Form **990-PF**Department of the Treasury

EXTENDED TO NOVEMBER 15, 2023 Return of Private Foundation

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

OMB No. 1545-0047

2022

Open to Public Inspection

Internal Revenue Service For calendar year 2022 or tax year beginning and ending Name of foundation A Employer identification number THE ACHELIS & BODMAN FOUNDATION C\O MANICE & BUDD LLP 13-6022018 Number and street (or P.O. box number if mail is not delivered to street address Room/suite **B** Telephone number 420 LEXINGTON AVENUE 2803 212-644-0322 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here NEW YORK, NY 10170 G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Cash Accrual If the foundation is in a 60-month termination X Other (specify) MODIFIED CASH (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ... 128,869,206. (Part I, column (d), must be on cash basis.) \$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income (cash basis only) Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments STATEMENT 1 668,415 1,597,347 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 1,009,845. 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 22,238,429. b assets on line 6a 7 Capital gain net income (from Part IV, line 2) 3,004,644. N/A Net short-term capital gain Income modifications Gross sales less returns 10a and allowances b Less: Cost of goods sold c Gross profit or (loss) STATEMENT 2 1,989,066 456,942 0. 11 Other income 3,667,326 5,058,933. Total. Add lines 1 through 11 0 12 340,096 17,005. 0. 323,091. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 94,662 9,466. 0. 85,196. 66,300 0. 15 Pension plans, employee benefits 6,630. 59,670. Administrative Expenses 16a Legal fees 41,145. **b** Accounting fees STMT 3 82,290 0 41,145. c Other professional fees STMT 4 367,992 330,492, 0. 37,500. 44,701. 17 Interest Taxes STMT 5 46,811 324,689. 0 41,971. 18 Depreciation and depletion 19 121,844 12,184 0. 109,660. Occupancy 20 21 Travel, conferences, and meetings 11,608 580 0 11,028. 22 Printing and publications 3,854. 193 0. 3,661. 23 Other expenses STMT 6 29,123. 793,120, 0. 27,666. 24 Total operating and administrative 1,164,580 1,580,205. 0 740,588. expenses. Add lines 13 through 23 6,669,500 25 Contributions, gifts, grants paid 6,669,500. 26 Total expenses and disbursements. 7,834,080 1,580,205 0 7,410,088. Add lines 24 and 25 27 Subtract line 26 from line 12: -4,166,754 a Excess of revenue over expenses and disbursements 3,478,728 b Net investment income (if negative, enter -0-) 0 c Adjusted net income (if negative, enter -0-)

23501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2022)

13-6022018

Page 2

| P | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | year |
|-----------------------------|--------|--|-------------------|----------------|---------------------------|
| | 41 C | column should be for end-of-year amounts only. | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 457,384. | 456,367. | 456,367. |
| | 2 | Savings and temporary cash investments | 3,210,764. | 2,206,212. | 2,206,212. |
| | 3 | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| ι | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10a | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock STMT 7 | 11,355,406. | 7,934,416. | 7,934,416. |
| | | Investments - corporate bonds | | | |
| | | Investments - land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 8 | 141,923,323. | 118,218,211. | 118,218,211. |
| | | Land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation | | | |
| | 15 | Other assets (describe SECURITY DEPOSIT) | 54,000. | 54,000. | 54,000. |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| | | instructions. Also, see page 1, item I) | 157,000,877. | 128,869,206. | 128,869,206. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| S | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| abi | 21 | Mortgages and other notes payable | | | |
| | 22 | Other liabilities (describe) | | | |
| | | | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow FASB ASC 958, check here | | | |
| Se | | and complete lines 24, 25, 29, and 30. | | | |
| ŭ | | Net assets without donor restrictions | 157,000,877. | 128,869,206. | |
| 3ala | 25 | Net assets with donor restrictions | | | |
| ğ | | Foundations that do not follow FASB ASC 958, check here | | | |
| 필 | | and complete lines 26 through 30. | | | |
| ō | | Capital stock, trust principal, or current funds | | | |
| ets | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| Ass | 28 | Retained earnings, accumulated income, endowment, or other funds | 455 000 055 | 100 050 005 | |
| Net Assets or Fund Balances | 29 | Total net assets or fund balances | 157,000,877. | 128,869,206. | |
| _ | | | 157 000 077 | 100 000 000 | |
| | 30 | Total liabilities and net assets/fund balances | 157,000,877. | 128,869,206. | |
| Pi | art | Analysis of Changes in Net Assets or Fund Ba | lances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 29 | | |
| | | t agree with end-of-year figure reported on prior year's return) | | 1 | 157,000,877. |
| | | | | 1 - 1 | -4,166,754. |
| | | | | | 0. |
| | | inco 1 0 and 2 | | | 152,834,123. |
| | | nies 1, 2, and 3 eases not included in line 2 (itemize) UNREALIZED LOSS ON INVES | | 5 | 23,964,917. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | | | 128,869,206. |
| _ | . J.ul | Tutti, oc | | | Form 990-PF (2022) |

| c c (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (h) Gain or (floss) (e) plus (f) minus (g) (e) plus (f) minus (g) (f) Cost or other basis plus expense of sale (h) Gain or (floss) (f) Gain (floss) (f) Gain or (floss) (| | and Losses for Tax on Inv | estment Income | SEE | ATTACHED STAT | rements | rage 3 |
|--|---|--|-------------------------------|------------------|---|----------------------|-------------------------|
| 16 | | | | (b) | How acquired - Purchase) - Donation (c | | |
| c c (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (h) Gain or (loss) (e) plus (f) minus (g)) a | | | | | | | |
| (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus exponse of sale (h) Gain or (loss) ((e) plus (f) minus (g)) a | | | | | | | |
| (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale price (e) plus (f) minus (g)) 8 8 8 9 10 10 10 10 10 10 10 10 10 | c | | | | | | |
| (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (iii) Calin or (loss) ((iii) plus (f) minus (g)) a | d | | | | | | |
| (iy Journal Sares prince) (iy Journal Sares Sares prince) (i) Journal Sares Sares Prince) (i) Journal Sares Sares Stowing gain in column (h) and owned by the foundation on 12/31/69. (i) Journal Sares Sares Stowing gain in column (h) and owned by the foundation on 12/31/69. (i) Journal Sares Sares Stowing gain in column (h) and owned by the foundation on 12/31/69. (ii) Journal Sares Sares Stowing gain in column (h) and owned by the foundation on 12/31/69. (ii) Journal Sares Sares (li) Journal Sares (li) J | e | | | | | | |
| C | (e) Gross sales price | | | S | (| | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain as of 12/31/69. Complete only for assets showing gain as of 12/31/69. Complete only for assets showing gain as of 12/31/69. Complete only for assets showing gain as of 12/31/69. Complete only for assets showing gain as of 12/31/69. Complete only for assets showing gain as of 12/31/69. Complete only for assets showing gain as of 12/31/69. Complete only for assets show | _ a | | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any columns (h) and owned by the foundation on 12/31/69. (k) Excess of col. (i) over col. (j), if any columns (h) and owned by the foundation on 12/31/69. (k) Excess of col. (i) over col. (k), but not less than -0-) or Losses (from col. (h)) over col. (k), but not less than -0-) or collection over col. (ii) over col. (ii) over col. (iii) | b | | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation or 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation or 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation or 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation or 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation or 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation or 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation of 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation of 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation of 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation of 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation of 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation of 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation of 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation of 122/31/89. Complete only for assets showing gain in column (h) and owned by the foundation of 122/31/89. Complete only for assets showing gain as of 12/31/89. Complete only for assets showing gain gain gain gain gain gain gain g | _ с | | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iv) Excess of col. (i) over col. (ii), but not less than -0-) or Losses (from col. (iii)) a b c d c d g d g d g d g d g d g d g d d | | | | | | | |
| (i) FMV as of 12/31/69 (ji) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (ji), if any col. (sk), but not less than -0-) or Losses (from col. (h)) a | | | | ,584. | | | 3,004,644. |
| (i) FMV as of 12/31/69 10/18/3 as of 12/31/6 | Complete only for assets showi | ng gain in column (h) and owned by th | ne foundation on 12/31/69. | | (I) G | lains (Col. (h) gain | minus |
| c Capital gain net income or (net capital loss) | (i) FMV as of 12/31/69 | | | | COI. (K | osses (from col. (| n -u-) or h)) |
| c d d d d d d d d d d d d d d d d d d d | _a | | | | | | |
| Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions) Ia 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) In Exempt operating foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) In Exampt operating foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) In Exempt operating foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) In Exampt organization 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) In Exempt organization 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) In Exampt organizations 51 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Exampt organizations 51 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Exampt organizations 51 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Exampt organizations 51 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Exampt organizations 51 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Exampt organizations 51 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Exampt organizations 51 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Exampt o | _ b | | | | | | |
| Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions) Ia 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) In Exempt operating foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) In Exampt operating foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) In Exempt organization 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) In Exampt organization 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) In Exempt organizations - tax withheld at source and the section 4947 (a) (and the section 4947 (a) (b) trusts and taxable foundations only; others, enter -0-) Exempt foreign organizations - tax withheld at source and the section 4947 (a) (b) trusts and taxable foundations only; others, enter -0-) Exempt foreign organizations - tax withheld at source and the section 4947 (a) (b) trusts and taxable foundations only; others, enter -0-) Exempt foreign organizations - tax withheld at source and the section 4947 (a) (b) trusts and taxable foundations only; others, enter -0-) Exempt foreign organizations - tax withheld at source and taxable foundations only; others, enter -0-) Exempt foreign organizations - tax withheld at source and taxable foundations only; others, enter -0-) Exempt foreign organizations - tax withheld at source and taxable foundations only; others, enter -0-) Exempt foreign organizations - | <u>c</u> | | | _/_ | | | |
| If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 Part I, line 8 Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions) Ia 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) In 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) In Exempt operating foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) In Exempt 4% (0.04) of Part I, line 12, col. (b) In Exempt 6 (line 1) of Part I, line 12, col. (b) In Exempt 6 (line 1) of Part I, line 12, col. (c) of Part I, line 12, col. (d) In Exempt 6 (line 1) of Part I, line 12, col. (d) In Exempt 7 (line 1) of Part I, line 8, column (e). See instructions only; others, enter -0- or less, enter le | _ d | | | | | | |
| 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 3,004,644. 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 3,004,644. Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions) 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 All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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-) 3 Add lines 1 and 2 3 | _ e | | | | | | 3,004,644. |
| If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions) 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 All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 6 D. 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 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 146, 318. 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded 11 946,318. | 2 Capital gain net income or (net c | | | } | 2 | | 3,004,644. |
| 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 All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) 2 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 0. 3 Add lines 1 and 2 3 48,354. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 0. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 48,354. 6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 6a 176,672. a Exempt foreign organizations - tax withheld at source 6b 0. c Tax paid with application for extension of time to file (Form 8868) 6c 18,000. d Backup withholding erroneously withheld 6d 0. 7 Total credits and payments. Add lines 6a through 6d 7 194,672. 8 Enter any penalty for underpayment of estimated tax. Check here if feorm 2220 is attached 8 0. 9 Tax due. If the total of lines 5 and 8 is more than 7, | If gain, also enter in Part I, line 8 Part I, line 8 | , column (c). See instructions. If (loss |), enter -0- in | } | 3 | | 3,004,644. |
| Date of ruling or determination letter: | Part V Excise Tax Bas | sed on Investment Incom | e (Section 4940(a), | 1940(| b), or 4948 - se | ee instructio | ns) |
| Date of ruling or determination letter: | 1a Exempt operating foundations | described in section 4940(d)(2), chec | k here and enter | "N/A" o | n line 1. | | |
| b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 6d 7 194,672. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded | | | 111 | | | 1 | 48,354. |
| enter 4% (0.04) 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-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 6 d 7 194,672. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded 11 96,318. | b All other domestic foundations | | | • | · } | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 6 0 7 Total credits and payments. Add lines 6a through 6d 6 c 18,000 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000 Refunded 11 96,318. | | | | | J | | |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 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 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded 11 96,318. | | | | | | 2 | 0. |
| Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source C Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded | 3 Add lines 1 and 2 | | | | | 3 | 48,354. |
| Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source C Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded 11 96,318. | 4 Subtitle A (income) tax (dome | stic section 4947(a)(1) trusts and taxa | ble foundations only; others, | enter - | 0-) | 4 | 0. |
| a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 6 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded 11 96,318. | | | | | | 5 | 48,354. |
| b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 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 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded 11 96,318. | 6 Credits/Payments: | | | | | | |
| c Tax paid with application for extension of time to file (Form 8868) 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 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded 11 96,318. | a 2022 estimated tax payments | and 2021 overpayment credited to 202 | 22 6a | | 176,672. | | |
| c Tax paid with application for extension of time to file (Form 8868) 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 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded 11 96,318. | b Exempt foreign organizations - | - tax withheld at source | 6b | | 0. | | |
| 7 Total credits and payments. Add lines 6a through 6d 7 194,672. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 0. 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 146,318. 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded 11 96,318. | | | | | 18,000. | | |
| 7 Total credits and payments. Add lines 6a through 6d 7 194,672. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 0. 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 146,318. 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded 11 96,318. | | | | | 0. | | |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached if Form 2220 is attached if Form 2220 is attached if Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 146,318. 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded 11 96,318. | 7 Total credits and payments. Ac | dd lines 6a through 6d | | | | 7 | 194,672. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid10146,318.11 Enter the amount of line 10 to be: Credited to 2023 estimated tax50,000. Refunded1196,318. | | | | 4 | | 8 | 0. |
| 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 50,000. Refunded 11 96,318. | 9 Tax due. If the total of lines 5 | and 8 is more than 7, enter amount o | wed | | | 9 | |
| | 10 Overpayment. If line 7 is more | e than the total of lines 5 and 8, enter | the amount overpaid | | | 10 | 146,318. |
| Form 990-PF (2022 | 11 Enter the amount of line 10 to | be: Credited to 2023 estimated tax | | 50,0 | 00. Refunded | | • |

