Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0052

2016

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calen	dar year 2016 or tax year beginning		, 201	6, and endir	ıg		, 20
Na	ame of	foundation				A Employer	identification number	
T	HE M	AYER FOUNDATION				02-0569	535	
N	umber a	and street (or P.O. box number if mail is not delivered to	street address)		Room/suite	B Telephone	number (see instructions	3)
3	00 E	AST 74TH ST			35A	(212)77	/2-0004	
Ci	ty or to	wn, state or province, country, and ZIP or foreign postal	code	·		C If exempt	ion application is pending	check here
N	ew Y	ork, NY 10021				- ii oxompi	ion application to portaing	, oncorriore
		all that apply: Initial return	Initial return of	of a former public cl	harity	D 1. Foreig	n organizations, check he	re ▶
		Final return	Amended ret	tum	·	·		
		Address change	Name change	е			n organizations meeting to here and attach computat	
H (Check		c)(3) exempt priva	ate foundation			·	
	7	ion 4947(a)(1) nonexempt charitable trust		axable private found	dation		foundation status was teri 07(b)(1)(A), check here	
ı F	air ma	arket value of all assets at J Accou	Inting method:	X Cash	Accrual			
			her (specify)				ndation is in a 60-month te ction 507(b)(1)(B), check l	
			olumn (d) must b	e on cash basis.)			(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(
	rt I	Analysis of Revenue and Expenses		,				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessa		(a) Revenue and expenses per	(b) Ne	t investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions).)	- ,	books	i	ncome	income	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach	schedule)	75,0	0.0			, ,,,
	2	Check ► if the foundation is not required to attach S	´ h	,5,0	-			
	3	Interest on savings and temporary cash investme	F		84	84		
	4	Dividends and interest from securities						
	5a	Gross rents	· · · · · · · · · · · · · · · · · · ·					
	b	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of assets not on line	10					
ne	١.	• ,	10					
Revenue	b	Gross sales price for all assets on line 6a						
Ze,	7 8	Capital gain net income (from Part IV, line 2)	t t					
_	9	Net short-term capital gain	t t					
		Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
	11 11	Gross profit or (loss) (attach schedule) Other income (attach schedule)						
	11	,		75.0	0.4			
_	12	Total. Add lines 1 through 11		75,0	84	84		
	13	Compensation of officers, directors, trustees, etc	T T					
enses	14	Other employee salaries and wages	t t					
eu	15	Pension plans, employee benefits	F					
Х	16a	Legal fees (attach schedule)						
ē	b	Accounting fees (attach schedule)	F		00			
Ę	17	Other professional fees (attach schedule)	F					
Administrative Exp	17	Interest	Г		7.7			
<u>n</u> is	18	Taxes (attach schedule) (see instructions) .	- H		77			
Ē	19	Depreciation (attach schedule) and depletion .	F					
Ą	20	Occupancy						
and	21	Travel, conferences, and meetings						
g	22	Printing and publications	Г		.C.E			
Operating	23	Other expenses (attach schedule) STM1	.03	2	65			
era	24	Total operating and administrative expenses.		_	.40	_		
ď	25	Add lines 13 through 23	F		42	0		0
_	25	Contributions, gifts, grants paid	-	88,5				88,500
	26	Total expenses and disbursements. Add lines	∠4 and 25 .	89,3	42	0		88,500
	27	Subtract line 26 from line 12:						
	а	Excess of revenue over expenses and disburs	t t	(14,2	58)			
	b	Net investment income (if negative, enter -0-)				84		
	С	Adjusted net income (if negative, enter -0-)					1 ()

P	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	t year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	210,653	196,395	196,395
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment: basis ►			
		Less: accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
	' '	Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	210,653	196,395	196,395
	17	Accounts payable and accrued expenses	210,033	130,333	130,333
	18	Grants payable			-
es	19	Deferred revenue			-
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			-
Liabilities	21	Mortgages and other notes payable (attach schedule)			-
Ë	22	Other liabilities (describe)			-
	23	Total liabilities (add lines 17 through 22)	0	0	-
	120	Foundations that follow SFAS 117, check here			-
(0		and complete lines 24 through 26 and lines 30 and 31.			
ë	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			-
Ba	26	Permanently restricted			-
þ		Foundations that do not follow SFAS 117, check here ▶ X			-
Fund Balances		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund			-
Assets	29	Retained earnings, accumulated income, endowment, or other funds	210,653	196,395	_
Ã	30	Total net assets or fund balances (see instructions)	210,653	196,395	-
Net	31	Total liabilities and net assets/fund balances (see	220,033	230,333	-
		instructions)	210,653	196,395	
Pa	art II			10,000	
		net assets or fund balances at beginning of year - Part II, column (a), line			
-		of-year figure reported on prior year's return)	, -	1	210,653
2		amount from Part I, line 27a			(14,258)
					(22,230)
		ines 1, 2, and 3			196,395
		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		196,395
		· , , , , , , , , , , , , , , , , , , ,			-

