### 2949115315218

## 'ஞ்ரு<sup>/</sup> 990-PF Department of the Treasury Internal Revenue Service

**Return of Private Foundation** 

Do not enter social security numbers on this form as it may be made public

OMB No 1545-0052

or Section 4947(a)(1) Trust Treated as Private Foundation ► Go to www irs gov/Form990PF for instructions and the latest information

Forc	aten	dar year 2017 or tax year beginning			, and ending		
		foundation				A Employer identification	number
		NEWCOMB-HARGRAVES		DATION		21 6650040	
		NEWCOMB & HARGRAVE				31-6650840	· · · · · · · · · · · · · · · · · · ·
_		nd street (or P.O. box number if mail is not delivered	to street	address)	Room/suite	B Telephone number	174
		EST 81ST STREET	<del></del>		11B	(212)721-8	
		own, state or province, country, and ZIP or f $YORK$ , $NY 10024$	oreign p	ostal code		C If exemption application is p	ending, check here
G C	heck	all that apply Initial return		Initial return of a for	mer public charity	D 1. Foreign organizations	s, check here
		Final return		Amended return		2 -	
		Address change		Name change	<b>.</b>	2 Foreign organizations me check here and attach co	eting the 85% test, proputation
H C	_		_	empt private foundation		E If private foundation sta	
<u></u>		ction 4947(a)(1) nonexempt charitable trust		Other taxable private foundating method X Cash	<u> </u>	under section 507(b)(1)	• •
		·		•	Accrual	F If the foundation is in a	
		Part II, col. (c), line 16)		her (specify) nn (d) must be on cash basis	\	under section 507(b)(1)	I(B), Check here
De	rt I		t i, coluii			(a) Advisted not	(d) Disbursements
Pa	rtı	(The total of amounts in columns (b), (c), and (d) in necessarily equal the amounts in column (a) )	nay not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	•	57,380.		N/A	
	2	Check If the foundation is not required to attach	Sch B	,	······································		
	3	Interest on savings and temporary cash investments			1	·	<u> </u>
	4	Dividends and interest from securities		59,079.	59,079.		STATEMENT 1
	-	Gross rents					
		Net rental income or (loss)					
2	_	Net gain or (loss) from sale of assets not on line 10		310,010.	, <u>, , , , , , , , , , , , , , , , , , </u>		
<b>`</b> `ĕ	b	Gross sales price for all assets on line 6a 855, 0					
Z S	7	Capital gain net income (from Part IV, line 2)			310,010.		
CHNNAUS Revenue	8	Net short-term capital gain					
ַ לכ	9	Income modifications					
	10a	Gross sales less returns and allowances		_			
=	b	Less Cost of goods sold					
4	C	Gross profit or (loss)			· · · · · · · · · · · · · · · · · · ·		
د.	11	Other income		1,457.	4.		STATEMENT 2
<u>ა</u>	12	Total. Add lines 1 through 11		427,926.	369,093.		
10	13	Compensation of officers, directors, trustees, etc		0.	0.		0.
	14	Other employee salaries and wages					
s	15	Pension plans, employee benefits				RECEIVED	-
ıses	16a	Legal fees	^	2 700			<del> </del>
per		Accounting fees STMT	3	3,700.	<u> 8 0.</u>	MAY TO 10 10 10 10 10 10 10 10 10 10 10 10 10	0.
ũ		Other professional fees					<u> </u>
ţi		Interest	Λ	6 115		ODEN IT	0.
stra	18	Taxes STMT	4	6,415.	009-	SPEIN IN	<b>U</b> •
inis	19	Depreciation and depletion					
Ę	20	Occupancy			<del></del>	<del></del>	
ÞΡ	21	Travel, conferences, and meetings					
Jan	22	Printing and publications Other expenses STMT	5	322.	0.		0.
ti	23	*	J	322.			-
Operating and Administrative Expens	24	Total operating and administrative		10.437	609.		0.
Ö	25	expenses Add lines 13 through 23 Contributions, gifts, grants paid		10,437. 201,367.			201,367.
				2011001			
	20	Total expenses and disbursements Add lines 24 and 25		211,804.	609.		201,367.
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disburseme	nts	216,122.	0.00		
	b	Net investment income (if negative, enter -0-)			368,484.	=	
	C	Adjusted net income (if negative, enter -0-)				N/A	<u> </u>

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2017)

C/O NEWCOMB & HARGRAVES

31-6650840

Page 2

D	ort	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
	ar r	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	ì	Cash - non-interest-bearing	296,452.	31,804.	31,804.
	2	Savings and temporary cash investments			
	3	Accounts receivable		·	
		Less allowance for doubtful accounts			<del></del>
	4	Pledges receivable ►			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
s	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 6	157,052.	125,452.	586,012.
	_	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		···· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		Less accumulated depreciation			
	12	Investments - mortgage loans		<del></del>	
	13	Investments - other STMT 7	1,409,884.	1,922,254.	2,051,032.
		Land, buildings, and equipment basis		· · · · · · · · · · · · · · · · · · ·	
		Less accumulated depreciation			
	15	Other assets (describe			
		Total assets (to be completed by all filers - see the			
	10	instructions Also, see page 1, item I)	1,863,388.	2,079,510.	2,668,848.
_	17		1,003,300.	2/0/3/310.	2/000/010.
	18	Grants payable			
	19	Deferred revenue			
Liabilities	20	•			
bili		Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable  Other liabilities (describe ▶ )	<del></del>		
	22	Other Habilities (describe			
	22	Total liabilities (add lines 17 through 22)	0.	0.	
	23				
		Foundations that follow SFAS 117, check here	İ		
S S	24	and complete lines 24 through 26, and lines 30 and 31.			:
č		Unrestricted .		<del></del>	•
Jala	25	Temporarily restricted			
or Fund Balanc	26	Permanently restricted			•
2		Foundations that do not follow SFAS 117, check here	ľ		:
9	0.7	and complete lines 27 through 31.		^	•
ايد	27		0.	0. 1,095,144.	
ISS	28	Paid-in or capital surplus, or land, bldg, and equipment fund	1,095,144.	1,095,144.	•
at A	29	Retained earnings, accumulated income, endowment, or other funds	768,244.	984,366.	
Net	30	Total net assets or fund balances	1,863,388.	2,079,510.	
		- 1	1 062 200	2 070 510	
	31	Total liabilities and net assets/fund balances	1,863,388.	2,079,510.	·
P	art	Analysis of Changes in Net Assets or Fund B	alances		
			200	<del></del>	<del></del>
		net assets or fund balances at beginning of year - Part II, column (a), line	<b>3</b> U		1 062 200
		st agree with end-of-year figure reported on prior year's return)	• • • •	1	1,863,388.
		r amount from Part I, line 27a	•	2	216,122.
		r increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	2,079,510.
		eases not included in line 2 (itemize)			0.
6	ota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		2,079,510.
					Form <b>990-PF</b> (2017