| Form | 990-PF (2 | 022) C\O MANICE & BUDD LLP | 13-6022018 | | Page |
|------|--------------|---|--------------|-----|------|
| Pa | rt VI-A | Statements Regarding Activities | | | |
| 1a | During the | tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | 1 | Yes | No |
| | any politic | al campaign? | 1a | | Х |
| b | Did it spen | d more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definiti | on 1b | | Х |
| | If the answ | er 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. | | | |
| C | Did the fou | ndation file Form 1120-POL for this year? | 1c | | Х |
| | | mount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the | foundation. \$0. (2) On foundation managers. \$0. | | | |
| е | Enter the r | eimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | |
| | managers. | | | | |
| 2 | Has the fo | indation engaged in any activities that have not previously been reported to the IRS? | 2 | | х |
| | | ach a detailed description of the activities. | | | |
| 3 | , | undation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | |
| - | | other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | х |
| 4a | | indation have unrelated business gross income of \$1,000 or more during the year? | | Х | |
| | | s it filed a tax return on Form 990-T for this year? | | Х | |
| 5 | Was there | a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | х |
| · | | ach the statement required by General Instruction T. | | | |
| 6 | | uirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | |
| Ů | | age in the governing instrument, or | | | |
| | | legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la | 21// | | |
| | | he governing instrument? | | Х | |
| 7 | | indation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV | | x | |
| ′ | טוע נוופ וטנ | inuation have at least \$5,000 in assets at any time during the year? It less, complete rait in, coi. (c), and rait xiv | ······ | | |
| 0. | Entar the o | tates to which the foundation reports or with which it is registered. Can instructions | | | |
| oa | NY | tates to which the foundation reports or with which it is registered. See instructions. | | | |
| | | in Manual to line 7, has the foundation formished a convent forms 000 PF to the Athenry Consent (or designate) | | | |
| D | | er is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | 0. | х | |
| _ | | te as required by General Instruction G? If "No," attach explanation | | ^ | |
| 9 | | dation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend | | | v |
| | | or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII | | | X |
| | ٠, | rsons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | | Х |
| 11 | - | e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | l |
| | | 2(b)(13)? If "Yes," attach schedule. See instructions | | | Х |
| 12 | Did the fou | ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory priv | | | |
| | | ach statement. See instructions | | | Х |
| 13 | | ndation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | | dress _ www.achelisbodman.org | | | |
| 14 | | | 212-644-0322 | | |
| | | 420 LEXINGTON AVENUE, NEW YORK, NY | ZIP+4 10017 | | |
| 15 | Section 49 | 47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | |

Form **990-PF** (2022)

16

Yes

No

At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the

foreign country

securities, or other financial account in a foreign country?

| Form 990-PF (2022) C\O MANICE & BUDD LLP | 13-6022018 | | F | age ! |
|---|------------|------|-----|-------|
| Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required | | | | |
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Y | es/ | No |
| 1a During the year, did the foundation (either directly or indirectly): | | | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | <u>1</u> 8 | a(1) | | Х |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | | |
| a disqualified person? | <u>1</u> 8 | a(2) | | Х |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | a(3) | | Х |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <u>1</u> 8 | a(4) | Х | |
| (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)? | <u>1</u> 8 | a(5) | | Х |
| (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.) | 18 | a(6) | | Х |
| 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 | L· | 1b | | Х |
| c Organizations relying on a current notice regarding disaster assistance, check here | | | | |
| d 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 2022? | | 1d | | Х |
| 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)): | | | | |
| a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines | | | | |
| 6d and 6e) for tax year(s) beginning before 2022? | <u>L</u> : | 2a | | Х |
| If "Yes," list the years,,, | | | | |
| b 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 | 2b | | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | | |
| | | | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | | |
| during the year? | <u>L</u> 3 | 3a | | Х |
| b If "Yes," did it have excess business holdings in 2022 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 dis | pose | | | |
| of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, | | | | |
| Schedule C, to determine if the foundation had excess business holdings in 2022.) | | 3b | | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | <u>L</u> ' | 4a | | Х |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose t | ihat | | | |
| had not been removed from jeopardy before the first day of the tax year beginning in 2022? | 4 | 4b | | Х |

Form **990-PF** (2022)

C\O MANICE & BUDD LLP

| Part VI-B | Statements Regarding Activities for Which F | orm 4720 May Be R | equired _{(contin} | ued) | | | |
|------------------|---|---|-----------------------------|--|---------|--------------------------------------|-------|
| 5a During the | year, did the foundation pay or incur any amount to: | | | | | Yes | No |
| (1) Carry | on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | | | 5a(1) | | Х |
| (2) Influer | nce the outcome of any specific public election (see section 4955); o | r to carry on, directly or indire | ectly, | | | | |
| any vo | ter registration drive? | | | | 5a(2) | | Х |
| (3) Provid | e a grant to an individual for travel, study, or other similar purposes | ? | | | 5a(3) | | Х |
| | e a grant to an organization other than a charitable, etc., organizatio | | | | | | |
| 4945(| d)(4)(A)? See instructions | | | | 5a(4) | | Х |
| | e for any purpose other than religious, charitable, scientific, literary, | | | | | | |
| | evention of cruelty to children or animals? | | | | 5a(5) | | Х |
| | ver is "Yes" to $5a(1)$ -(5), did any of the transactions fail to qualify un | | - | | | | |
| | 4945 or in a current notice regarding disaster assistance? See instru | | | | 5b | | |
| | ns relying on a current notice regarding disaster assistance, check h | | | | | | |
| | er is "Yes" to question 5a(4), does the foundation claim exemption f | | | | | | |
| | e responsibility for the grant? | | | N/A | 5d | | |
| | ach the statement required by Regulations section 53.4945-5(d). | | | | | | |
| | ndation, during the year, receive any funds, directly or indirectly, to | | | | | | |
| | benefit contract? | | | | 6a | | X |
| | ndation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | A. | | 6b | | Х |
| | Sb, file Form 8870. | | | | | | |
| | during the tax year, was the foundation a party to a prohibited tax s | | | | 7a | | Х |
| | the foundation receive any proceeds or have any net income attribu | | | N/A | 7b | | |
| | dation subject to the section 4960 tax on payment(s) of more than \$ | 61,000,000 in remuneration or | | | | | |
| excess para | achute payment(s) during the year? | F. J.V. M. | | | 8 | | Х |
| Part VII | Information About Officers, Directors, Truste Paid Employees, and Contractors | es, Foundation Mar | nagers, Hignly | | | | |
| 1 List all offic | cers, directors, trustees, and foundation managers and the | neir compensation | 7 | | | | |
| | | | (c) Compensation | (d) Contributions to employee benefit pla | | (e) Exp | ense |
| | (a) Name and address | (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | ¹s a | (e) Exp ccount, allowai | |
| | | to position | enter -o-j | compensation | | anowai | 11003 |
| | | | | | | | |
| SEE STATEM | ENT 9 | | 340,096. | 39,300 | , | | 0. |
| | | | , - | , | | | |
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| - | | - | | | | | |
| - | | | | | | | |
| | | 1 | | | | | |
| | | 1 | | | | | |
| 2 Compensa | tion of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | | | | |
| (a) Nor | ne and address of each employee paid more than \$50,000 | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit pla | 18 | (e) Exp | ense |
| (a) Nai | ne and address of each employee paid more than \$50,000 | hours per week devoted to position | (C) Compensation | and deferred compensation | a | allowai | |
| VICKI PULUS | O - 420 LEXINGTON AVENUE, | ADMINISTRATIVE ASSI | STANT | | | | |
| NEW YORK, N | Y 10170 | 40.00 | 53,015. | C | ١. ا | | 0. |
| | | | | | | | |
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| | | | | | | | |
| | | | | | \perp | | |
| Total number o | f other employees paid over \$50,000 | | | | | | 0 |

| Form 990-PF (2022) CAO MANICE & BODD LLP | | 0022018 Page 7 |
|---|----------------------------|------------------|
| Part VII Information About Officers, Directors, Trustees, Fo Paid Employees, and Contractors (continued) | undation Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none | e, enter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| PATHSTONE - 24 FEDERAL STREET, 8TH FLOOR, | | |
| BOSTON, MA 02110 | INV. ADVISORY FEES | 211,914. |
| MANICE & BUDD | | |
| 420 LEXINGTON AVENUE, NEW YORK, NY 10017 | RENT | 115,522. |
| FIRST REPUBLIC | | |
| 225 BROADWAY, NEW YORK, NY 10007 | INV. ADVISORY FEES | 92,920. |
| CONDON O'MEARA MCGINTY & DONNELLY - 1 BATTERY | | |
| PARK PLAZA, 7TH FLOOR, NEW YORK, NY 10004 | AUDIT/TAX SERVICES | 57,290. |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part VIII-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include releva number of organizations and other beneficiaries served, conferences convened, research paper. | | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part VIII-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax | year on lines 1 and 2. | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| - | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| 3 | | |
| | | |
| | | |