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Part IV	Capital Gains an	d Losses for Tax on Investm	ent Income				
	(a) List and describe t 2-story brick wareho	he kind(s) of property sold (e.g., real estate, use; or common stock, 200 shs. MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acqu (mo., day,		
1a							
b							
C .							
d							
е							
(e)	Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o		(6	(h) Gain or (loss) e) plus (f) minus (g)	
a							
b							
d d							
e e							
	te only for assets showing	g gain in column (h) and owned by the f	oundation on 1	2/31/69			
	I.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (j)	of col. (i)	col. (k),	ains (Col. (h) gain minus , but not less than -0-) or osses (from col. (h))	
a							
b							
d d							
e							
3 Net sho	also enter in Part I, line 8,	apital loss) { If gain, also ender leading to the leading services of the l	0- in Part I, line (6): enter -0- in	>	3		
Part V		ler Section 4940(e) for Reduc		Net Investme			
If section 49 Was the fou If "Yes," the	940(d)(2) applies, leave the ndation liable for the sect foundation does not qual	tion 4942 tax on the distributable amoun ify under section 4940(e). Do not comp	t of any year in lete this part.	the base period?	,	Yes X	No
1 Enter th		each column for each year; see the inst	ructions before	making any entri	es.	(4)	
	(a) Base period years year (or tax year beginning i	(b) Adjusted qualifying distributions	Net value of n	(c) oncharitable-use as	ssets ((d) Distribution ratio (col. (b) divided by col. (c))	
	2015	87,500		178,9		0.488939	
	2014	82,163		197,1		0.416663	
	2013	92,096		228,3		0.403252	
	2012	59,000		242,8		0.242931	
	2011	82,600		247,0	023	0.334382	
	. ,				2	1.886167	
-		has been in existence if less than 5 years	•		3	0.377233	
4 Enter th	e net value of noncharital	ole-use assets for 2016 from Part X, line	e5		4	163,6	83
5 Multiply	line 4 by line 3				5	61,7	47
6 Enter 19	% of net investment incon	ne (1% of Part I, line 27b)			6		1
7 Add line	es 5 and 6				7	61,7	48
	ualifying distributions from	Part XII, line 4				88,5 See the	00

Part VI instructions.

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instr	uction	is)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
_	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 2			(
3	Add lines 1 and 2			-
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4			(
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			
6	Credits/Payments:			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
b	Exempt foreign organizations - tax withheld at source			
С.	Tax paid with application for extension of time to file (Form 8868) 6c			
_d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			-
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Do:	Enter the amount of line 10 to be: Credited to 2017 estimated tax Refunded 11			
	*t VII-A Statements Regarding Activities		Vac	Na
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	10	Yes	No X
L	participate or intervene in any political campaign?	1a		Α_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	16		v
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
_	published or distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?	10		v
C		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation program is a fine of the political expenditure (2) On toundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expenditure (2) On the foundation program is a fine of the political expension (2) On the foundation program is a fine of the political expension (2) On the foundation program is a fine of the political expension (2) On the foundation program is a fine of the political expension (2) On the foundation program is a fine of the political expension (2) On the fine of th			
_	(1) On the foundation. \$\(\) \(\			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$			
2	on foundation managers. \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
2	If "Yes," attach a detailed description of the activities.			21
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
Ū	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
•	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)	-		
	NY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
.,	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	35		
•	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If</i> "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X