	NEWCOMB-HARGRAV NEWCOMB & HARGR		NDATION			3	31–665	084 <b>0</b>	Page 3
	nd Losses for Tax on Ir		t Income						ugo <b>o</b>
(a) List and describe the	kind(s) of property sold (for example) kind(s) of property sold (for example) and (sold for example) with the sold (for example) and (sold for example) and (sol	mple, real esta		(b) How a P - Pur D - Dor			acquired day, yr )	(d) Date (mo , da	
1a SEE STATEMENT D				D - D0.		VARI	OUS	VARIO	ous
b CAPITAL GAINS D									
C		<del></del>						<del> </del>	
d									
е									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		···		Gain or (loss is (f) minus		
a 832,610.			545,03	3.				287,	577.
b 22,433.								22,	433.
C									
d									
е									
Complete only for assets showing (	gain in column (h) and owned by t	the foundation	on 12/31/69				Col (h) gain		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (1) col (j), if any		col.		not less tha (from col (		
a								287,	577.
b								22,	433.
C									
d									
<u>e</u>					·,				
2 Capital gain net income or (net capit	al loss) { If gain, also enter If (loss), enter -0-			} 2				310,	010.
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, col		d (6)					27 / 2		
If (loss), enter -0- in Part I, line 8	day Castian 4040/a) fay	Dadwaad	Tour on Not	) 3			N/A	·	
Part V Qualification Und	<del></del>				nent inc	ome			
(For optional use by domestic private fo	undations subject to the section 4	1940(a) tax on	net investment inc	come )					
If section 4940(d)(2) applies, leave this	part blank.								
Was the foundation liable for the section	1 4942 tax on the distributable am			od?				Yes	X No
If "Yes," the foundation doesn't qualify u  Enter the appropriate amount in eac				+			•		<del> </del>
		istructions bei	fore making any en			<del></del>		(d)	
(a) Base period years Calendar year (or tax year beginning	<del> </del>		Net value of non				Distrib (col. (b) div	(d) oution ratio orded by col	
2016		$\frac{1,750}{0.000}$	<del></del>		7,390				2200
2015		0,050.			2,500				4190
2014		0,895.	<del></del> .		7,013				35448
2013		8,699.			1,761				36255
2012	15.	2,725.		1,84	4,160	•		- 08	32815
2 Total of line 1, column (d)						2		_ 39	0908
3 Average distribution ratio for the 5-ye the foundation has been in existence		n line 2 by 5 (	), or by the numbe	r of years		3		<b>-</b> 0.7	8182
4 Enter the net value of noncharitable-i	use assets for 2017 from Part X. I	ıne 5				4		2,484,	952.
5 Multiply line 4 by line 3			•		•	5			279.
, ,	10/ of Dowl 1: 07h			•			<u> </u>		
6 Enter 1% of net investment income (	1% of Part I, line 27b)					6		3,	685.
7 Add lines 5 and 6									964.

723521 01-03-18

8 Enter qualifying distributions from Part XII, line 4

Form **990-PF** (2017)

201,367.

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

Form 990-PF (2017) C/O NEWCOMB & HARGRAVES S	LON	21 665			
	0/-> 40.40/-> 40.40/->	31-665	0840	<u>)                                    </u>	Page 4
Part VI Excise Tax Based on Investment Income (Section 4940	u(a), 494u(b), 494u(e), or	4948 - see	Instr	uctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and er					
Date of ruling or determination letter (attach copy of letter if nec	essary-see instructions)			2	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here of Part I, line 27b	A and enter 1%	1		3,6	<u> 85.</u>
,					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only of	6 of Part I, line 12, col (b)				•
<ul> <li>Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, ot</li> <li>Add lines 1 and 2</li> </ul>	hers, enter -U-)	2		2	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	tt 0 \	3		3,6	85.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	ners, enter -U-)	4		2 6	<u>. 0 .</u>
6 Credits/Payments		5		3,0	85.
a 2017 estimated tax payments and 2016 overpayment credited to 2017	1 5 1 2 000				
b Exempt foreign organizations - tax withheld at source	6a 2,000.				
c Tax paid with application for extension of time to file (Form 8868)	6b 0.				
d Backup withholding erroneously withheld	<u>5c</u> 0.				
7 Total credits and payments Add lines 6a through 6d	6d 0.			2 0	
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attact		7		2,0	00.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	ned .	8		1 7	38.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. •	9		1,/	23.
11 Enter the amount of line 10 to be Credited to 2018 estimated tax	<b>1</b>	10			
Part VII-A Statements Regarding Activities	Refunded ►	11			
			<del></del>	1	T
1a During the tax year, did the foundation attempt to influence any national, state, or local legisla any political campaign?	ation or did it participate or intervene	In	<u> </u>	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpose		_	1a	<del> </del>	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	es? See the instructions for the defin	ition	1b		X
distributed by the foundation in connection with the activities	any materials published or		'		
c Did the foundation file Form 1120-POL for this year?			1.		,,
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		•	10	ļ	X
(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers.			1		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditu	<u> </u>		•		
managers > \$ 0.	ire tax imposed on foundation				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS	52		-		v
If "Yes," attach a detailed description of the activities	<b>5</b> ′		2		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing ins	etrument estudes of second contra		-		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	strument, articles of incorporation, o	r			v
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>?</b>		3		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4a		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	N/A	4b		X
If "Yes," attach the statement required by General Instruction T.	••	••	5		<del></del>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	er.				İ
By language in the governing instrument, or					ſ
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory</li> </ul>	directions that conflict with the state	la			l
remain in the governing instrument?	directions that conflict with the state	IdW		х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comple	te Part II col (c) and Part VV	•	7	X	<del></del>
too, comple	to rait it, cor (c), and Fait XV	•		^	
8a Enter the states to which the foundation reports or with which it is registered. See instructions	· <b>b</b>				
NY					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto	Princy General (or decimants)				
of each state as required by General Instruction G? If "No," attach explanation	and aguara (or againtate)		。	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of secti	on 4942/i)/3) or 4942/i)/5) for color	odar	8b	- 23	~
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV if "Yes," comple	ete Part XIV	iuai	9	1	x )
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule	listing their names and address-		10		<del></del>