Form **990-PF** (2022)

Total. Add lines 1 through 3

C\O MANICE & BUDD LLP

Page 8

| P | art IX Minimum Investment Return (All domestic foundation | ns must complete this | part. Foreign for | undations, s | ee instructions.) |
|----|---|--------------------------|-------------------|--------------|-------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charita | able, etc., purposes: | | | |
| а | Average monthly fair market value of securities | | | 1a | 9,914,700. |
| | Average of monthly cash balances | 1b | 2,976,334. | | |
| C | Fair market value of all other assets (see instructions) | | | 1c | 130,070,767. |
| | Total (add lines 1a, b, and c) | | | 1d | 142,961,801. |
| 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 | 142,961,801. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater | amount, see instructions |) | 4 | 2,144,427. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | | | 5 | 140,817,374. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | | | 6 | 7,040,869. |
| P | art X Distributable Amount (see instructions) (Section 4942(j)) | | ating foundations | and certain | |
| _ | foreign organizations, check here and do not complete this p | art.) | | | |
| 1 | Minimum investment return from Part IX, line 6 | | | 1 | 7,040,869. |
| 2a | Tax on investment income for 2022 from Part V, line 5 | 2a | 48,354. | | |
| b | | 2b | | | |
| C | Add lines 2a and 2b | | | 2c | 48,354. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | | 3 | 6,992,515. |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 | Add lines 3 and 4 | | | 5 | 6,992,515. |
| 6 | Deduction from distributable amount (see instructions) | | | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa | | | 7 | 6,992,515. |
| P | art XI Qualifying Distributions (see instructions) | | * | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., pt | ırposes: | | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | | | 1a | 7,410,088. |
| b | | | | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charit | | | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | | | |
| а | Suitability test (prior IRS approval required) | | | 3a | |
| b | Cash distribution test (attach the required schedule) | Z | | 3b | |
| 4 | | | | | 7,410,088. |

7,410,088. Form **990-PF** (2022)

13-6022018

Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2021 | (c) 2021 | (d) 2022 |
|---|---------------|----------------------------|-------------|---------------------|
| 1 Distributable amount for 2022 from Part X, | Оограз | 1 out o prior to 2021 | 2021 | LOLL |
| line 7 | | | | 6,992,515. |
| 2 Undistributed income, if any, as of the end of 2022: | | | | |
| a Enter amount for 2021 only | | | 0. | |
| b Total for prior years: | | | | |
| b rotal for prior yourd. | | 0. | | |
| 3 Excess distributions carryover, if any, to 2022: | | | | |
| a From 2017 381,998. | | | | |
| b From 2018 489,557. | | | | |
| c From 2019 596,926. | | | | |
| d From 2020 558,556. | | | | |
| e From 2021 | | | | |
| f Total of lines 3a through e | 2,027,037. | | | |
| 4 Qualifying distributions for 2022 from | | | | |
| Part XI, line 4: \$ 7,410,088. | | | | |
| a Applied to 2021, 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 2022 distributable amount | | | | 6,992,515. |
| e Remaining amount distributed out of corpus | 417,573. | | | |
| 5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount | 0. | | | 0. |
| must be shown in column (a).) 6 Enter the net total of each column as | 0. | | | 0. |
| indicated below: | 2 444 610- | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 2,444,610. | | | |
| b Prior years' undistributed income. Subtract | | 0. | | |
| 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 2021. Subtract line | | | 0 | |
| 4a from line 2a. Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2022. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | 0. |
| be distributed in 2023 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2017 | <u> </u> | | | |
| not applied on line 5 or line 7 | 381,998. | | | |
| 9 Excess distributions carryover to 2023. | 201,330. | | | |
| 0 1 1 1 7 10 6 11 0 | 2,062,612. | | | |
| Subtract lines 7 and 8 from line 6a | =,:02,022, | | | |
| a Excess from 2018 489,557. | | | | |
| b Excess from 2019 596, 926. | | | | |
| c Excess from 2020 558,556. | | | | |
| d Excess from 2021 | | | | |
| e Excess from 2022 417,573. | | | | |

| | | PF (2022) | C\O MANICE | | | | 13-602 | 22018 Page 1 (|
|-----|-----------------|---------------------------|---------------------------------|------------------------------|----------------------------|---|---|-----------------------|
| Pa | art X | III Priv | ate Operating Fo | oundations (see ins | structions and Part VI- | A, question 9) | N/A | |
| 1 : | a If the | e foundatio | n has received a ruling or | r determination letter that | it is a private operating | | | |
| | foun | dation, and | the ruling is effective for | r 2022, enter the date of t | he ruling | | | |
| | b Chec | k box to in | dicate whether the found | lation is a private operatin | g foundation described ir | n section | 4942(j)(3) or 4 | 942(j)(5) |
| 2 | a Enter | r the lesser | of the adjusted net | Tax year | | Prior 3 years | | |
| | incor | ne from Pa | art I or the minimum | (a) 2022 | (b) 2021 | (c) 2020 | (d) 2019 | (e) Total |
| | inves | stment retu | rn from Part IX for | | | | | |
| | | year listed | | | | | | |
| | | (0.85) of li | | | | | | |
| | | | butions from Part XI, | | | | | |
| | | , , | year listed | | | | | |
| | | | led in line 2c not | | | | | |
| | | | | | | | | |
| | | - | r active conduct of | | | | | |
| | | | S | | | | | |
| | | | butions made directly | | | | | |
| | | | act of exempt activities. | | | | | |
| | Subt | ract line 2d | from line 2c | | | | | |
| 3 | | | or c for the relied upon: | | | | | |
| | | | tive test - enter: | | | | | |
| | (1) | Value of all | assets | | | | | |
| | (2) | Value of as | sets qualifying | | | | | |
| | | | on 4942(j)(3)(B)(i) | | | | | |
| | | | ternative test - enter | | | | | |
| | | | n investment return | | | | | |
| | | | X, line 6, for each year | | | | | |
| | | | ative test - enter: | | | | | |
| | | | ort other than gross | | ` | | | |
| | | | income (interest, | | | | | |
| | | | rents, payments on | | | | | |
| | | | oans (section | | | | | |
| | | | or royalties) | | | | | |
| | (2) | Support fro and 5 or m | om general public ore exempt | | | | | |
| | | organizatio | ns as provided in | | | | | |
| | | section 494 | 42(j)(3)(B)(iii) | | | | | |
| | ٠, | • | ount of support from | | | | | |
| | ; | an exempt | organization | | | | | |
| | (4) | Gross inve | stment income | | | | | |
| P | art X | | | | | f the foundation | had \$5,000 or mo | re in assets |
| | | at a | iny time during th | ne year-see instru | uctions.) | | | |
| 1 | Info | rmation F | Regarding Foundation | n Managers: | | | | |
| | a List a | any manago | ers of the foundation who | have contributed more t | than 2% of the total contr | ibutions received by the | foundation before the clos | se of any tax |
| | year | (but only if | f they have contributed m | nore than \$5,000). (See se | ection 507(d)(2).) | | | |
| NOI | ΙE | | | | | | | |
| | b List a | anv manag | ers of the foundation who | own 10% or more of the | e stock of a corporation (| or an equally large porti | on of the ownership of a pa | artnership or |
| | | | | s a 10% or greater interes | | , | , | |
| ON | ΙE | | | | | | | |
| 2 | Info | rmation F | Regarding Contribution | on, Grant, Gift, Loan, | Scholarship, etc., Pro | ograms: | | |
| _ | | k here | | | • | - | es not accept unsolicited re | auests for funds. If |
| | | | | to individuals or organiza | • | • | | quodio for fundo: fi |
| | | | | per or email address of the | | • | | MENT 11 |
| • | a ilici | iailie, auul | oss, and telephone numb | or or eman address of the | o porson to whom applica | anons should be addles | oou. | |
| SE | E ST | ATEMENT | 10 | | | | | |
| | | | | | : | alal : | | |
| | o ine f | orm in whi | ich applications should b | e submitted and informati | ion and materials they sh | ouia inciude: | | |
| | Λ | oubesis - i | a doodlings: | | | | | |
| (| Any | submissior | n deadlines: | | | | | |
| _ | Δnv | restrictions | or limitations on awards | s, such as by geographica | l areas charitable fielde | kinds of institutions or | other factors | |
| , | - rany i | | or miniations on awards | , sasii as by goograpiilea | a. sao, onantable nelus, | ao or montunona, or | outoro, | |
| | | | | | | | | |

Page 11

Supplementary Information (continued) Part XIV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year ALEXANDER HAMILTON SOCIETY NONE NEW YORK CITY CHAPTER ÞС 1701 RHODE ISLAND AVENUE EVENTS WASHINGTON, DC 20036 50,000. AMERICAN BALLET THEATRE NONE PC GENERAL OPERATING 890 BROADWAY SUPPORT NEW YORK, NY 10003-1278 50,000. AMERICAN ENTERPRISE INSTITUTE FOR NONE ÞС GENERAL OPERATING PUBLIC SUPPORT 1789 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20036 20,000. AMERICAN ENTERPRISE INSTITUTE FOR NONE GENERAL OPERATING SUPPORT 1789 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20036 1,000. AMERICAN ENTERPRISE INSTITUTE FOR NONE POVERTY STUDIES PUBLIC PROGRAM 1789 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20036 100,000. SEE CONTINUATION SHEET(S) 6,669,500. Total 3a **b** Approved for future payment NONE Total

Form **990-PF** (2022)

223611 12-06-22

Part XV-A Analysis of Income-Producing Activities

C\O MANICE & BUDD LLP

| Enter gross amounts unless otherwise indicated. | Unrelate | ed business income | | ded by section 512, 513, or 514 | (e) | |
|---|-------------------------|----------------------|--------------------------|---------------------------------|--------------------------------------|--|
| | (a) Business code | (b) Amount | (C) Exclusion code | (d) Amount | Related or exempt function income | |
| 1 Program service revenue: | Code | | couc | | | |
| a | | | | | | |
| b | | | | | | |
| | | | | | | |
| <u> </u> | | | | | | |
| e | | | | | | |
| T | | | | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | | |
| 4 Dividends and interest from securities | 900099 | 12,167. | 14 | 656,248. | | |
| 5 Net rental income or (loss) from real estate: | | | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | | | | |
| 6 Net rental income or (loss) from personal | | | | | | |
| property | | | $\langle \rangle$ | | | |
| 7 Other investment income | | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | | |
| than inventory | 900099 | 68,564. | 18 | 941,281. | | |
| 9 Net income or (loss) from special events | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | |
| 11 Other revenue: | | | | | | |
| a INCOME FROM LIMITED PARTNERSHIPS | 900099 | 124,632. | 14 | 1,861,862. | | |
| b OTHER INVESTMENT INCOME | | | 14 | 2,572. | | |
| c LESS: AMOUNT ATTRIBUTABLE TO UBI | | 124,632. | | -124,632. | | |
| d | | | | | | |
| e | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 329,995. | | 3,337,331. | 0. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 3,667,326. | |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | | |

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|----------|--|
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Form **990-PF** (2022)