Pai	rt VII-A Stateme	ents Regarding Activities (continued)				
11	At any time during the	year, did the foundation, directly or indirectly, own a controlled entity within the			Yes	No
	meaning of section 51	2(b)(13)? If "Yes," attach schedule (see instructions)		11		Х
12	Did the foundation ma	ske a distribution to a donor advised fund over which the foundation or a disqualified				
	person had advisory p	rivileges? If "Yes," attach statement (see instructions)		12		Х
13	Did the foundation cor	mply with the public inspection requirements for its annual retums and exemption applica	ition?	13	X	
	Website address ▶	WWW.MAYERFOUNDATION.COM				
14	The books are in care	e of ► CHARLES MAYER Telephone	e no. ▶ <u>212-7</u>	72-0	004	
	Located at ► 300	EAST 74TH ST, NEW YORK, NY	IP+4 ► <u>10021</u>			
15	Section 4947(a)(1) no	onexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here				
	and enter the amount	of tax-exempt interest received or accrued during the year	. ▶ 15			
16	At any time during cal-	endar year 2016, did the foundation have an interest in or a signature or other authority			Yes	No
		s, or other financial account in a foreign country?	. .	16		X
	See the instructions fo	r exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				
	the foreign country					
Pai	rt VII-B Stateme	ents Regarding Activities for Which Form 4720 May Be Required	i .			
	File Form 4720 if any	item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the	e foundation (either directly or indirectly):				
		e or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money fro	m, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified persor	1?	Yes X No			
	(3) Fumish goods, se	ervices, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation	n to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
		me or assets to a disqualified person (or make any of either available for				
	the benefit or use	of a disqualified person)?	Yes X No			
	(6) Agree to pay mor	ney or property to a government official? (Exception. Check "No" if the				
	foundation agreed	I to make a grant to or to employ the official for a period after				
	•	vernment service, if terminating within 90 days.)	Yes X No			
b	If any answer is "Yes"	to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regula	ations			
	, ,	or in a current notice regarding disaster assistance (see instructions)?		1b		
		on a current notice regarding disaster assistance check here	. ▶ ∐			
С		gage in a prior year in any of the acts described in 1a, other than excepted acts, that				
		efore the first day of the tax year beginning in 2016?	. 	1c		X
2		tribute income (section 4942) (does not apply for years the foundation was a private				
		defined in section 4942(j)(3) or 4942(j)(5)):				
а	•	2016, did the foundation have any undistributed income (lines 6d and				
		ear(s) beginning before 2016?	Yes X No			
	If "Yes," list the years					
b		sted in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
	, -	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to				
	· ·	er "No" and attach statement - see instructions.)		2b		
С		ction 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	▶					
3a		d more than a 2% direct or indirect interest in any business enterprise	Vac V Na			
L	at any time during the	·	Yes X No			
b		icess business holdings in 2016 as a result of (1) any purchase by the foundation or				
		fter May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	\f			
		section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	Л			
		ar first phase holding period? (Use Schedule C, Form 4720, to determine if the		01		
4		ss business holdings in 2016.)		3b		7.7
4a		est during the year any amount in a manner that would jeopardize its charitable purpose		4a		X
b		lke any investment in a prior year (but after December 31, 1969) that could jeopardize it		41.		3.7
	cnaritable purpose that	at had not been removed from jeopardy before the first day of the tax year beginning in 2	2016?	4b		X