Form **990-PF** (2017)

Page 5

Pa	irt VII-A   Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
40	section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			Х
12	If "Yes," attach statement See instructions  Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12	X	
10	Website address ► N/A	13		
14	The books are in care of ► JOHN HARGRAVES & NANCY NEWCOMB  Telephone no ►212-7.	21-4	844	
	Located at ▶ 7 WEST 81ST STREET NO. 11B, NEW YORK, NY ZIP+4 ▶10			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	-	<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	foreign country			
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	_ <del></del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u>                                     </u>	Yes	No
1 a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
_	before the first day of the tax year beginning in 2017?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017?			
	If "Yes," list the years ▶			
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions ) N/A	- 1		
r		2b		//-
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
	during the year?	THE STATE OF		
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	Vice de la constantina della c		
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	111111111111111111111111111111111111111		
	Form 4720, to determine if the foundation had excess business holdings in 2017 ) N/A	3b	[	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		<u> X</u>
	Fo	rm <b>99</b> 0	-PF	(2017)

Form **990-PF** (2017)

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

3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	<u> </u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		ļ
		,
Total number of others receiving over \$50,000 for professional services	<u> </u>	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics number of organizations and other beneficiaries served, conferences convened, research papers produc	al information such as the ced, etc	Expenses
1 N/A		
2		
3		
	<del></del>	
4	<del></del>	
Part X-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2	Amount
N/A		
2		<u> </u>
All other program-related investments. See instructions		<u> </u>
3 <u> </u>		
Total. Add lines 1 through 3		0.
rotal. Add lines 1 through 3		Form <b>990-PF</b> /2017

C/O NEWCOMB & HARGRAVES

P	art X 'Minimum Investment Return (All domestic foundations i	must co	mplete this p	art. Foreign four	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitab	ble, etc , p	urposes			
а	Average monthly fair market value of securities				1a	2,434,961.
b	Average of monthly cash balances				1b	2,434,961. 87,833.
C	Fair market value of all other assets				10	
d	Total (add lines 1a, b, and c)				1d	2,522,794.
е	Reduction claimed for blockage or other factors reported on lines 1a and					
	1c (attach detailed explanation)	1e		0.		
2	Acquisition indebtedness applicable to line 1 assets				2	0.
3	Subtract line 2 from line 1d				3	2,522,794.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount	nt, see insi	tructions)	. [	4	37,842.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o	on Part V,	line 4	ĺ	5	2,484,952.
6	Minimum investment return. Enter 5% of line 5				_6	124,248.
P	art XI Distributable Amount (see instructions) (Section 4942(i)(3) a foreign organizations, check here ▶ ☐ and do not complete this part		private operati	ng foundations an	d certain	
1	Minimum investment return from Part X, line 6				1	124,248.
2a	Tax on investment income for 2017 from Part VI, line 5	2a		3,685.		
b	Income tax for 2017 (This does not include the tax from Part VI)	2b				
C	Add lines 2a and 2b				2c	<u>3,685.</u>
3	Distributable amount before adjustments Subtract line 2c from line 1			[	3	120,563.
4	Recoveries of amounts treated as qualifying distributions				4	0.
5	Add lines 3 and 4				5	120,563.
6	Deduction from distributable amount (see instructions)			[	6	0.
<u>7</u>	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part	rt XIII, line	1		7	120,563.
P	Amounts and (solidars administrative annual) to accomplish about the state of the s	<del></del>				
١,	Amounts paid (including administrative expenses) to accomplish charitable, etc., pur Expenses, contributions, gifts, etc total from Part I, column (d), line 26	rposes			4.	201,367.
a b	Program-related investments - total from Part IX-B		•	-	1a	201,307.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charital	Notes of a			1b 2	
3	Amounts set aside for specific charitable projects that satisfy the	ible, etc ,	purposes			<del></del>
a	Suitability test (prior IRS approval required)				3a	
	Cash distribution test (attach the required schedule)		•	ŀ	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, al	and Dart Y	III line /	• }	4	201,367.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inve		.m, mo <del>-1</del>		<del></del>	201,5070
•	Income Enter 1% of Part I, line 27b	osti i <u>e</u> lit		Ì	5	3,685.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		•	· þ	6	3,685. 197,682.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years w	when calc	ulation whethe	L r the foundation o		
	4940(e) reduction of tax in those years		alating whether			

Form **990-PF** (2017)