Form 990-PF (2022) Part XVI

C\O MANICE & BUDD LLP 13-6022018 Information Regarding Transfers to and Transactions and Relationships With Noncharitable

| | | Exempt Organ | izations | | | | | | | |
|------|--------------------|--|-------------------------------|------------------|--------------------------------------|-------------------------------|-----------------------------|-----------------------------------|-----------|--------|
| 1 | Did the o | rganization directly or indi | rectly engage in any o | of the followin | ig with any other organizatio | n described in sect | ion 501(c) | | Yes | No |
| | (other th | an section 501(c)(3) organ | izations) or in section | n 527, relating | to political organizations? | | | | | |
| а | • | s from the reporting founda | • | | | | | | | |
| | | • • | | - | | | | 1a(1) | | Х |
| | | | | | | | | | | X |
| b | | nsactions: | | | | | | | | |
| _ | | | hle exempt organizati | on | | | | 1b(1) | | Х |
| | (2) Pure | chases of assets from a nor | ncharitable exempt o | raanization | | | | 1b(2) | | Х |
| | | | | | | | | | | Х |
| | | | | | | | | | | |
| | (5) Loar | ns or loan quarantees | | | | | | 1b(5) | | |
| | (6) Perf | ormance of services or me | mhershin or fundrais | ing solicitatio | ns | | | 1b(6) | | |
| r | | | | | ployees | | | | | x |
| | | | | | dule. Column (b) should alv | | | | ets | |
| u | | - | | - | ed less than fair market valu | - | - | | 010, | |
| | | d) the value of the goods, | | | ou 1000 than fall market valu | o in any a anoaoaon | or onaring arrangon | nong onow m | | |
| (a)∟ | ine no. | (b) Amount involved | | | e exempt organization | (d) Description | n of transfers, transaction | ns. and sharing arra | angemen | ıts |
| (-) | | (2) | (0) | N/A | | (5) | | , | | |
| | | | | , | | | | | | |
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| | | | | | | | | | | |
| 20 | le the for | indation directly or indirect | l the affiliated with or r | alated to one | or more tax-exempt organiz | zatione described | | | | |
| Za | | • | • | | | | | Yes | х | No |
| _ | | complete the following sch | | 27.5 | | | | 165 | | 140 |
| D | | complete the following schi (a) Name of org | | | (b) Type of organization | | (c) Description of re | lationshin | | |
| | | N/A | amzanon | | (b) Type of organization | | (b) Description of te | апопотр | | |
| | | N/A | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Unc | der penalties of periury I declare | that I have examined this | return, includin | g accompanying schedules and s | I statements, and to the h | est of my knowledge | | | |
| Si | | | | | n taxpayer) is based on all informa | | | May the IRS or return with the | e prepare | er |
| He | | | | | İ | MDIIGMEE | | shown below | ? See ins | str. |
| | | unature of officer or tructee | | | Data | TRUSTEE | | _ X Yes | | 」No |
| | Sig | nature of officer or trustee | | Dranarorio o | Date | Title | Check if | PTIN | | |
| | | Print/Type preparer's na | unc | Preparer's si | iyiidlui c | Date | self- employed | T I IIIV | | |
| Pa | id | ALEVANDED TAGETO | 101.0 | | | | Sui- employeu | D01775252 | | |
| | eparer | ALEXANDER LAZZARI | | IMX 2 DOI: | MINITED ITS | | | P01775353 | | |
| | eparer se Only | | O'MEARA MCGI | ATA & DOW | иетг тгь | | Firm's EIN 13 | -3628255 | | |
| U | o c Omy | | | | | | | | | |
| | | | BATTERY PARK P | • | I FL. | | | CC1 ==== | | |
| | | NEW Y | ORK, NY 10004 | | | | Phone no. 212 | -661-7777 |) DE | |
| | | | | | | | | Form 99 0 | ,-PF | しついつつし |

| FORM 990-PF | DIVIDENDS | AND INTER | EST F | FROM SECUR | ITIES S' | TATEMENT 1 |
|---|--------------------|------------------------------|---------------------|--|---|--|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | |
| INTEREST & DIVIDENDS FROM LIMITED PARTNERSHIPS | 0. | | 0. | 0. | 941,098. | 0. |
| INTEREST & DIVIDENDS FROM SECURITIES LESS: AMOUNT | 668,415. | | 0. | 668,415. | 668,416. | 0. |
| ATTRIBUTABLE TO UBIT | 0. | | 0. | 0. | -12,167. | 0. |
| TO PART I, LINE 4 | 668,415. | | 0. | 668,415. | 1,597,347. | 0. |
| | | | | | | |
| | | | | | | |
| FORM 990-PF | | OTHER I | NCOME | 3 | S' | TATEMENT 2 |
| FORM 990-PF DESCRIPTION | | | (A REVE | A) ENUE N | (B) ET INVEST- ENT INCOME | (C) ADJUSTED NET INCOME |
| | | | (A REVE | A) ENUE N | (B) ET INVEST- | (C) ADJUSTED |
| DESCRIPTION INCOME FROM LIMITED | ICOME | PS | (A REVE | A) ENUE N BOOKS M | (B) ET INVEST- ENT INCOME | (C) ADJUSTED NET INCOME |
| DESCRIPTION ————— INCOME FROM LIMITED OTHER INVESTMENT IN | ICOME | PS | (A REVE | A) ENUE N BOOKS M 1,986,494. 2,572. | (B) ET INVEST- ENT INCOME 454,370. 2,572. | (C) ADJUSTED NET INCOME |
| DESCRIPTION ————— INCOME FROM LIMITED OTHER INVESTMENT IN | ICOME | PS | REVE PER B | A) ENUE N BOOKS M 1,986,494. 2,572. 1,989,066. | (B) ET INVEST- ENT INCOME 454,370. 2,572. 456,942. | (C) ADJUSTED NET INCOME |
| DESCRIPTION INCOME FROM LIMITED OTHER INVESTMENT IN TOTAL TO FORM 990-P | COME PF, PART I, I | PS LINE 11 | (A REVE PER E | A) ENUE N BOOKS M 1,986,494. 2,572. 1,989,066. | (B) ET INVEST- ENT INCOME 454,370. 2,572. 456,942. | (C) ADJUSTED NET INCOME 0. 0. |
| DESCRIPTION INCOME FROM LIMITED OTHER INVESTMENT IN TOTAL TO FORM 990-P | CRVICES | ACCOUNTI | NG FE | A) ENUE N BOOKS M 1,986,494. 2,572. 1,989,066. EES (B) INVEST- | (B) ET INVEST- ENT INCOME 454,370. 2,572. 456,942. (C) ADJUSTED | (C) ADJUSTED NET INCOME 0. 0. TATEMENT 3 (D) CHARITABLE |

| FORM 990-PF | OTHER PROFES | SIONAL FEES | S7 | STATEMENT 4 | | |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES | | |
| INVESTMENT MANAGEMENT FEES CUSTODIAL FEES | 304,834. 25,658. | | 0. | 0. | | |
| CONSULTING FEE | 37,500. | 0. | 0. | 37,500. | | |
| TO FORM 990-PF, PG 1, LN 16C | 367,992. | 330,492. | 0. | 37,500. | | |
| FORM 990-PF | TAX | ES | Si | PATEMENT 5 | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| FOREIGN WITHHOLDING TAXES PAID THROUGH PARTNERSHIPS STATE UBI TAXES FEDERAL EXCISE TAX LESS: AMOUNT ATTRIBUTED TO | 0. 6,340. 40,471. | 4,840. | 0. 0. 0. | 0. 1,500. 40,471. | | |
| UBI LESS: AMOUNT ATTRIBUTED TO UBI | 0. | | 0. | 0. | | |
| TO FORM 990-PF, PG 1, LN 18 | 46,811. | 324,689. | 0. | 41,971. | | |
| | | | | | | |
| FORM 990-PF | OTHER E | XPENSES | Si | PATEMENT 6 | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| SUPPLIES TELEPHONE | 974. 19,564. | - | 0. | 925. 18,586. | | |
| COMMUNICATION AND COMPUTERS | 4,168. | 219. | 0. | 3,949. | | |
| OTHER INSURANCE | 260. 4,157. | | 0. | 257. 3,949. | | |
| LIMITED PARTNERSHIP EXPENSES LESS: AMOUNT ATTRIBUTABLE TO | 0. | 1,010,154. | 0. | 0. | | |
| UBIT | 0. | -218,491. | 0. | 0. | | |
| TO FORM 990-PF, PG 1, LN 23 | 29,123. | 793,120. | 0. | 27,666 | | |
| | | | | | | |

STATEMENT 8

FORM 990-PF

| FORM 990-PF | CORPORATE | STOCK | | STATEMENT 7 |
|----------------------------------|-----------|-------|------------|----------------------|
| DESCRIPTION | | | BOOK VALUE | FAIR MARKET VALUE |
| ALPHABET INC | | _ | 393,517. | 393,517. |
| AXALTA COATING SYSTEMS LTD | | | 420,255. | 420,255. |
| BANK OF AMERICA CORP | | | 377,568. | 377,568. |
| BERKSHIRE HATHAWAY INC CL B | | | 469,528. | 469,528. |
| CARTER'S INC | | | 440,199. | 440,199. |
| CORNING INC | | | 365,713. | 365,713. |
| DEVON ENERGY CORP | | | 151,745. | 151,745. |
| DUPONT DE NEMOURS INC | | | 407,868. | 407,868. |
| ELANCO ANIMAL HEALTH INC | | | 314,054. | 314,054. |
| GENERAL MOTORS CO | | | 346,492. | 346,492. |
| GRAPHIC PACKAGING HLDG CO | | | 404,950. | 404,950. |
| HANESBRANDS INC | | | 195,856. | 195,856. |
| INFINERA CORP | | | 197,428. | 197,428. |
| INTERNATIONAL FLAVORS & FRAGRANG | CES | | 245,116. | 245,116. |
| LIONS GATE ENTERTAINMENT B | | | 234,576. | 234,576. |
| MERCK & CO INC | | | 88,760. | 88,760. |
| MICRON TECHNOLOGY INC | | | 391,094. | 391,094. |
| MOHAWK INDS INC | | | 410,924. | 410,924. |
| REGIONS FINL CORP | | | 370,832. | 370,832. |
| SENSATA TECHNOLOGIES | | | 363,420. | 363,420. |
| SS&C TECHNOLOGIES HOLDINGS INC | | | 364,420. | 364,420. |
| URBAN OUTFITTERS INC | | | 267,120. | 267,120. |
| WABTEC CORP | | | 77,353. | 77,353. |
| WALGREENS BOOTS ALLIANCE INC | | | 325,032. | 325,032. |
| WALT DISNEY CO | | | 310,596. | 310,596. |
| TOTAL TO FORM 990-PF, PART II, | LINE 10B | _ | 7,934,416. | 7,934,416. |
| | | = | | |

| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|-----------------------------------|---------------------|-----------------|----------------------|
| ALLIANCE BERNSTEIN S/M VAL-AD | FMV | 2,273,612. | 2,273,612. |
| APOLLO EUROPEAN PRINCIPAL FINANCE | FMV | | |
| FUND III | | 1,016,255. | 1,016,255. |
| ARES PRIVATE CREDIT SOLUTIONS | FMV | 1,480,793. | 1,480,793. |
| ARKA INDIA FUND | FMV | 2,257,346. | 2,257,346. |
| ARTISAN FUNDS INTL VALUE | FMV | 6,725,684. | 6,725,684. |
| ARTISAN FUNDS SM/MID-INV | FMV | 935,804. | 935,804. |
| BRIGHTWOOD CAPITAL SBIC II LP | FMV | 211,527. | 211,527. |
| BROWN ADVISORY WINSLOW | FMV | 3,378,233. | 3,378,233. |
| CARLYLE INTL ENERGY PARTNERS, LP | FMV | 985,099. | 985,099. |
| CYPRIUM INVESTORS IV AIV I LP | FMV | 230,002. | 230,002. |
| DELAWARE EMERGING MARKETS | FMV | 2,829,462. | 2,829,462. |
| DORCHESTER CAPITAL SECONDARIES | FMV | 2,122,327. | 2,122,327. |
| ELLIOTT INTERNATIONAL LIMITED | FMV | 6,878,854. | 6,878,854. |
| FORWARD VENTURES IV LP | FMV | 138,730. | 138,730. |
| FTAI AVIATION LTD | FMV | 1,430,376. | 1,430,376. |
| HENGISTBURY FUND 2013 | FMV | 4,415,144. | 4,415,144. |
| | 16 | ST | ATEMENT(S) 7, 8 |
| 2571114 152490 8BC090 | 2022.05000 TH | E ACHELIS & BOD | MAN FOUN 8BC090 |