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Pa	rt VII-B	Statements Regarding Activitie	es for \	Which Forn	n 4720	May Be I	Require	ed (continued)		
5a	During the	e year did the foundation pay or incur any an	nount to:				_			
	(1) Carry	on propaganda, or otherwise attempt to infl	uence le	gislation (section	on 4945	(e))?	[Yes X No		
	(2) Influe	ence the outcome of any specific public elect	ion (see	section 4955);	or to ca	rry on,	_			
	direct	tly or indirectly, any voter registration drive?						Yes X No		
	(3) Provi	de a grant to an individual for travel, study, o	rothers	imilar purposes	3?			Yes X No		
	(4) Provi	de a grant to an organization other than a ch	aritable,	etc., organizati	on desc	ribed in		_		
	section	on 4945(d)(4)(A)? (see instructions)					[Yes X No		
	(5) Provi	de for any purpose other than religious, char	itable, sc	ientific, literary	, or educ	ational		_		
	purpo	oses, or for the prevention of cruelty to childr	en or an	imals?			[Yes X No		
b	If any ans	swer is "Yes" to 5a(1)-(5), did any of the tran	sactions	fail to qualify u	nder the	exceptions	described	d in		
	Regulation	ons section 53.4945 or in a current notice req	garding o	disaster assista	nce (see	instructions)	? .		5b	
	Organiza	tions relying on a current notice regarding di	saster as	ssistance check	here			▶ □		
С	If the ans	wer is "Yes" to question 5a(4), does the four	dation c	laim exemption	from the	e tax		_		
	because	it maintained expenditure responsibility for th	ne grant?				[Yes No		
	If "Yes," a	attach the statement required by Regulation	s sectio	n 53.4945-5(d)			_			
6a	Did the fo	oundation, during the year, receive any funds	, directly	or indirectly, to	pay pre	emiums				
	on a pers	onal benefit contract?					[Yes X No		
b	Did the fo	oundation, during the year, pay premiums, dir	ectly or i	indirectly, on a	personal	l benefit cont	ract?		6b	X
	If "Yes" to	o 6b, file Form 8870.								
7a	At any tim	ne during the tax year, was the foundation a p	party to a	a prohibited tax	shelter	transaction?	. [Yes X No		
b	If "Yes," o	did the foundation receive any proceeds or h	ave any	net income attr	ibutable	to the transa	ction? .		7b	
Pa	rt VIII	Information About Officers, Dire	ectors,	Trustees,	Found	lation Ma	nagers	, Highly Paid	Emplo	yees,
	_	and Contractors								
1 L	ist all offic	cers, directors, trustees, foundation mana	igers an	d their compe	nsation	(see instruc	tions).			
		(a) Name and address		e, and average irs per week		ompensation not paid,		Contributions to yee benefit plans		nse account,
		(a) Name and address	devot	ed to position		iot paid, iter -0-)		erred compensation	other a	allowances
CHA	RLES MA	YER	PRESI	DENT						
300	EAST 7	4TH ST, NEW YORK, NY 10021		5.00		0		0		0
DAN	IEL BOO	CKVAR	SECY/	TREAS						
161	EST 75	TH ST, New York, NY 10023		1.00		0		0		0
ROB	ERT LOP	ATIN	V.P./	DIR						
330	EAST 7	1ST STREET APT 5A, NY 10021		1.00		0		0		0
2 (Compensat	tion of five highest-paid employees (other	than th	ose included o	on line 1	- see instru	ctions). I	f none, enter		
	NONE."									
				(b) Title, and	average			(d) Contributions to employee benefit	(a) Eyne	nse account,
	(a) Name a	and address of each employee paid more than \$50	0,000	hours per w	veek 🖱	(c) Compe	nsation	plans and deferred		allowances
				devoted to po	Janion			compensation		
NON	E									
	I number o	f other employees paid over \$50,000								0
EEA									+orm 99	0-PF (2016)

Total. Add lines 1 through 3

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 NONE 2 3 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 NONE 2 All other program-related investments. See instructions. 3

Form 990-PF (2016) EEA

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1a 0 1b b 166,176 Fair market value of all other assets (see instructions) 1c 0 d **Total** (add lines 1a, b, and c) 1d 166,176 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 0 3 3 166,176 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 4 2,493 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 5 163,683 6 8,184 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.) Minimum investment return from Part X, line 6 1 1 8,184 Tax on investment income for 2016 from Part VI, line 5 2a Income tax for 2016. (This does not include the tax from Part VI.) 2b С Add lines 2a and 2b 2с 1 8,183 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 4 4 5 5 8,183 6 Deduction from distributable amount (see instructions) 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 7 8,183 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 а 1a 88,500 Program-related investments - total from Part IX-B 1b b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 3 Amounts set aside for specific charitable projects that satisfy the: 3a b 3b 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 88,500 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6 6 88,499 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII **Undistributed Income** (see instructions) (d) 2016 (a) Corpus (b) (c) 2015 Years prior to 2015 Distributable amount for 2016 from Part XI. 8,183 2 Undistributed income, if any, as of the end of 2016: a Enter amount for 2015 only **b** Total for prior years: 3 Excess distributions carryover, if any, to 2016: **a** From 2011 70,253 **b** From 2012 46,860 **c** From 2013 80,680 **d** From 2014 72,305 **e** From 2015 78,554 f Total of lines 3a through e 348,652 4 Qualifying distributions for 2016 from Part XII, line 4: ▶ \$ 88,500 a Applied to 2015, 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 **d** Applied to 2016 distributable amount 8,183 e Remaining amount distributed out of corpus . . . 80,317 Excess distributions carryover applied to 2016 . (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . 428,969 **b** Prior years' undistributed income. Subtract 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 - see instructions e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instructions f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) 70,253 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a 358,716 10 Analysis of line 9: a Excess from 2012 46,860 **b** Excess from 2013 80,680 **c** Excess from 2014 72,305 d Excess from 2015 78,554 Excess from 2016 80,317