C/O NEWCOMB & HARGRAVES

•	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				120 562
line 7				120,563.
2 Undistributed income, if any, as of the end of 2017			0.	
a Enter amount for 2016 only				<del></del>
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2017			<del></del>	<del>_</del>
a From 2012 61,867				
b From 2013 76,079.				
c From 2014 76,414.	, in the second second			
d From 2015 50,639.				
e From 2016 29, 486.				
f Total of lines 3a through e	294,485.			
4 Qualifying distributions for 2017 from				
Part XII, line 4. ►\$ 201, 367.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		·
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				120,563.
e Remaining amount distributed out of corpus	80,804.		,,,,,	
Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as Indicated below:				:
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	375,289.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		-
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				:
amount - see instructions .		0.		: :
e Undistributed income for 2016 Subtract line				
4a from line 2a Taxable amount - see instr			0.	<u></u>
f Undistributed income for 2017 Subtract				
lines 4d and 5 from line 1. This amount must				^
be distributed in 2018			<del>,</del>	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			:
may be required - see instructions)		· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del>!!! !!                               </del>	<del>                                      </del>
8 Excess distributions carryover from 2012 not applied on line 5 or line 7	61,867.			
9 Excess distributions carryover to 2018.	01,007.	·		****** *******************************
Subtract lines 7 and 8 from line 6a	313,422.			
10 Analysis of line 9.		······································	······································	· · · · · · · · · · · · · · · · · · ·
a Excess from 2013 76,079.				
b Excess from 2014 76, 414.	,			
c Excess from 2015 50,639.				
d Excess from 2016 29, 486.				
e Excess from 2017. 80, 804.				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors Form 990-PF (2017) 723601 01-03-18 10 15560509 798362 NEWCOMBFOUND 2017.03040 THE NEWCOMB-HARGRAVES FOUND NEWCOMB1

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines

31-6650840 C/O NEWCOMB & HARGRAVES Form 990-PF (2017) Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) recipient or substantial contributor a Paid during the year 122 EAST 66TH STREET FOUNDATION NONE PUBLIC SOCIAL PURPOSES 122 EAST 66TH STREET NEW YORK, NY 10065 500. CENTRAL PARK CONSERVANCY NONE PUBLIC ENVIRONMENTAL PURPOSES 14 E. 60TH STREET NEW YORK, NY 10022 1,000. CENTURY ASSOCIATION ARCHIVES NONE PUBLIC ART SUPPORT FOUNDATION 7 WEST 43RD STREET NEW YORK, NY 10036 6,000. COLUMBIA UNIVERSITY NONE PUBLIC EDUCATIONAL PURPOSES 622 WEST 113TH STREET NEW YORK, NY 10025 1,500. CONNECTICUT COLLEGE NONE PUBLIC EDUCATIONAL PURPOSES 270 MOHEGAN AVENUE NEW LONDON, CT 06320 20,000. SEE CONTINUATION SHEET (S) 201,367. b Approved for future payment NONE

Total

Form 990-PF (2017)

723621 01-03-18

C/O NEWCOMB & HARGRAVES

ABI ATORE SMOUNTE UNIQUE ATRANAICA INGICSTAN	Unrelated b	usiness income	Excluded b	y section 512, 513, or 514	(e)
ter gross amounts unless otherwise indicated  Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
·			+		
. <del></del>	1 1		+		
			<del>                                     </del>		
<del></del>			<del>                                     </del>	<del></del>	
	i i		<del>                                     </del>	·	
e			<del> </del>		
g Fees and contracts from government agencies		<del></del>	+		
g Fees and contracts from government agencies Membership dues and assessments	°	<del></del>	<del>                                     </del>		
	<u> </u>	<del></del>	<del> </del>	·····	
Interest on savings and temporary cash					
investments .			14	59,079.	
Dividends and interest from securities	<del></del>	·	14	39,079.	<del></del>
Net rental income or (loss) from real estate		······································			
a Debt-financed property	<del></del>				
b Not debt-financed property	<u> </u>				
Net rental income or (loss) from personal					
property			<del>  1</del>	1 455	
Other investment income .			14	1,457.	
Gain or (loss) from sales of assets other					
than inventory			18	310,010.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
c					
d					
e					
Subtotal. Add columns (b), (d), and (e)		0	•	370,546.	
		•		. 13	370,54
Total. Add line 12, columns (b), (d), and (e)	•				
Total. Add line 12, columns (b), (d), and (e)	ations )				
		plishment of I	Exempt Pu	ırposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcul	vities to the Accom	olumn (e) of Part XVI			dishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Actions ne No. Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			lishment of
Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Actions  ne No.   Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Actions ne No. Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Activity ne No. Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Activity ne No. Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Activity ne No. Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Actions ne No. Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			slishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Actions ne No. Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Actions ne No. Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Actions ne No. Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			lishment of
Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Actions  ne No.   Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Actions ne No. Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			slishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Actions ne No. Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			slishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Activity ne No. Explain below how each activity for w	vities to the Accom	olumn (e) of Part XVI			slishment of