OTHER INVESTMENTS

| THE ACHELIS & BODMAN FOUNDATION C\O MAI | <u> </u> | | 13-6022018 |
|---|----------|--------------|--------------|
| HIGH GROUND INVESTMENT MANAGEMENT | FMV | 1 122 626 | 1 122 626 |
| LLP | T3.67.7 | 1,133,636. | 1,133,636. |
| HIGHCLERE INTERNATIONAL | FMV | 882,108. | 882,108. |
| LCP IX OFFSHORE LP | FMV | 3,460,702. | 3,460,702. |
| MAKIRA OFFSHORE INVESTORS LTD | FMV | 9,581,308. | 9,581,308. |
| MCR DULLES PARTNERS | FMV | 4,002. | 4,002. |
| MCR HOSPITALITY FUND LP | FMV | 1,789,543. | 1,789,543. |
| MCR TEXAS LLC | FMV | 651,954. | 651,954. |
| NEW CANAAN FUNDING MEZZANINE V SBIC | FMV | | |
| LP | | 123,184. | 123,184. |
| NEW CANAAN FUNDING MEZZANINE VI | FMV | | |
| SBIC LP | | 841,438. | 841,438. |
| NEW CANAAN FUNDING MEZZANINE VII | FMV | | |
| SBIC LP | | 1,187,525. | 1,187,525. |
| PATHSTONE PMA INC | FMV | 2,070,947. | 2,070,947. |
| PORTOLAN PILOT LONG ONLY FUND LP | FMV | 9,301,995. | 9,301,995. |
| PRIVATE ADVISORS REAL ASSETS FUND | FMV | | |
| III | | 2,183,321. | 2,183,321. |
| PRIVATE ADVISORS SECONDARY FUND V | FMV | | |
| LP | | 2,603,464. | 2,603,464. |
| PRIVATE ADVISORS SECONDARY FUND VI | FMV | | |
| LP | | 1,165,659. | 1,165,659. |
| QUINN OPPORTUNITIES OFFSHORE LTD | FMV | 1,094,931. | 1,094,931. |
| RBC EMERGING MARKETS | FMV | 2,763,062. | 2,763,062. |
| RCP SECONDARY OPPORTUNITY FUND II, | FMV | | |
| LP | | 394,133. | 394,133. |
| RIVERSIDE ACCELERATION CAPITAL FUND | FMV | | |
| II LP | | 823,879. | 823,879. |
| SEACOAST CAPITAL PARTNERS III | FMV | 886,072. | 886,072. |
| SEACOAST CAPITAL PARTNERS IV LP | FMV | 1,430,862. | 1,430,862. |
| SILVER POINT CAPITAL OFFSHORE FUND, | FMV | | |
| LTD. | | 4,299,112. | 4,299,112. |
| STEELHEAD PATHFINDER FUND LTD | FMV | 2,482,915. | 2,482,915. |
| TIFF PRIVATE EQUITY PARTNERS 2005 | FMV | 80,948. | 80,948. |
| TIFF PRIVATE EQUITY PARTNERS 2006 | FMV | 21,844. | 21,844. |
| TIFF PRIVATE EQUITY PARTNERS 2007 | FMV | 585,726. | 585,726. |
| TIFF PRIVATE EQUITY PARTNERS 2008 | FMV | 694,528. | 694,528. |
| TIFF PRIVATE EQUITY PARTNERS 2009 | FMV | 78,726. | 78,726. |
| TIFF PRIVATE EQUITY PARTNERS 2012 | FMV | 2,929,471. | 2,929,471. |
| TIFF PRIVATE EQUITY PARTNERS 2013 | FMV | 2,012,525. | 2,012,525. |
| TIFF PRIVATE EQUITY PARTNERS 2014 | FMV | 1,779,846. | 1,779,846. |
| TIFF PRIVATE EQUITY PARTNERS 2015 | FMV | 4,505,843. | 4,505,843. |
| TIFF SPECIAL OPPORTUNITIES FUND | FMV | 976,370. | 976,370. |
| TOPSPIN PARTNERS III | FMV | 1,039,321. | 1,039,321. |
| VANGUARD SHORT-TERM BOND INDEX | FMV | 8,955,243. | 8,955,243. |
| VERDAD JAPAN FUND LP | FMV | 1,771,268. | 1,771,268. |
| VISTA CREDIT PARTNERS III | FMV | 1,065,958. | 1,065,958. |
| WCM FOCUSED INTERNATIONAL GROWTH | FMV | , , | , , |
| FUND | | 3,255,594. | 3,255,594. |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | | 118,218,211. | 118,218,211. |
| | | | |

| | LIST OF OFFICERS, DII AND FOUNDATION MANA | | STAT | EMENT 9 |
|---|---|--------------------------|---------------------------------|---------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | |
| RUSSELL P. PENNOYER 420 LEXINGTON AVENUE NEW YORK, NY 10170 | PRESIDENT/TRUST | TEE 0. | 0. | 0 |
| FATIANA POUSCHINE 420 LEXINGTON AVENUE NEW YORK, NY 10170 | VICE PRESIDENT | /TRUSTEE | 0. | 0 |
| JOHN N. IRWIN III 420 LEXINGTON AVENUE NEW YORK, NY 10170 | CHAIRMAN/TRUSTI | EE 0. | 0. | 0 |
| HORACE I. CRARY, JR. 420 LEXINGTON AVENUE NEW YORK, NY 10170 | TREASURER/TRUS | PEE 0. | 0. | 0 |
| GEORGE MCCABE 420 LEXINGTON AVENUE NEW YORK, NY 10170 | TRUSTEE 3.00 | 0. | 0. | 0 |
| LESLIE LENKOWSKY 420 LEXINGTON AVENUE NEW YORK, NY 10170 | TRUSTEE 3.00 | 0. | 0. | C |
| MAGDALENA ZAVALIA DE MIGUENS. 420 LEXINGTON AVENUE NEW YORK, NY 10170 | TRUSTEE 3.00 | 0. | 0. | C |
| OLIVER GRACE 420 LEXINGTON AVENUE NEW YORK, NY 10170 | TRUSTEE 3.00 | 0. | 0. | 0 |
| JOHN B. KRIEGER 420 LEXINGTON AVENUE NEW YORK, NY 10170 | EXECUTIVE DIREC | CTOR/SECRETA 340,096. | | 0 |
| TOTALS INCLUDED ON 990-PF, PA | GE 6, PART VII | 340,096. | 39,300. | |

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XIV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOHN B. KRIEGER, EXECUTIVE DIRECTOR 420 LEXINGTON AVE, SUITE 2803 NEW YORK, NY 10170

TELEPHONE NUMBER

212-644-0322

FORM AND CONTENT OF APPLICATIONS

NONPROFIT ORGANIZATIONS BASED IN NEW YORK CITY AND NORTHERN NEW JERSEY THAT ARE TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FALL WITHIN THE PROGRAM AREAS OF THE FOUNDATION ARE WELCOME TO SUBMIT AN INQUIRY OR PROPOSAL LETTER BY EMAIL TO APPLICATION@ACHELISBODMAN.ORG. (PLEASE DO NOT SEND FULL PROPOSALS UNLESS REQUESTED.)

AN INITIAL INQUIRY TO THE ACHELIS AND BODMAN FOUNDATION SHOULD INCLUDE ONLY THE FOLLOWING ITEMS:

- 1. A PROPOSAL LETTER THAT BRIEFLY SUMMARIZES THE HISTORY OF THE PROJECT, NEED, OBJECTIVES, TIME PERIOD, KEY STAFF, PROJECT BUDGET, AND EVALUATION PLAN.
- 2. LATEST ANNUAL REPORT.

ANY SUBMISSION DEADLINES

THERE ARE NO SUBMISSION DEADLINES.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION GENERALLY DOES NOT MAKE GRANTS FOR THE FOLLOWING PURPOSES OR PROGRAM AREAS:

- -NONPROFIT ORGANIZATIONS OUTSIDE OF NEW YORK AND NEW JERSEY
- -ANNUAL APPEALS, DINNER FUNCTIONS, AND FUNDRAISING EVENTS
- -ENDOWMENTS AND CAPITAL CAMPAIGNS
- -LOANS AND DEFICIT FINANCING
- -DIRECT GRANTS TO INDIVIDUALS
- -INDIVIDUAL DAY-CARE AND AFTER-SCHOOL PROGRAMS
- -HOUSING
- -ORGANIZATIONS OR PROJECTS BASED OUTSIDE THE U.S.
- -SMALL ART, DANCE, MUSIC, AND THEATER GROUPS

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 11
PART XIV, LINES 2A - 2D (CONTINUATION)

FORM AND CONTENT OF APPLICATIONS

- 3. LATEST COMPLETE AUDITED FINANCIAL STATEMENTS.
- 4. IRS 501(C)(3) TAX-EXEMPTION LETTER.



- -INDIVIDUAL K-12 SCHOOLS (EXCEPT CHARTER SCHOOLS)
- -NATIONAL HEALTH AND MENTAL HEALTH ORGANIZATIONS
- -GOVERNMENT AGENCIES OR NONPROFIT ORGANIZATIONS SIGNIFICANTLY FUNDED OR REIMBURSED BY GOVERNMENT AGENCIES