EEA Form **990-PF** (2016)

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Any submission deadlines:

factors:

Form 990-P					02-05695	35 Page 1
	I-A Analysis of Income-Producing A amounts unless otherwise indicated.		hta.a.a.ta.a.a.a	Food and book	ti 540, 540, 544	(a)
-		(a) Business	(b) Amount	(c) Excluded by s	ection 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions.)
_	n service revenue:	code				
_						
						
_						
f g Fees	s and contracts from government agencies					
_	rship dues and assessments					
	on savings and temporary cash investments .			03	84	
	ds and interest from securities					
	tal income or (loss) from real estate:					
	t-financed property					
	tal income or (loss) from personal property					
	nvestment income					
	(loss) from sales of assets other than inventory					
	ome or (loss) from special events					
	profit or (loss) from sales of inventoryevenue: a					
	Storido. 4					
d						
e						
	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				84	8
	heet in line 13 instructions to verify calculations.)					•
	I-B Relationship of Activities to the					
Line No. ▼	Explain below how each activity for which inc accomplishment of the foundation's exempt po					

Form **990-PF** (2016)

Form 990-PF (2016) THE MAYER FOUNDATION 02-0569535 P Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1		-		-	any of the following with an 1(c)(3) organizations) or in							Yes	No
	organizati	. ,	ode (other than secti	011 50	r(c)(3) organizations) or in	Section 52	r, relating to	political					
а	-		ing foundation to a n	oncha	ritable exempt organization	of.							
u			=		· · · · · · · · · · · · · · · · · · ·						1a(1)		Х
											1a(2)		X
b	Other tran										14(_)		
_			noncharitable exemp	t orgai	nization						1b(1)		Х
			•	-	pt organization						1b(2)		X
											1b(3)		X
											1b(4)		X
	. ,		•								1b(5)		X
		•	ices or membership of								1b(6)		X
С			•		ssets, or paid employees						1c		X
d	_		_		the following schedule. Co							1	
		-			by the reporting foundation.		-				et		
		-			ow in column (d) the value								
(a) Lin		mount involved			ble exempt organization		cription of trans					angeme	ents
	,,					, ,	•			·			
2a	Is the four	ndation directly	or indirectly affiliated	d with,	or related to, one or more t	ax-exempt	organization	ns					
	described	in section 501	(c) of the Code (other	rthan s	section 501(c)(3)) or in sec	tion 527?					Υe	s X	No
b	If "Yes," c	omplete the foll	owing schedule.										
	(a	a) Name of organ	ization		(b) Type of organization			(c) Des	scription	of relat	ionship		
٠.	Under pe	enalties of perjury, I and complete. Decla	declare that I have examine tration of preparer (other that	ed this re an taxpa	eturn, including accompanying sche lyer) is based on all information of v	dules and sta vhich preparer	tements, and to has any knowle	the best of edge.	my know	ledge and	d belief, it is	true,	
Sig	n 👠								ı		IRS discus		urn
Her		ARLES MAYE				PRESIDE	ENT			with the (see inst	preparer sh		
	Signa	ature of officer or tru		-	Date	Title				(SOE IIISI		.63	∑ No
Pai	4	Print/Type prepare	er's name	P	reparer's signature		Date		Check	X if	PTIN		
		BILL BERG	ER				02-20-20	17	self-em	ployed	P0121	6822	
	parer					Firm's EIN							
Use	Only	Firm's address	▶ 43 Wintergr	reen	Dr			Phone no					
			Englishtown NJ 07726						732-536-5876				