C/O NEWCOMB & HARGRAVES

1. Dolline organization directly or indirectly engage in any of the following with any other organization described in section 501(c) organizations of section 501(c) organization of (1) cash  Transfers from the reporting foundation to a noncharitable exempt organization of (1) cash  (1) cash  (2) Other assets  (3) Cities transactions  (4) Central transactions (5) Single of assets to a noncharitable exempt organization (1) Single of assets to a noncharitable exempt organization (2) Purchases of assets from a moncharitable exempt organization (3) Renal of Indians, equipment, or other assets (4) Remitturesment arrangements (3) Early of the organization organization (4) Remitturesment arrangements (5) Loss of toniguardness (6) Performance of services or membership or fundatising solicitations (6) Performance of services or membership or fundatising solicitations (6) Performance of services or membership or fundatising solicitations (6) Exemption of the services of the services or	Part XVII	1			and Relationships With Non	charitable	
a Transfers from the exporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets (1) Cash example of the property of the propert	1 Did the o		<del></del>	following with any other organizat	ion described in section 501(c)	Y	es No
(c) Other transactions (d) Siste of assests to an oncharitable exempt organization (1) Siste of assests from a noncharitable exempt organization (1) Siste of assests from a noncharitable exempt organization (2) Purchase of assests from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (5) Loans or loan guarantees (6) Performance of services or membership or fundratising solicitations (6) Performance of services or membership or fundratising solicitations (6) Performance of services or membership or fundratising solicitations (6) Performance of services or membership or fundratising solicitations (6) Performance of services or membership or fundratising solicitations (7) A service or membership or fundratising solicitations (8) Performance of services or membership or fundratising solicitations (8) Performance of services or membership or fundratising solicitations (9) Performance of services or membership or fundratising solicitations (9) Performance of services or membership or fundratising solicitations (9) Performance of services or membership or fundratising solicitations (9) Performance of services or membership or fundratising solicitations (9) Performance of services or membership or fundratising solicitations (9) Performance of services or membership or fundratising solicitations (9) Performance or services performance or services performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performed (9) Performance or services performance or	(other th	an section 501(c)(3) organ	nizations) or in section 527,	relating to political organizations?	?		
(2) Purchases of assets to an oncharitable exempt organization (1) Sales of assets to an oncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Renal of foliables, equipment, or other assets (4) Renabursement arrangements (5) Loses of one guarantees (6) Performance of services or membership or fund-assets solicitions (6) Performance of services or membership or fund-assets solicitions (7) Sales of assets to any of the above is "Yes", complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services received (3) Lives or law of the above is "Yes", complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services received (3) Lives no (b) Amount involved (c) Name of nonchartable exempt organization (d) Description or sharing arrangements, show in section 501(c) (other than section 501(c)(d)) or in section 501.  2a is the foundation directly or indirectly arithisted with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(d)) or in section 501.  (a) Lives no (b) Amount involved (c) Name of organization (c) N/A  (b) Amount involved (c) Name of organization (c) N/A  (c) Name of organization (c) N/A  (d) Description of relationships  (e) Description of relationships  (e) Description of relationships  (f) Description of relationships  (g) N/A  (g) Name of organization (highly or in section 527?  (g) N/A  (g) N/A  (g) N/A  (g) Description of relationships  (g) Description of relationships  (g) N/A  (g) Description of relationships  (g) Description of relationships  (g) Description of relationships  (g) Descri		· · · · · ·	ation to a noncharitable exe	mpt organization of			
to the foundation directly or indirectly arithlicided with, or related to, one or more tax-exempt organization    10   Namount minubed						<del></del>	
till Sales of assests from a noncharitable exempt organization  (2) Purchases of assests from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets.  (4) Reimbursement arrangements  (5) Lons or of orang quarantees  (5) Lons or of orang quarantees  (5) Lons or of orang quarantees  (6) Sharing of facilities, equipment, mailing lists, other assets, or paid employes  (7) It is asset to any of the above is "kes," complete the following schedule:  (9) Performance of services or membership or fundation in closed less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services recoved  (9) Amount throwbed  (9) Amount throwbed  (9) Amount throwbed  (1) Amount throwbed  (2) Name of organization  (3) Type of organizations described  (4) Describtion of transfers, transactions, and sharing arrangements  (4) Name of organization  (5) Type of organizations described  (6) Describtion of transfers, transactions, and sharing arrangements  (6) Describtion of transfers, transactions, and sharing arrangements  (6) Amount throwbed  (7) Amount throwbed  (9) Name of organization  (1) N/A  (1) Press complete the following schedule:  (1) Amount throwbed  (1) Amount throwbed  (1) Amount throwbed  (2) Name of organization  (3) Type of organizations described  (4) Name of organization  (5) Type of organization or transfers, transactions, and sharing arrangements.  (6) Describtion of relationship  (7) Amount throwbed  (8) N/A  (9) Type of organizations described  (9) Describtion of relationship  (1) Press organization	1.5		-		•	1a(2)	X
(2) Purchases of assets from a noncharidable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Reimbussement arrangements  (5) Loans or foan guarantees  (6) Performance of services or membership or fundiations golicitations  7 Shaming of facilities, equipment, mailing lists, other assets, or paid employes  8 Intel® X  1960 X	•		bla avampt arganization			45/43	v
Rental of facilities, equipment, or other assets   180   X   18			. •	ation			
(4) Reimbursement arrangements (5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or put the above is *Yes, complete the following solicitation (9) It was services guven by the reporting foundation if the following solicitation received less than fair market value in any transaction or sharing arrangement, show in column (9) the value of the goods, other assets, or services guven by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (9) Amount involved (9) Amount involved (9) Amount involved (10) Amount invo				ation			
(6) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Enformance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) If the answer to any of the above is 'Yes, 'complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services growing to the reported is sha fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52??  If 'Yes \( \text{X} \) No  If 'Yes \( \text{Complete the following schedule} \)  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Sign  Under permittee of populy, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge statement of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of the information of the proposer of the statement of th							
(6) Performance of services or membership or fundrationing solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (a) the value of the goods, other assets, or services given by the reporting foundation of the foundation received less than fair market value in any transaction or sharing arrangement, show in Column (b) Amount involved  (a) Invent of the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c) (other than asection		<del>-</del>	•				
