE IISS     | 501( C)(3) | CHARITABLE |  |
| 121 K STREET NW SUITE 801 |            |            |  |
| ASHINGTON DC, DC 20036    |            |            |  |

| 1 |   |           |            |  |
|---|---|-----------|------------|--|
|   | 2121 K STREET NW SUITE 801<br>WASHINGTON DC, DC 20036 | , ,, ,    |            |  |
|   | US FRIENDS OF THE IISS                                | 501(C)(3) | CHARITABLE |  |

| VASHINGTON DC, DC 20036 |            |            |  |
|-------------------------|------------|------------|--|
| TETNAM VETERANS VOID    | 501( C)(3) | CHARITABLE |  |

| RSHINGTON DC, DC 20030                              |            |            |  |
|---|------------|------------|--|
| ETNAM VETERANS VOID<br>19 COLESVILLE ROAD SUITE 100 | 501( C)(3) | CHARITABLE |  |

| IAM VETERANS VOID         | 501( C)(3) | CHARITABLE |  |
|---------------------------|------------|------------|--|
| COLESVILLE ROAD SUITE 100 |            |            |  |
| R SPRING, MD 20910        |            |            |  |

| VIETNAM VETERANS VOID          | 501(C)(3) | CHARITABLE |  |
|--------------------------------|-----------|------------|--|
| 8719 COLESVILLE ROAD SUITE 100 |           |            |  |
| SILVER SPRING, MD 20910        |           |            |  |

| Total                          |   |  | 7 | 2 206 |
|--------------------------------|---|--|---|-------|
| SILVER SPRING, MD 20910        |   |  |   |       |
| 3/19 COLESVILLE ROAD SOITE 100 | ! |  |   |       |

| Total | <br> | 3,386,927 |
|-------|------|-----------|

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                  |            |            | <u> </u> |
|---|------------|------------|----------|
| VOICES OF ASCENSION<br>12 W 11TH STREET | 501( C)(3) | CHARITABLE |          |

| NEW YORK, NY 10011   |            |            |  |
|--|------------|------------|--|
| WHITNEY MUSEUM OF AMERICAN ART<br>99 GANSEVOORT STREET<br>NEW YORK, NY 10014 | 501( C)(3) | CHARITABLE |  |

| WHITNEY MUSEUM OF AMERICAN ART<br>99 GANSEVOORT STREET<br>NEW YORK, NY 10014 | 501( C)(3) | CHARITABLE | 50,000 |
|--|------------|------------|--------|
| WHITNEY MUSEUM OF AMERICAN ART   | 501( C)(3) | CHARITABLE | 60,000 |

| NEW YORK, NY 10014                                     |            |            |  |
|--|------------|------------|--|
| WHITNEY MUSEUM OF AMERICAN ART<br>99 GANSEVOORT STREET | 501( C)(3) | CHARITABLE |  |
| NEW VORK BUY 40044                                     |            |            |  |

| П | ,                              |            |            | 1 |
|---|--------------------------------|------------|------------|---|
|   | WHITNEY MUSEUM OF AMERICAN ART | 501( C)(3) | CHARITABLE |   |
|   | 99 GANSEVOORT STREET           |            |            | l |
|   | NEW YORK, NY 10014             |            |            | l |

5,000

|                                   | <u> </u> |  | 3,386.9 |
|-----------------------------------|----------|--|---------|
| NSEVOORT STREET<br>YORK, NY 10014 |          |  |         |

| NEW YORK, NY 10014 |      |           |
|--------------------|------|-----------|
| Total              | <br> | 3,386,927 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

| YALE UNIVERSITY ART GALLERY<br>PO BOX 205<br>NEW HAVEN, CT 06250 | 501( C)(3) | CHARITABLE | 10,000 |
|--|------------|------------|--------|
| YALE UNIVERSITY CLASS OF 1992                                    | 501( C)(3) | CHARITABLE | 100    |

| YALE UNIVERSITY CLASS OF 1992<br>PO BOX 205<br>NEW HAVEN, CT 06250 | 501( C)(3) | CHARITABLE | 100       |
|--|------------|------------|-----------|
| Total  | <br>       |            | 3,386,927 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -          | DLN: 93491259001429 |  |  |  |  |  |
|--------------------------------------|--------------------------|---------------------|--|--|--|--|--|
| TY 2017 Investments - Other Schedule |                          |                     |  |  |  |  |  |
| Name:                                | ROSENKRANZ FOUNDATION IN | C                   |  |  |  |  |  |
| EIN:                                 | 13-3940017               |                     |  |  |  |  |  |
| Investments Other Schedule 2         |                          | ,                   |  |  |  |  |  |