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2016

Employer identification number

OMB No. 1545-0047

THE N	THE MAYER FOUNDATION 02-0569535								
Organ	anization type (check one):								
Filers	of:	Section:							
Form 9	990 or 990-EZ	501(c)() (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	n						
		527 political organization							
Form 9	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 co	ered by the General Rule or a Special Rule .							
Note: (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule. See						
Genera	al Rule								
X	•	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling operty) from any one contributor. Complete Parts I and II. See instructions for detutions.	_						
Specia	al Rules								
	For an organization descregulations under section 13, 16a, or 16b, and that	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-Extraceived from any one contributor, during the year, total contributions of the gamount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete	Z), Part II, line reater of (1)						
	contributor, during the y	ribed in section $501(c)(7)$, (8) , or (10) filing Form 990 or 990 -EZ that received freezr, total contributions of more than $$1,000$ exclusively for religious, charitable, urposes, or for the prevention of cruelty to children or animals. Complete Parts I,	scientific,						
	contributor, during the y contributions totaled mo during the year for an e. General Rule applies to	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from cear, contributions exclusively for religious, charitable, etc., purposes, but no sure than \$1,000. If this box is checked, enter here the total contributions that were calusively religious, charitable, etc., purpose. Don't complete any of the parts upon this organization because it received nonexclusively religious, charitable, etc., during the year	ch received nless the contributions						
990-E2	Z, or 990-PF), but it must	n't covered by the General Rule and/or the Special Rules doesn't file Schedule answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its rtify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-E2)	s Form 990-EZ or on its						

Name of organization Employer identification number
THE MAYER FOUNDATION 02-0569535

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 1 EVA MAYER Payroll Noncash 25,000 54R HOPE ST (Complete Part II for noncash contributions.) STAMFORD, CT 06906 (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 2 CHARLES MAYER **Payroll** Noncash 50,000 300 EAST 74 ST (Complete Part II for NEW YORK, NY 10021 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

IRS *e-file* Signature Authorization for an Exempt Organization

					•	_	
or calendar	vear 2016.	or fiscal	vear begi	nnina			. and ending

OMB No. 1545-1878

Department of the Treasury	2016			
Internal Revenue Service Name of exempt organization	Information about Form 6675	-EO and its instructions is at www.irs.go	Employer identific	cation number
	PTON		02-056953	
THE MAYER FOUNDAT Name and title of officer	TON		02-030933	<u> </u>
CHARLES MAYER, PI	RESIDENT			
	Return and Return Information	n (Whole Dollars Only)		
		79-EO and enter the applicable amount, if ar	ny, from the return. If	f you
		int on that line for the return being filed with	-	
leave line 1b, 2b, 3b, 4b,	or 5b , whichever is applicable, blank (c	do not enter -0-). But, if you entered -0- on t	the return, then ente	er -0- on
the applicable line below.	Do not complete more than 1 line in P	art I.		
1a Form 990 check here	▶ b Total revenue, if any (Fo	orm 990, Part VIII, column (A), line 12)		1b
2a Form 990-EZ check h	ere ▶ ☐ b Total revenue, if any	(Form 990-EZ, line 9)		2b
3a Form 1120-POL check	κ here ► □ b Total tax (Form ⁴	1120-POL, line 22)		3b
4a Form 990-PF check h	ere ▶ 🗵 b Tax based on invest	tment income (Form 990-PF, Part VI, line	5)	4b
5a Form 8868 check here	e ▶ ☐ b Balance Due (Form 8868	3, line 3c)		5b
Part II Declaration	on and Signature Authorization	on of Officer		
		ove organization and that I have examined a	conv of the	
		es and statements and to the best of my know		hey
		n Part I above is the amount shown on the co		•
		e service provider, transmitter, or electronic		
		he IRS (a) an acknowledgement of receipt return or refund, and (c) the date of any refund.		ion of
		initiate an electronic funds withdrawal (direct		;
		re for payment of the organization's federal t		
		t. To revoke a payment, I must contact the U		
		ne payment (settlement) date. I also authoriz eceive confidential information necessary to		
		identification number (PIN) as my signature		
	plicable, the organization's consent to e	lectronic funds withdrawal.		
Officer's PIN: check one	box only			
X I authorize will	LIAM BERGER	to enter my PIN 84411	as my signatu	ure
	ERO firm name	Enter five numbers	s, but	
		do not enter all zero		
		um. If I have indicated within this retum that s part of the IRS Fed/State program, I also a		
	PIN on the return's disclosure consents		zatronzo trio dioron	ondoniod
·				
		y signature on the organization's tax year 20		
		m is being filed with a state agency(ies) reg	julating charities as	part of
the IRS Fed/State	e program, I will enter my PIN on the reti	um's disclosure consent screen.		
Officer's signature		Date	e ▶ 02-21-20	17
Part III Certifica	tion and Authentication			
•	our six-digit electronic filing identificatio	'n		
number (EFIN) followed b	y your five-digit self-selected PIN.	2	202648 0772	
			do not e	enter all zeros
Leartify that the above pur	meric entry is my PIN which is my cions	ature on the 2016 electronically filed return fo	or the organization	
		ordance with the requirements of Pub. 4163		e (MeF)
	d IRS <i>e-file</i> Providers for Business Retu	•	,	· - /
ERO's signature ▶		Date	e ▶ 02-20-20	17
				 -
	ERO Must Reta	in This Form - See Instructions		