E Sharing of facilities, equipment, mailing late, other assets, or paid employees  If I			mbership or fundraising so	licitations	<del>-</del>		
or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization  N/A  22 Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exampt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b if Yes, complete the following schedule  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A    Under penalties of penalty, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge that the same throughout throughout the same throughout the same throughout the same throughout throughout the same throughout the same throughout the same throughout the same throughout the same throughout the same throughout the same throughout the same throughout the same throughout the same throughout throughout the same throughout the same throughout the same throughout the same throughout throughout throughout throughout the same throughout throughout the same throughout throughou							X
Column (a) The value of the goods, other assets, or services received	<b>d</b> If the ans	wer to any of the above is	"Yes," complete the following	ng schedule. Column (b) should al	lways show the fair market value of the go	oods, other asset	ts,
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b if Yes, complete the following schedule  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A    Under premittee of pepusy, if declare that I have examined this return, including accompanying schedules and statements, and to the beat of my knowledge for the statements of pepusy in the statements of the statements o							
N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b if Yes, complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign Here    Donna	·				·		
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b. If Yes, complete the following schedule:  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign and belief, or the convert, and complete Declaration of preparer to based on all information of which preparer has any knowledge when the trip preparer to be a signature of officer or trusted.  Print/Type preparer's name  Preparer Use Only  Firm's name > CLARFELD FINANCIAL ADVISORS LLC  Firm's address > 520 WHITE PLAINS ROAD, 3RD FLOOR  TARRYTOWN, NY 10591-5112  Phone no 914-846-0100	(a) Line no	(b) Amount involved			(d) Description of transfers, transaction	is, and sharing arrai	ngements
In section 501(c) (other than section 501(c)(3)) or in section 527?			N	/A			
In section 501(c) (other than section 501(c)(3)) or in section 527?							<del></del>
In section 501(c) (other than section 501(c)(3)) or in section 527?	<del></del>			<del> </del>			
In section 501(c) (other than section 501(c)(3)) or in section 527?							
In section 501(c) (other than section 501(c)(3)) or in section 527?						<del></del>	
In section 501(c) (other than section 501(c)(3)) or in section 527?							
In section 501(c) (other than section 501(c)(3)) or in section 527?							
In section 501(c) (other than section 501(c)(3)) or in section 527?							
In section 501(c) (other than section 501(c)(3)) or in section 527?	-						
In section 501(c) (other than section 501(c)(3)) or in section 527?							
In section 501(c) (other than section 501(c)(3)) or in section 527?							
In section 501(c) (other than section 501(c)(3)) or in section 527?							
In section 501(c) (other than section 501(c)(3)) or in section 527?							
In section 501(c) (other than section 501(c)(3)) or in section 527?							
In section 501(c) (other than section 501(c)(3)) or in section 527?							
b If 'Yes,' complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief the True, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Vest					izations described		
(a) Name of organization  N/A    Column			27? .		Yes	X No	
N/A  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief with Ture, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief with Ture, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief with the preparer shown below? See instream with the preparer shown below? See instream No Date  Print/Type preparer's name  Preparer's signature  DONNA M. CUIFFO  DONNA M. CUIFFO  Firm's name  CLARFELD FINANCIAL ADVISORS LLC  Firm's EIN  46-3179237  Phone no 914-846-0100	b If "Yes," c			······································		<del></del>	
Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief His True, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge with the preparer shown below? See instruction with the preparer shown below? See instruction in the preparer of officer or truster in the preparer shown below? See instruction in the preparer of officer or truster in the preparer shown below? See instruction in the preparer of officer or truster in the preparer shown below? See instruction in the preparer of officer or truster in the preparer shown below? See instruction in the preparer of officer or truster in the preparer shown below? See in the preparer of officer or truster in the preparer shown below? See in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of the preparer of officer or truster in the preparer of officer or truster in the preparer of officer or truster in the preparer of officer or truster in the preparer of officer or truster in the prepare			anization	(b) Type of organization	(c) Description of rela	ationship	
Sign   and belief this frue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Market metric with the preparer shown below? See instruction with the preparer shown below? Se		N/A					
Sign   and belief this frue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Market metric with the preparer shown below? See instruction with the preparer shown below? Se				<del></del>			
Sign   and belief this frue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Market metric with the preparer shown below? See instruction with the preparer shown below? Se		<del></del>				<del></del>	
Sign   and belief this frue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Market metric with the preparer shown below? See instruction with the preparer shown below? Se		·					
Sign   and belief this frue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Market metric with the preparer shown below? See instruction with the preparer shown below? Se	Unde	r penalties of perjury, I declare t	that I have examined this return,	including accompanying schedules and	statements, and to the best of my knowledge		
Here Signature of officer or trustee Date Title  Print/Type preparer's name Preparer's signature Date Check if PTIN Self-employed Proparer Use Only  Firm's name ► CLARFELD FINANCIAL ADVISORS LLC  Firm's address ► 520 WHITE PLAINS ROAD, 3RD FLOOR TARRYTOWN, NY 10591-5112  Print/Self PTIN Self PT	l cod b	elief this true, correct, and com	nplete Declaration of preparer (o	ther than taxpayer) is based on all inform	nation of which preparer has any knowledge	return with the r	preparer
Paid Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed Preparer Use Only Firm's name ► CLARFELD FINANCIAL ADVISORS LLC Firm's EIN ► 46-3179237  Firm's address ► 520 WHITE PLAINS ROAD, 3RD FLOOR TARRYTOWN, NY 10591-5112 Phone no 914-846-0100		JA HURA	ravel	15/14/10	Triske		F 1
Paid Preparer Use Only    DONNA M. CUIFFO	Sig	nature of officer or trustee		Date	Title	- 163	
Paid Preparer Use Only    DONNA M. CUIFFO		Print/Type preparer's na	me Prepa	rer's signature	Date Check If	PTIN	
Paid DONNA M. CUIFFO //mm. M. W.f.   P00575761  Preparer Use Only Firm's name ► CLARFELD FINANCIAL ADVISORS LLC  Firm's address ► 520 WHITE PLAINS ROAD, 3RD FLOOR TARRYTOWN, NY 10591-5112  Phone no 914-846-0100				7 7/////	self- employed		
Preparer Use Only   Firm's name ► CLARFELD FINANCIAL ADVISORS LLC   Firm's EIN ► 46-3179237	Paid	DONNA M. CI	UIFFO //	mul luft	110/18	P005757	61
Firm's address ► 520 WHITE PLAINS ROAD, 3RD FLOOR TARRYTOWN, NY 10591-5112 Phone no 914-846-0100	-		RFELD FINANC	IAL ADVISORS LL	C Firm's EIN ► 46		
TARRYTOWN, NY 10591-5112 Phone no 914-846-0100	Use Only	<del></del>	<u> </u>				<u>.</u>
				•			
Form <b>990-PF</b> (2017)		<u>TA</u>	RRYTOWN, NY	<u> 10591–5112</u>	Phone no 914		
					_ <del></del>	Form <b>990</b> -	<b>PF</b> (2017