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| Part IV Capital Gains and Lo | sses for Tax on Investment Income | | | | | |
|--|--|---|----|--|--|-------------------------------|
| | d describe the kind(s) of property solo rick warehouse; or common stock, 20 | | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a PUBLICLY TRADED SECUR | ITIES | | | P | | |
| b BRIGHTWOOD CAPITAL SE | BIC II LP | | | P | | |
| C NEW CANAAN FUNDING ME | ZZANINE VI SBIC LP | | | P | | |
| d TIFF PARTNERS III LLC | : | | | P | | |
| e VERDAD JAPAN FUND LP | | | | P | | |
| f PRIVATE ADVISORS REAL | ASSETS FUND III | | | P | | |
| g TIFF PRIVATE EQUITY P | ARTNERS 2009 | | | P | | |
| h TIFF PRIVATE EQUITY P | ARTNERS 2006 | | | P | | |
| i NEW CANAAN FUNDING ME | ZZANINE V SBIC LP | | | P | | |
| TIFF PRIVATE EQUITY P | ARTNERS 2005 | | | P | | |
| k SEACOAST CAPITAL PART | NERS III | | | P | | |
| MCR HOSPITALITY FUND | LP | | | P | | |
| m SEACOAST CAPITAL PART | NERS IV LP | | | P | | |
| n PRIVATE ADVISORS SECO | NDARY FUND V LP | | | P | | |
| O TIFF PRIVATE EQUITY P | ARTNERS 2012 | | | P | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | |) Gain or (loss) Dlus (f) minus (g) | |
| a 22,238,429. | | 21,228,584, | | | | 1,009,845. |
| b | | | | | | 1,122. |
| C | | | | | | 417. |
| d | | | 7 | · · · · · · · · · · · · · · · · · · · | | 392. |
| e | | | | | | -146,705. |
| f | | | | | | -66. |
| g | | | | | | -1,922. |
| h | | | | | | -2,708. |
| i | | | | | | -9,834. |
| i | | | | | | -66,063. |
| k | | | | | | 1,794. |
| | | | | | | 18,947. |
| m | | | | | | 441,139. |
| n | | | | | | 395,012. |
| 0 | | | | | | 313,715. |
| | ng gain in column (h) and owned by t | he foundation on 12/31/69 | | (I) I os | ses (from col. (h)) | , |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | Gains (excess | of col. (h) gain over ot less than "-0-") | col. (k), |
| a | | | ** | | | 1,009,845. |
| b | | | ** | | | 1,122. |
| C | | | ** | | | 417. |
| d | | | ** | | | 392. |
| e | | | ** | | | -146,705. |
| f | | | ** | | | -66. |
| g | | | ** | | | -1,922. |
| h | | | ** | | | -2,708. |
| i | | | ** | | | -9,834. |
| i | | | ** | | | -66,063. |
| k | | | ** | | | 1,794. |
| | | | ** | | | 18,947. |
| m | | | ** | | | 441,139. |
| n | | | ** | | | 395,012. |
| 0 | | | ** | | | 313,715. |
| | I | | | | | , . 23. |
| 2 Capital gain net income or (net ca | apital loss) { lf gain, also enter If (loss), enter "-C | in Part I, line 7 I-" in Part I, line 7 | 2 | | | |
| 3 Net short-term capital gain or (logif gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line | , column (c). | d (6): | 3 | | | |

C\O MANICE & BUDD LLP

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| Part IV Capital Gains and Loss | ses for Tax on Investment Income | | | | | |
|---|--|---|----|--|--|----------------------------------|
| (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. | | | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a TIFF PRIVATE EQUITY PA | RTNERS 2013 | | | P | | |
| b MCR DULLES PARTNERS | | | | P | | |
| C PATHSTONE PMA INC | | | | P | | |
| d CYPRIUM INVESTORS IV A | IV I LP | | | P | | |
| e TIFF PRIVATE EQUITY PA | RTNERS 2007 | | | P | | |
| f RCP SECONDARY OPPORTUN | ITY FUND II, LP | | | P | | |
| q TIFF PRIVATE EQUITY PA | RTNERS 2014 | | | P | | |
| h TIFF SPECIAL OPPORTUNI | TIES FUND | | | P | | |
| HIGHCLERE INTERNATIONA | L | | | P | | |
| TIFF PRIVATE EQUITY PA | RTNERS 2008 | | | P | | |
| k PRIVATE ADVISORS SECON | DARY FUND VI LP | | | P | | |
| TIFF PRIVATE EQUITY PA | RTNERS 2015 | | | P | | |
| m LESS: AMOUNT ATTRIBUTA | BEL TO UBI | | | P | | |
| n | | | | | | |
| 0 | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | |) Gain or (loss) llus (f) minus (g) | |
| a | | | | | | 157,105. |
| b | | | | | | 147,445. |
| С | | | | | | 2,525. |
| d | | | 7 | | | 100,194. |
| e | | | | | | 52,255. |
| f | | | | | | 48,054. |
| a | | | _ | | | 42,090. |
| h | | | | | | 39,266. |
| i | | | | | | -35,651. |
| i | | | | | | 23,023. |
| k | | | | | | 77,682. |
| ï | | | | | | 464,135. |
| m | | | | | | -68,564. |
| n | 4 | | | | | , |
| 0 | | | | | | |
| | gain in column (h) and owned by t | he foundation on 12/31/69 | | (I) Los | ses (from col. (h)) | |
| | (j) Adjusted basis | (k) Excess of col. (i) | | Gains (excess of | of col. (h) gain over | col. (k), |
| (i) F.M.V. as of 12/31/69 | as of 12/31/69 | over col. (j), if any | | but n | ot less than "-0-") | |
| a | | | ** | | | 157,105. |
| b | | | ** | | | 147,445. |
| C | | | ** | | | 2,525. |
| d | | | ** | | | 100,194. |
| e | | | ** | | | 52,255. |
| f | | | ** | | | 48,054. |
| g | | | ** | | | 42,090. |
| h | | | ** | | | 39,266. |
| i | | | ** | | | -35,651. |
| i | | | ** | | | 23,023. |
| k | | | ** | | | 77,682. |
| ï | | | ** | | | 464,135. |
| m | | | ** | | | -68,564. |
| n | | | | | | , , |
| 0 | | | | | | |
| 2 Capital gain net income or (net capi | ital loss) { If gain, also enter "-0" | in Part I, line 7 -" in Part I, line 7 | 2 | | | 3,004,644. |
| 3 Net short-term capital gain or (loss | | ` | | | | |
| If gain, also enter in Part I, line 8, c If (loss), enter "-0-" in Part I, line 8 | olumn (c). | } | | | | 3 004 644 |
| ii (1055), eiilei -u- iii Part i, iiile 8 | | | 3 | | | 3,004,644. |

Supplementary Information Part XIV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor AMERICAN PURPOSE NONE PC GENERAL OPERATING P.O. BOX 70522 SUPPORT CHEVY CHASE, MD 20815 50,000. AMERICAN SCHOOL OF CLASSICAL STUDIES NONE ЬC LABORATORY OF ΑТ ARCHAEOLOGICAL SCIENCE 321 WALL STREET PRINCETON, NJ 08540 100,000. ARS NOVA THEATER ÞС GENERAL OPERATING NONE 511 WEST 54TH STREET SUPPORT NEW YORK, NY 10019 25,000. ASLAN YOUTH MINISTRIES NONE PC YOUTH PROGRAMS 257 HARDING ROAD P.O BOX 270 RED BANK, NJ 07701-0270 40,000. ASSOCIATION OF GRADUATES OF THE NONE GENERAL OPERATING SUPPORT UNITED STATES MILITARY ACADEMY 698 MILLS ROAD WEST POINT, NY 10996 5,000. ATLAS NETWORK NONE EASTERN EUROPE TWO LIBERTY CENTER 4075 WILSON INITIATIVE BOULEVARD SUITE 310 ARLINGTON, VA 22203 100,000. AVENUES FOR JUSTICE NONE ÞС GENERAL OPERATING MANHATTAN CRIMINAL COURT 100 CENTRE SUPPORT STREET ROOM 1541 NEW YORK, NY 10013 30,000. BEST BUDDIES NEW YORK NONE PC SCHOOL FRIENDSHIP 120 WEST 45TH STREET SUITE 3800 PROGRAM IN NEW YORK, NY 10036 35,000. BIPARTISAN POLICY CENTER NONE ÞС CAMPUS FREE EXPRESSION 1225 EYE STREET NW SUITE 1000 PROJECT WASHINGTON, DC 20005 25,000. BRICK PRESBYTERIAN CHURCH NONE PC GENERAL OPERATING 62 EAST 92ND STREET SUPPORT NEW YORK, NH 10128 5,000.

Total from continuation sheets

6,448,500.

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient BRIDGES FROM SCHOOL TO WORK NONE PC NEW YORK CITY BRIDGES 10400 FERNWOOD ROAD PROGRAM BETHESDA, MD 20817 50,000. BRONX CHILDREN'S MUSEUM NONE ÞС NATURE OF THE BRONX P.O. BOX 1381 BRONX, NY 10451-9998 40,000. BRONX RIVER ALLIANCE NONE ÞС EDUCATION PROGRAMS ONE BRONX RIVER PARKWAY BRONX, NY 10462 30,000. BRONX SCHOOL FOR MUSIC NONE PC GENERAL OPERATING 3348 PERRY AVENUE SUPPORT BRONX, NY 10467 40,000. BRONX SCHOOL FOR MUSIC NONE GENERAL OPERATING 3348 PERRY AVENUE SUPPORT BRONX, NY 10467 5,000. BROOKLYN CHILDREN'S MUSEUM NONE GENERAL OPERATING 145 BROOKLYN AVENUE SUPPORT BROOKLYN, NY 11213 40,000. BRUNSWICK SCHOOL NONE ÞС TUDOR PLEDGE 100 MAHER AVENUE GREENWICH, CT 06830 10,000. CALVARY HOSPITAL NONE PC CHILD AND ADOLESCENT 1740 EASTCHESTER ROAD BEREAVEMENT BRONX, NY 10461 50,000. CANCER RESEARCH INSTITUTE NONE ÞС LLOYD J. OLD STAR 29 BROADWAY, 4TH FLOOR PROGRAM NEW YORK, NY 10006 100,000. CANDID NONE PC GENERAL OPERATING 32 OLD SLIP SUPPORT

Total from continuation sheets

NEW YORK, NY 10005

10,000.

Part XIV Supplementary Information

| Part XIV Supplementary Information | | | | |
|--|--|----------------------|-----------------------------------|----------|
| 3 Grants and Contributions Paid During the Ye | ar (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | |
| CARDINAL MCCLOSKEY COMMUNITY SERVICES 115 EAST STEVENS AVENUE VALHALLA, NY 10595 | NONE | ₽C | WORLD OF WORK | 25,000. |
| CARING CONTACT P.O. BOX 2376 WESTFIELD, NJ 07091 | NONE | ₽C | LAUNCHING 988 | 40,000. |
| CATHOLIC SCHOOLS FOUNDATION 67 BATTERYMARCH STREET BOSTON, MA 02110 | NONE | ₽C | ANNUAL DINNER CELEBRATION FUND | 20,000. |
| CENTER FOR URBAN RENEWAL AND EDUCATION 1317 F STREET, NW WASHINGTON, DC 20004 | NONE | PC | CLERGY NETWORK | 50,000. |
| CHESHIRE HOME 9 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932 | NONE | PC | HVAC EQUIPMENT | 50,000. |
| CHILDREN'S AID SOCIETY 117 WEST 124TH STREET NEW YORK, NY 10027 | NONE | ₽ď | NEXT GENERATION CENTER | 50,000. |
| CHILDREN'S MUSEUM OF MANHATTAN 212 WEST 83RD STREET NEW YORK, NY 10024 | NONE | ₽C | GENERAL OPERATING SUPPORT | 40,000. |
| CHILDREN'S SCHOLARSHIP FUND NEW YORK 8 WEST 38TH STREET NEW YORK, NY 10018 | NONE | ₽C | SCHOLARSHIPS | 100,000. |
| CHRISTODORA 1 EAST 53RD STREET NEW YORK, NY 10022 | NONE | ₽C | GENERAL OPERATING SUPPORT | 135,000. |
| CHRISTODORA 1 EAST 53RD STREET NEW YORK, NY 10022 Total from continuation sheets | NONE | ₽C | GENERAL OPERATING SUPPORT | 8,000. |

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor CITY HARVEST NONE PC GENERAL OPERATING 150 52ND STREET SUPPORT BROOKLYN, NY 11232 25,000. NONE CITY RELIEF PC. GENERAL OPERATING 295 WALNUT STREET SUPPORT ELIZABETH, NJ 07201 25,000. CLARION MUSIC SOCIETY NONE ÞС GENERAL OPERATING 119 EAST 74TH STREET SUPPORT NEW YORK, NY 10021 2,000. CLASSIC STAGE COMPANY NONE РC GENERAL OPERATING 136 EAST 13TH STREET SUPPORT NEW YORK, NY 10003 40,000. CLASSICAL THEATRE OF HARLEM NONE UPTOWN SHAKESPEARE IN 1850 AMSTERDAM AVENUE THE PARK NEW YORK, NY 10031 25,000. COALTTION FOR THE HOMELESS NONE PC. CAMP HOMEWARD BOUND 129 FULTON STREET NEW YORK, NY 10038 25,000. CUNY - DEPARTMENT OF POLITICAL NONE ÞС DANIEL PATRICK SCIENCE MOYNIHAN CENTER 160 CONVENT AVENUE, NAC 4/136 NEW YORK, NY 10031 75,000. DARTMOUTH NATURAL RESOURCES TRUST NONE PC GENERAL OPERATING SUPPORT 404 ELM STREET 2,000. DARTMOUTH, MA 02748 DILLER-QUAILE SCHOOL OF MUSIC NONE ÞС COMMUNITY PROGRAMS AND 24 EAST 95TH STREET NEW YORK, NY 10128 40,000. DOCTORS WITHOUT BORDERS USA UKRAINE RELIEF NONE PC 40 RECTOR STREET NEW YORK, NY 10006 25,000.