| Investments Other Schedule 2 |                       |            |                                  |
|------------------------------|-----------------------|------------|----------------------------------|
| Category/ Item               | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |
| LIMITED PARTNERSHIPS         | AT COST               | 25,065,145 | 25,065,145                       |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |                          | DLN:                   | 93491259001429                              |  |  |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2017 Other Expenses Schedule      |                                      |                          |                        |   |  |  |
|                                      |                                      |                          |                        |   |  |  |
| Name:                                | ROSENKRANZ I                         | FOUNDATION INC           |                        |   |  |  |
| <b>EIN:</b> 13-3940017               |                                      |                          |                        |   |  |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |

31,321

70,938

31,321

21,321

| Other Expenses Schedule |                                      | ,                        |
|-------------------------|--------------------------------------|--------------------------|
| Description             | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income |

MISCELLANEOUS EXPENSES

DLN: 93491259001429

Name: ROSENKRANZ FOUNDATION INC

\_\_\_\_

**EIN:** 13-3940017

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

| Other Income Schedule     |                                   |                          |                     |  |  |
|---------------------------|-----------------------------------|--------------------------|---------------------|--|--|
| Description               | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |  |  |
| FROM LIMITED PARTNERSHIPS |                                   | 301,327                  |                     |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -          | DLN: 93491259001429 |  |  |  |
|--------------------------------------|--------------------------|---------------------|--|--|--|
| TY 2017 Other Increases Schedule     |                          |                     |  |  |  |
|                                      |                          |                     |  |  |  |
| Name:                                | ROSENKRANZ FOUNDATION II | IC                  |  |  |  |
| EIN:                                 | 13-3940017               |                     |  |  |  |
| De                                   | escription               | Amount              |  |  |  |
| UNREALIZED GAIN(LOSS)                |                          | 875,077             |  |  |  |

| efile GRAPHIC print - DO NOT PROCESS     | D                                 | LN: 93491259001429          |  |  |  |
|--|-----------------------------------|-----------------------------|--|--|--|
| TY 2017 Other Liabilities Schedule       |                                   |                             |  |  |  |
|  |                                   |                             |  |  |  |
| Name: ROSENKRANZ FOUNDAT                 | TON INC                           |                             |  |  |  |
|  | Name: ROSLINKANZ FOUNDATION INC   |                             |  |  |  |
| <b>EIN:</b> 13-3940017                   |                                   |                             |  |  |  |
|  |                                   |                             |  |  |  |
| Description                              | Beginning of Year<br>- Book Value | End of Year -<br>Book Value |  |  |  |
| Description  DEFERRED FEDERAL EXCISE TAX |                                   |                             |  |  |  |

| efile GRAPHIC print - DO NOT PROCESS      | As Filed Data - | DLN: 93491259001429                      |  |  |  |
|---|-----------------|--|--|--|--|
| TY 2017 Substantial Contributors Schedule |                 |  |  |  |  |
| Name: ROSENKRANZ FOUNDATION INC           |                 |  |  |  |  |
| <b>EIN:</b> 13-3940017                    |                 |  |  |  |  |
| Name Address                              |                 |  |  |  |  |
| ROSENKRANZ 2014 ANNUITY TRUST             |                 | 157 CHURCH STREET<br>NEW HAVEN, CT 06510 |  |  |  |
| ROSENKRANZ 2016 ANNUITY TRUST             |                 | 157 CHURCH STREET<br>NEW HAVEN, CT 06510 |  |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data |                          | DLN                    | N: 93491259001429                           |
|--------------------------------------|---------------|--------------------------|------------------------|---|
| TY 2017 Taxes Schedule               |               |                          |                        |   |
|                                      |               |                          |                        |   |
| Name: ROSENKRANZ FOUNDATION INC      |               |                          |                        |   |
| <b>EIN:</b> 13-3940017               |               |                          |                        |   |
| Category                             | Amount        | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| FEDERAL TAXES                        | 16,034        | 0                        | 0                      | 0   |
| STATE TAXES                          | 1,750         | 0                        | 0                      | 0   |
| FOREIGN TAXES FROM UNDERLYING FUNDS  | 0             | 270                      | 0                      | 0   |