#### Schedule E (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

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

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

OMB No 1545-0047

2017

**Employer identification number** 

THE NEWCOMB-HARGRAVES FOUNDATION C/O NEWCOMB & HARGRAVES 31-6650840 Organization type (check one): Section: Filers of: Form 990 or 990-E7 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

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

Name of organization
THE NEWCOMB-HARGRAVES FOUNDATION
C/O NEWCOMB & HARGRAVES

Employer identification number

31-6650840

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NANCY S. NEWCOMB  7 WEST 81ST STREET  NEW YORK, NY 10024	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NANCY S. NEWCOMB  7 WEST 81ST STREET  NEW YORK, NY 10024	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of comtribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THE NEWCOMB-HARGRAVES FOUNDATION

C/O NEWCOMB & HARGRAVES

Employer identification number

31-6650840

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	5,000 SHS AT&T		
$-\frac{1}{}$			
		\$ 202,975.	02/14/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)			
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	( <b>d')</b> Date re <b>c</b> eived
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	, (d <b>)</b> Date re <b>c</b> eived
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d <b>)</b> Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d <b>)</b> Date received

723453 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor DARTMOUTH COLLEGE NONE PUBLIC EDUCATIONAL PURPOSES 6066 DEVELOPMENT OFFICE HANOVER, NH 03755 10,000. PUBLIC ART SUPPORT ESSEX WINTER SERIES NONE P.O. BOX 383 1,200. ESSEX, CT 06426 FDR FOUR FREEDOMS PARK CONSERVANCY NONE PUBLIC ENVIRONMENTAL PURPOSES 1 FDR FOUR FREEDOMS PARK 2,500. NEW YORK, NY 10044 NONE PUBLIC ART SUPPORT FLORENCE GRISWOLD MUSEUM 96 LYME STREET 3,000. OLD LYME, CT 06371 PUBLIC ENVIRONMENTAL PURPOSES FOUNDATION FOR LANDSCAPE STUDIES NONE 7 WEST 81ST STREET 4,000. NEW YORK, NY 10024 PUBLIC EDUCATIONAL PURPOSES HARLEM ACADEMY NONE 1330 FIFTH AVENUE 5,000. NEW YORK, NY 10026 HIGH HOPES NONE PUBLIC **HEALTH PURPOSES** 36 TOWN WOODS ROAD 1,500. OLD LYME, CT 06371 INTERNATIONAL FRIENDS OF THE NONE PUBLIC SOCIAL PURPOSES INTERNATIONAL LYRIC ART FESTIVAL 315 MADISON AVE, SUITE 900 2,000. NEW YORK, NY 10017 LEHIGH UNIVERSITY NONE PUBLIC EDUCATIONAL PURPOSES 27 MEMORIAL DR W 5,000. BETHLEHEM, PA 18015 LIBRARY OF AMERICAN LANDSCAPE HISTORY PUBLIC ART SUPPORT NONE PO BOX 1323 500. AMHERST, MA 01004 172,367. Total from continuation sheets

**Supplementary Information** Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount contribution any foundation manager status of Name and address (home or business) recipient or substantial contributor LYMAN ALLYN MUSEUM NONE PUBLIC ART SUPPORT 625 WILLIAMS STREET 500. NEW LONDON, CT 06320 LYME AMBULANCE ASSOCIATION NONE PUBLIC HEALTH PURPOSES PO BOX 911 HADLYME, CT 06439 250. NONE LYME PUBLIC LIBRARY PUBLIC SOCIAL PURPOSES 482 HAMBURG ROAD 200. LYME, CT 06371 MACDOWELL COLONY INC. NONE PUBLIC EDUCATIONAL PURPOSES 163 EAST 81ST STREET 13,500. NEW YORK, NY 10028 ART SUPPORT MASTERVOICES NONE PUBLIC 115 EAST 57TH STREET 1,000. NEW YORK, NY 10022 MUSICAL MASTERWORKS INC NONE PUBLIC ART SUPPORT P.O. BOX 684 1,500. OLD LYME, CT 06371 NEW AMSTERDAM SINGERS NONE PUBLIC ART SUPPORT P.O. BOX 373, CATHEDRAL STATION 1,000. NEW YORK, NY 10025 NEW YORK FESTIVAL OF SONG NONE PUBLIC ART SUPPORT 307 SEVENTH AVENUE SUITE 1601 3,000. NEW YORK, NY 10001 NEW YORK HISTORICAL SOCIETY NONE PUBLIC EDUCATIONAL PURPOSES 170 CENTRAL PARK WEST 12,000. NEW YORK, NY 10024 PARK AVENUE ARMORY NONE PUBLIC ART SUPPORT 643 PARK AVENUE NEW YORK, NY 10065 2,500. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager Amount status of Name and address (home or business) recipient or substantial contributor PREP FOR PREP NONE PUBLIC EDUCATIONAL PURPOSES 328 WEST 71ST STREET NEW YORK, NY 10023 1,000. SALT MARSH OPERA NONE PUBLIC ART SUPPORT P.O. BOX 227 250. STONINGTON CT 06378 NONE SCENIC HUDSON, INC. PUBLIC ENVIRONMENTAL PURPOSES ONE CIVIC CENTER PLAZA SUITE 200 POUGHKEEPSIE, NY 12601 1,000. THE ENGLISH CONCERT IN AMERICA NONE PUBLIC ART SUPPORT 207 DEPEW STREET DUMONT, NJ 07628 2,000. THE GILDER LEHRMAN INSTITUTE OF NONE PUBLIC EDUCATIONAL PURPOSES AMERICAN HISTORY 19 W 44TH ST #500 NEW YORK, NY 10036 1,500. THE METROPOLITAN OPERA NONE PUBLIC ART SUPPORT LINCOLN CENTER NEW YORK, NY 10023 22,417. THE THORNWILLOW INSTITUTE NONE PUBLIC EDUCATIONAL PURPOSES 25 SPRING STREET NEWBURGH, NY 12550 500. THE TRUST FOR PUBLIC LAND NONE PUBLIC ENVIRONMENTAL PURPOSES 101 MONTGOMERY STREET, SUITE 900 SAN FRANCISCO, CA 94104 1,000. TWO EAST SIXTY SECOND STREET NONE PUBLIC SOCIAL PURPOSES FOUNDATION 2 EAST 62ND ST NEW YORK, NY 10065 25,000. WEILL CORNELL MEDICINE NONE PUBLIC MEDICAL PURPOSES 1300 YORK AVE NEW YORK, NY 10065 10,000. Total from continuation sheets