Total from continuation sheets

C\O MANICE & BUDD LLP 13-6022018 Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient DONORS TRUST & DONORS CAPITAL FUND NONE PC DONOR ADVISED FUND 1800 DIAGONAL STREET ALEXANDRIA, VA 22314 100,000. DONORS TRUST & DONORS CAPITAL FUND NONE PC. DONOR ADVISED FUND 1800 DIAGONAL STREET ALEXANDRIA, VA 22314 100,000. EARLY STEPS ÞС GENERAL OPERATING NONE 540 EAST 76TH STREET SUPPORT NEW YORK, NY 10021 15,000. EMPIRE CENTER FOR PUBLIC POLICY NONE РC GENERAL OPERATING 100 STATE STREET, SUITE 410 SUPPORT ALBANY, NY 12207 100,000. ENGIN NONE GENERAL OPERATING 15 URBAN STREET SUPPORT STAMFORD, CT 06905 25,000. ENGLISH-SPEAKING UNION OF THE UNITED NONE PC. 2023 NATIONAL 144 EAST 39TH STREET SHAKESPEARE NEW YORK, NY 10016 50,000. FEARLESS THEATER COMPANY NONE ÞС THE HOPE SCENARIOS 488 14TH STREET BROOKLYN, NY 11215 25,000. FEDERALIST SOCIETY FOR LAW & PUBLIC NONE ÞС LAW SCHOOL DEBATES POLICY 1776 I STREET NW WASHINGTON, DC 20006 50,000.

ÞС

PC

NONE

NONE

FELIX ORGANIZATION

43 OYSTER BAY ROAD LOCUST VALLEY, NY 11560

420 MAIN STREET HAZARD, KY 41701

FOUNDATION FOR APPALACHIAN KENTUCKY

Total from continuation sheets

CAMP FELIX SUMMER CAMP

FLOOD RELIEF

25,000.

25,000.

Part XIV Supplementary Information

| Part XIV Supplementary Information | | | | |
|---|--|----------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the Ye | ear (Continuation) | | _ | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| FOUNDATION FOR CULTURAL REVIEW 900 BROADWAY NEW YORK, NY 10003 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000. |
| FOUNDATION FOR INDIVIDUAL RIGHTS IN 510 WALNUT STREET PHILADELPHIA, PA 19106 | NONE | PC | GENERAL OPERATING SUPPORT | 100,000. |
| FREEDOM HOUSE 1850 M STREET NW WASHINGTON, DC 20036 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000. |
| FRESH AIR FUND 633 THIRD AVENUE NEW YORK, NH 10017 | NONE | PC | SUMMER TEEN ACADEMY | 75,000. |
| FRIENDS OF KARDIAS FOUNDATION 654 MADISON AVENUE NEW YORK, NY 10065 | NONE | PC | GENERAL OPERATING SUPPORT | 40,000. |
| FRIENDS OF KARDIAS FOUNDATION 654 MADISON AVENUE NEW YORK, NY 10065 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000. |
| FRIENDS OF THE LOBKOWICZ COLLECTIONS P.O. BOX 814 DOVER, MA 02030 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000. |
| GARDEN STATE INITIATIVE P.O. BOX 9180 MORRISTOWN, NJ 07963 | NONE | ₽C | GENERAL OPERATING SUPPORT | 30,000. |
| GILDER LEHRMAN INSTITUTE OF AMERICAN 49 WEST 45TH STREET NEW YORK, NY 10036 | NONE | PC | GENERAL OPERATING SUPPORT | 4,000. |
| GIRL SCOUTS HEART OF NEW JERSEY 1171 ROUTE 28 NORTH BRANCH, NJ 08875 Total from continuation sheets | NONE | PC | EMERGING MARKETS INITIATIVE | 50,000. |

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient THE AMERICAN FRIENDS OF THE GWPF NONE PC RESEARCH P.O. BOX 186 NORTH LAKE, WI 53064 75,000. NONE HAPPINESS IS CAMPING PC. SUMMER CAMP 62 SUNSET LAKE ROAD HARDWICK, NJ 07825 25,000. HARLEM EDUCATIONAL ACTIVITIES FUND ÞС HEAF CONTINUUM NONE 2090 SEVENTH AVENUE NEW YORK, NY 10027 50,000. HARLEM EDUCATIONAL ACTIVITIES FUND NONE РC GENERAL OPERATING 2090 SEVENTH AVENUE SUPPORT NEW YORK, NY 10027 2,000. HOTCHKISS SCHOOL NONE GENERAL OPERATING 11 INTERLAKEN ROAD SUPPORT LAKEVILLE, CT 06039-2141 1,000. HUDSON INSTITUTE NONE GENERAL OPERATING 1201 PENNSYLVANIA AVENUE, NW SUPPORT WASHINGTON, DC 20004 4,000. HUDSON INSTITUTE NONE ÞС RESEARCH 1201 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004 150,000. HUDSON INSTITUTE NONE PC CENTER FOR RELIGIOUS FREEDOM 1201 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004 75,000. HUDSON INSTITUTE NONE ÞС RESEARCH 1201 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004 100,000. I AM C.U.L.T.U.R.E.D. NONE PC GENERAL OPERATING 11 TALBOT DRIVE SUPPORT WESTBURY, NY 11590 25,000. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor IDEAS BEYOND BORDERS NONE PC BEL ARABI PROGRAM 244 FIFTH AVENUE NEW YORK, NY 10001 50,000. NONE INDEPENDENT INSTITUTE PC. GENERAL OPERATING 100 SWAN WAY SUPPORT OAKLAND, CA 94621-1428 25,000. INDIANA UNIVERSITY FOUNDATION ÞС ONEILL FUTURE FUND NONE PO BOX 500 BLOOMINGTON, IN 47402 2,000. INSTITUTE OF CLASSICAL ARCHITECTURE & NONE ÞС GENERAL OPERATING SUPPORT 20 WEST 44TH STREET NEW YORK, NY 10036 40,000. INTERNATIONAL DOCUMENTARY ASSOCIATION NONE FILM 3600 WILSHIRE BOULEVARD LOS ANGELES, CA 90010 35,000. INTERNATIONAL MEDICAL CORPS NONE PC. UKRAINE RELIEF 12400 WILSHIRE BOULEVARD LOS ANGELES, CA 90025 25,000. INTERNATIONAL RESCUE COMMITTEE NONE ÞС UKRAINE RELIEF 122 EAST 42ND STREET NEW YORK, NY 10168-1289 25,000. JACK MILLER CENTER FOR TEACHING NONE FOUNDING CIVICS PC. AMERICA'S INITIATIVE THREE BALA PLAZA WEST BALA CYNWYD, PA 19004 50,000. JEWISH MUSEUM NONE ÞС THE SASSOONS 1109 FIFTH AVENUE NEW YORK, NY 10128 50,000. KITE & KEY MEDIA NONE PC GENERAL OPERATING 137 MONTAGUE STREET SUPPORT

Total from continuation sheets

BROOKLYN, NY 11201

50,000.

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor LA SALLE ACADEMY NONE PC SCHOLARSHIPS 215 EAST 6TH STREET NEW YORK, NY 10003 30,000. NONE LAWRENCE & MEMORIAL HOSPITAL PC. GENERAL OPERATING 365 MONTAUK AVENUE SUPPORT NEW LONDON, CT 06320 4,000. LEGAL OUTREACH NONE ÞС GENERAL OPERATING 36-14 35TH STREET SUPPORT LONG ISLAND, NY 11106 40,000. LIGHTHOUSE WORKS NONE PC GENERAL OPERATING 1070 MONTAUK AVENUE SUPPORT FISHER ISLAND, NY 06390 1,000. LUNCH BREAK NONE GENERAL OPERATING 121 DRS. JAMES PARKER BOULEVARD SUPPORT RED BANK, NJ 07701 25,000. MANHATTAN INSTITUTE FOR POLICY NONE RESEARCH RESEARCH 52 VANDERBILT AVENUE NEW YORK, NY 10017 150,000. MANHATTAN INSTITUTE FOR POLICY NONE ÞС GENERAL OPERATING SUPPORT RESEARCH 52 VANDERBILT AVENUE NEW YORK, NY 10017 4,000. MANHATTAN INSTITUTE FOR POLICY NONE ÞС RESEARCH RESEARCH 52 VANDERBILT AVENUE NEW YORK, NY 10017 150,000. MERCY CENTER NONE ÞС GENERAL OPERATING 1106 MAIN STREET SUPPORT ASBURY PARK, NJ 07712 25,000. MODERN STATES EDUCATION ALLIANCE NYC X FRESHMAN YEAR NONE PC 1633 BROADWAY FOR FREE NEW YORK, NY 10019 50,000. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient MORGAN LIBRARY & MUSEUM NONE PC MORGANS BIBLES AND 225 MADISON AVENUE NEW YORK, NY 10016 50,000. NONE MORNINGSIDE INSTITUTE PC. GENERAL OPERATING 490 RIVERSIDE DRIVE SUPPORT NEW YORK, NY 10027 30,000. MUNICIPAL ART SOCIETY OF NEW YORK ÞС REPAIR OF THREE NONE 488 MADISON AVENUE MONUMENTS IN NEW NEW YORK, NY 10022 50,000. MUSEUM OF JEWISH HERITAGE NONE РC COURAGE TO ACT: RESCUE 36 BATTERY PLACE IN DENMARK NEW YORK, NY 10280 25,000. MUSICAMBIA NONE MUSIC PROGRAMS IN NEW 712A MONROE STREET YORK STATE BROOKLYN, NY 11221 25,000. NASAREAN.ORG NONE PC. GENERAL OPERATING 112 SOUTH MAIN STREET SUPPORT STOWE, VT 05672 5,000. NASAREAN.ORG NONE ÞС GENERAL OPERATING 112 SOUTH MAIN STREET SUPPORT STOWE, VT 05672 5,000. NATIONAL ASSOCIATION OF SCHOLARS NONE PC MEDICAL EDUCATION 420 MADISON AVENUE NEW YORK, NY 10017 50,000. NATIONAL AUDUBON SOCIETY OF NEW YORK NONE ÞС FOR THE BIRDS! 9 THURLOW TERRACE CURRICULUM ALBANY, NY 12203 40,000. RESEARCH NATIONAL COUNCIL ON TEACHER QUALITY NONE PC 1032 15TH STREET NW WASHINGTON, DC 20005 50,000. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient NATIONAL SAWDUST NONE PC 2022-23 SEASON 80 NORTH 6TH STREET BROOKLYN, NY 12249 35,000. NONE ÞС NEW 42ND STREET NEW VICTORY THEATER 229 WEST 42ND STREET NEW YORK, NY 10036 25,000. NEW YORK CHARTER SCHOOLS ASSOCIATION NONE ÞС CHARTER SCHOOL 2 TOWER PLACE COALITION IN MANHATTAN ALBANY, NY 10010 75,000. NEW YORK CITY AUDUBON SOCIETY NONE РC GENERAL OPERATING DAVID H. KOCH THEATER SUPPORT NEW YORK, NY 10023 40,000. NEW YORK CITY BALLET NONE GENERAL OPERATING 25 BROADWAY, 12TH FLOOR SUPPORT NEW YORK, NY 10004 25,000. NEW YORK CITY URBAN DEBATE LEAGUE NONE PC. EXPAND PROGRAMMING IN 25 BROADWAY, 12TH FLOOR HIGH-NEED NEW YORK, NY 10004 50,000. NEW YORK COMMON PANTRY NONE ÞС GENERAL OPERATING 8 EAST 109TH STREET SUPPORT NEW YORK, NY 10029 25,000. NEW YORK PRESERVATION ARCHIVE PROJECT NONE PC GENERAL OPERATING SUPPORT 174 EAST 80TH STREET NEW YORK, NY 10075 25,000. NEW-YORK HISTORICAL SOCIETY NONE ÞС GENERAL OPERATING 170 CENTRAL PARK WEST SUPPORT NEW YORK, NY 10024 2,000. OLD WESTBURY GARDENS NONE PC GENERAL OPERATING P. O. BOX 430 SUPPORT OLD WESTBURY, NY 11568 25,000. Total from continuation sheets