Do Not Submit This Form To the IRS Unless Requested To Do So

		Federal Su	pporting State	ments	2016 PG01
Name(s) as shown on return					Your Social Security Number
HE MAYER FOUNDATION					02-0569535
	Form 990PF	- Part I - Line 23	- Other Expenses Sch	edule	Statement #103~
	Revenue	Net	Adjusted	Charitable	
Description	and expenses	investment	net income	purpose	
BANK SERVICE CHARGES	265	0	0	0	
rotals (265	0	0	0	
.ocais				<u>_</u>	
					PG01
	Form 990PF -	Part I - Line 16(b)	- Accounting Fees S	chedule	Statement #108~
	_				
	Revenue	Net	Adjusted 	Charitable	
Description ACCOUNTING FEES	and expenses	investment	net income 0	purpose 0	
ACCOUNTING FEES	500	0	0		
Totals	500	0	0	0	

Federal Supporting Statements					2016 PG01
ne(s) as shown on return					Your Social Security Number
MAYER FOUNDATION					02-0569535
	Form 99	Statement #110~			
scription	Revenue and expenses	Net investment	Adjusted	Charitable	
CISE TAXES		0	net income0	0	
LISE TAKES			0		
tals	77	0	0	0	
					

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

2016

Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/\\\\\	2016 and F	Ending (mm/dd/yyyy)			
	Name of Organizat		inding (min/dd/yyyy)	Employer Identification Number (EIN):		
Check if Applicable: THE MAYER				02-0569535		
Address Change	FOUNDATION		02 000000			
Name Change	Mailing Address:	4	NY Registration Number:			
Initial Filing	300 EAST 7	4TH ST	07-25-29			
	City / State / Zip:			Telephone:		
Final Filing	NEW YORK,	NY 10021	212-772-0004			
Amended Filing	NA 1					
Reg ID Pending	Website: Email: WWW.MAYERFOUNDATION.COM					
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.						
2. Certification				9 1		
See instructions for certification	requirements. Improper	certification is a violation of	law that may be subject to	penalties.		
,	, , ,	•	•	to the best of our knowledge and belief, York applicable to this report.		
uney and	e true, correct and comp	nete in accordance with the	laws of the State of New	тотк аррисаые то инстерон.		
President or Authorized Office	r:					
	Signature		Print Name	and Title Date		
Chief Financial Officer or Trea	surer:					
	Signature		Print Name	and Title Date		
3. Annual Reporting	Exemption					
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.						
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).						
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.						
4. Schedules and Att	achments					
	acminents					
See the following page for a checklist of schedules and attachments to 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.						
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
	7A filing fee: \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 50.	Total fee: 75.	Make a single check or money order payable to: "Department of Law"		

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:						
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV					
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants						
Check the financial attachments you must submit with your CHAR500:						
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable						
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contr	90 Schedules, including Schedule B (Schedule of Contributors).					
Our organization was eligible for and filed an IRS 990-N e-postcard. We have inc	cluded an IRS Form 990-EZ for state purposes only.					
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public A	.ccountant's Review or Audit Report:					
Review Report if you received total revenue and support greater than \$250,000 a	eived total revenue and support greater than \$250,000 and up to \$750,000.					
Audit Report if you received total revenue and support greater than \$750,000						
X No Review Report or Audit Report is required because total revenue and support	teport or Audit Report is required because total revenue and support is less than \$250,000					
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is r	required					
Calculate Your Fee						
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon					
\$0, if you checked the 7A exemption in Part 3a	registration with the NY Charities Bureau:					
\$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")					
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts					
\$0, if you checked the EPTL exemption in Part 3b	Law ("EPTL") because they hold assets and/or conduct activites for charitable purposes in NY.					
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.					
\fbox{X} \$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau					
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These					
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	organizations are not required to file annual financial reports but may do so voluntarily.					
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	•					
\$1500, if the NET WORTH is \$50,000,000 or more	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.					
Send Your Filing	Where do I find my organization's NET WORTH? NET WORTH for fee numbers is calculated on:					

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).