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor NONE WOODS HOLE OCEANOGRAPHIC INSTITUTE PUBLIC ENVIRONMENTAL PURPOSES 266 WOODS HOLE ROAD 10,000. WOODS HOLE, MA 02543 EDUCATIONAL PURPOSES YALE UNIVERSITY NONE PUBLIC 157 CHURCH STREET NEW HAVEN, CT 06510 1,000. YOUNG CONCERT ARTISTS, INC. NONE PUBLIC ART SUPPORT 250 WEST 57TH STREET NEW YORK, NY 10107 2,500. CONNECTICUT ADUDUBON SOCIETY NONE PUBLIC ENVIRONMENTAL PURPOSES 314 UNQUOWA ROAD 250. FAIRFIELD, CT 06824 ARTS COUNCIL OF GREATER NEW HAVEN NONE PUBLIC ART SUPPORT 70 AUDUBON ST #2A Ç 5,000. NEW HAVEN, CT 06510 BLADDER CANCER ADVOCACY NETWORK NONE PUBLIC MEDICAL PURPOSES 4915 ST ELMO AVE #202 500. BETHESDA, MD 20814 NATIONAL SAWDUST NONE PUBLIC SOCIAL PURPOSES 80 N 6TH STREET 825. BROOKLYN, NY 11249 NEUE GALERIE NONE PUBLIC ART SUPPORT 1048 5TH AVE 275. NEW YORK, NY 10028 VERO BEACH ART MUSEUM NONE PUBLIC ART SUPPORT 3001 RIVERSIDE PARK DR 200. VERO BEACH, FL 32963 WESLEYAN UNIVERSITY NONE PUBLIC EDUCATIONAL PURPOSES 45 WYLLYS AVE MIDDLETOWN, CT 06459 1,000. Total from continuation sheets

# THE NEWCOMB-HARGRAVES FOUNDATION C/O NEWCOMB & HARGRAVES

31-6650840

Part XV Supplementary Informati 3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
WETA	NONE	PUBLIC	EDUCATIONAL PURPOSES	
2775 S QUINCY ST ARLINGTON, VA 22206				10,00
and a second sec				
THE OLANA PARTNERSHIP	NONE	PUBLIC	ART SUPPORT	
P.O. BOX 199				
HUDSON, NY 12534	<u> </u>			5,00
MEMORIAL SLOAN KETTERING 1275 YORK AVE	NONE	PUBLIC	MEDICAL PURPOSES	
NEW YORK, NY 10065				1,00
			<del>-   -     -   -     -  </del>	
		-		
Total from continuation sheets		L		

FORM 990-PF	DIVIDEND	S AND INTER	REST	FROM SECU	URITIES S	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
CHARLES SCHWAB	81,512	. 22,43	22,433.		59,079.		
TO PART I, LINE 4	81,512	22,433.		59,079	59,079.		
FORM 990-PF		OTHER 1	INCOM	1E	S	STATEMENT	2
DESCRIPTION			REV		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
BERNSTEIN NON-DIVIDEND DISTRIBUT	TION	<del></del>		4. 1,453.	4.		
TOTAL TO FORM 990-PF,	PART I,	LINE 11		1,457.	4.		<u>-</u>
FORM 990-PF		ACCOUNTI	NG F	EES	S	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
TAX PREPARATION	_	3,700.		0.			0.
TO FORM 990-PF, PG 1,	LN 16B	3,700.		0.			0.
FORM 990-PF		TAXES		STATEMENT 4			
TORI 990-FF		<del></del>			<del></del>		4 
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	BLE
		EXPENSES	MEN	INVEST-	ADJUSTED	CHARITA	BLE

FORM 990-PF	OTHER EXPENSES			STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCON		
FILING FEE POSTAGE FEE	250. 72.		0.			0.
TO FORM 990-PF, PG 1, LN 23	322.		0.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	T
CHARLES SCHWAB - 3,970 SHS MOODYS CORP			125,452.		586,012.	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	=		125,452.	5 86,0	12.
FORM 990-PF	OTHER INV	ESTMENTS			STATEM ENT	7
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKE VALUE	ст
CHARLES SCHWAB - SEE STATEMEN	— NT 9	COST	1	,922,254.	2,051,0	32.
TOTAL TO FORM 990-PF, PART II	I, LINE 13	=	1	,922,254.	2,051,0	32.
FORM 990-PF	PART XV - L OF FOUNDATI		25		STATEM ENT	

NAME OF MANAGER

NANCY S. NEWCOMB JOHN A. HARGRAVES