Part XIV Supplementary Information

| Part XIV Supplementary Information 3 Grants and Contributions Paid During the | | | | |
|---|---|------------------------|----------------------------------|---------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | Contribution | Amount |
| | | | | |
| PALEY CENTER FOR MEDIA | NONE | PC | GENERAL OPERATING | |
| 25 WEST 52ND STREET | | | SUPPORT | |
| NEW YORK, NY 10019 | | | | 50,000 |
| PARTNERSHIP SCHOOLS | NONE | ₽C | NEW YORK CITY SCHOOLS | |
| 1011 FIRST AVENUE, SUITE 1800 | NONE | | NEW TORK CITT SCHOOLS | |
| NEW YORK, NY 10002 | | | | 100,000 |
| | | | | |
| PERLMAN MUSIC PROGRAM | NONE | ₽C | 2022 SUMMER MUSIC | |
| 19 WEST 69TH STREET | | | SCHOOL | |
| NEW YORK, NY 10023 | | | | 40,000 |
| | | | | |
| PRAGER UNIVERSITY FOUNDATION | NONE | PC | PRAGERU KIDS | |
| 15021 VENTURA BOULEVARD | | | | |
| SHERMAN OAKS, CA 91403 | | | | 75,000 |
| | | | | |
| DUDDING HOD I THE HOUNDARTON | NONE | | GENERAL OPERATING | |
| PURDUE FOR LIFE FOUNDATION 403 WEST WOOD STREET | NONE | PC | GENERAL OPERATING SUPPORT | |
| WEST LAFAYETTE, IN 47907 | | | BOTTORT | 5,000. |
| , | | | | |
| | | | | |
| QUEENS COMMUNITY HOUSE 92-17 165TH STREET | NONE | PC' | NEIGHBORHOOD | |
| JAMAICA, NY 11433 | | | INTERGENERATIONAL | 30,000 |
| OAMATCA, NI 11433 | | | | 30,000 |
| QUEENS MUSEUM OF ART | NONE | PC | PANORAMA OF THE CITY | |
| NEW YORK CITY BUILDING | | | OF NEW YORK | |
| QUEENS, NY 11368 | | | | 35,000 |
| | | | | |
| REAL CLEAR FOUNDATION | NONE | ₽C | RESEARCH | |
| 666 DUNDEE ROAD | | | | |
| NORTHBROOK, IL 60062 | | | | 50,000 |
| | | | | |
| REGIS HIGH SCHOOL | NONE | PC | REACH PROGRAM | |
| 55 EAST 84TH STREET | | | | |
| NEW YORK, NY 10028-0884 | | | | 50,000 |
| | | | | |
| RIVERSIDE FILMS | NONE | PC | THE COLFAX MASSACRE | |
| 250 RIVERSIDE DRIVE, NO. 65 NEW YORK, NY 10025 | | | | 50,000 |
| Total from continuation sheets | | | | |

Part XIV Supplementary Information

| Part XIV Supplementary Information | | | | |
|--|--|-------------------------|-----------------------------------|----------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| ROCKEFELLER UNIVERSITY | NONE | PC | LABORATORY OF CHEMICAL | |
| 1230 YORK AVENUE | | | BIOLOGIST KATYA | |
| NEW YORK, NY 10021 | | | VINOGRADOVA AND PURCHASE OF AN | |
| | | | ORBITRAP ECLIPSE | 500,000. |
| | | | | 200,000. |
| | | | | |
| ROSENWALD PARK CAMPAIGN | NONE | PC | INTRODUCTORY VIDEO | |
| 19 MAPLEWOOD PARK COURT | | | | 2,500. |
| BETHESDA, MD 20814 | | | | 2,300. |
| | | | | |
| SAVE THE CHILDREN FEDERATION | NONE | PC | UKRAINE CRISIS RELIEF | |
| 501 KINGS HIGHWAY EAST | | | FUND | 05.000 |
| FAIRFIELD, CT 06825 | | | | 25,000. |
| | | | | |
| SAVE THE REDWOODS LEAGUE | NONE | PC | LOST COAST REDWOODS IN | |
| 111 SUTTER STREET | | | | |
| SAN FRANCISCO, CA 94104 | | | | 50,000. |
| | | | | |
| SCHOOL OF AMERICAN BALLET | NONE | PC | GENERAL OPERATING | |
| 70 LINCOLN CENTER PLAZA | | | SUPPORT | |
| NEW YORK, NY 10023 | | | | 25,000. |
| | | | | |
| SCHOOL SISTERS OF NOTRE DAME | NONE | PC | GENERAL OPERATING | |
| EDUCATIONAL | | | SUPPORT | |
| 8704-88TH AVENUE | | | | 25 000 |
| WOODHAVEN, NY 11421 | | | | 25,000. |
| | , | | | |
| SEARCH AND CARE | NONE | PC | GENERAL OPERATING | |
| 1844 SECOND AVENUE | | | SUPPORT | 25 000 |
| NEW YORK, NY 10128 | | | | 25,000. |
| | | | | |
| SOCIETY OF ILLUSTRATORS | NONE | PC | GENERAL OPERATING | |
| 128 EAST 63RD STREET | | | SUPPORT | 40.000 |
| NEW YORK, NY 10065 | | | | 40,000. |
| | | | | |
| ST. BENEDICT'S PREPARATORY SCHOOL | NONE | PC | SCHOLARSHIP FUND | |
| 520 DR. MARTIN LUTHER KING JR. BLVD. | | | | |
| NEWARK, NJ 07102 | | | | 50,000. |
| | | | | |
| ST. FRANCIS XAVIER MISSION | NONE | PC | GENERAL OPERATING | |
| 55 WEST 15TH STREET | | | SUPPORT | |
| NEW YORK, NY 10011 | | | | 25,000. |
| Total from continuation sheets | | | | |

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient ST. JOHN'S BREAD AND LIFE NONE PC GENERAL OPERATING 795 LEXINGTON AVENUE SUPPORT BROOKLYN, NY 11221 25,000. NONE STAND FOUNDATION PC. GENERAL OPERATING P.O. BOX 15022 SUPPORT CHESAPEAKE, VA 23328 20,000. STANLEY M. ISAACS NEIGHBORHOOD CENTER ÞС EDUCATION AND NONE 415 EAST 93RD STREET WORKFORCE NEW YORK, NY 10128 50,000. STATEN ISLAND CHILDREN'S MUSEUM NONE РC GENERAL OPERATING 1000 RICHMOND TERRACE SUPPORT STATEN ISLAND, NY 10301 30,000. STATEN ISLAND MUSEUM NONE GENERAL OPERATING 1000 RICHMOND TERRACE SUPPORT STATEN ISLAND, NY 10301 30,000. STUDENT/PARTNER ALLIANCE NONE PC. SCHOLARSHIPS 561 SPRINGFIELD AVENUE SUMMIT, NJ 07901 40,000. STUDENTS 2 SCIENCE NONE ÞС STEM EDUCATION IN NEWARK CHARTER 66 DEFOREST AVENUE EAST HANOVER, NJ 07936 35,000. TEXAS CHRISTIAN UNIVERSITY NONE PC GENERAL OPERATING SUPPORT TCU BOX 298240 FORTH WORTH, TX 76129 2,000. THE SALIENT OF HARVARD COLLEGE NONE ÞС GENERAL OPERATING 14 ARROW ST, SUITE G10 SUPPORT CAMBRIDGE, MA 02138 25,000. THOMAS B. FORDHAM INSTITUTE RESEARCH NONE PC 1015 18TH ST NW WASHINGTON, DC 20036 50,000. Total from continuation sheets

Supplementary Information Part XIV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient THRIVE FOR LIFE PRISON PROJECT NONE PC IGNACIO HOUSE OF 30 WEST 16TH STREET STUDIES FOR WOMEN NEW YORK, NY 10011 50,000. UKRAINIAN CATHOLIC UNIVERSITY NONE ЬC UKRAINE RELIEF FOUNDATION 2332 WEST CHICAGO AVENUE CHICAGO, IL 60622 25,000. UNITED WAY OF MONROE COUNTY ÞС GENERAL OPERATING NONE 441 S. COLLEGE AVENUE SUPPORT BLOOMINGTON, IN 47403 1,000. VERTEX PARTNERSHIP ACADEMIES NONE РC CHARTER HIGH SCHOOL IN 1160 BEACH AVENUE THE BRONX BRONX, NY 10472 50,000. VISION LOSS ALLIANCE NONE INCLUSIVE SERVICE 155 MORRIS AVE, SUITE 2 DELIVERY FOR ADULTS DENVILLE, NJ 07834 30,000. VISIONS/SERVICES FOR THE BLIND AND NONE PC. TN PLANE SIGHT 500 GREENWICH STREET NEW YORK, NY 10013 50,000. VISITING NEIGHBORS NONE ÞС GENERAL OPERATING 3 WASHINGTON SQUARE VILLAGE SUPPORT NEW YORK, NY 10012 25,000. VOLCKER ALLIANCE NONE PC GOVERNMENT BREAKDOWNS: 1987-2022 39 BROADWAY NEW YORK, NY 10006 50,000. WASHINGTON UNIVERSITY NONE ÞС MCKELVEY SCHOOL OF MCKELVEY SCHOOL OF ENGINEERING ENGINEERING ST. LOUIS, MO 63130 10,000. WILD BIRD FUND NONE PC GENERAL OPERATING 565 COLUMBUS AVENUE SUPPORT NEW YORK, NY 10024 2,500. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient WILD BIRD FUND NONE PC GENERAL OPERATING SUPPORT 565 COLUMBUS AVENUE NEW YORK, NY 10024 2,500. NONE PC WINTER4KIDS GENERAL OPERATING 44 BREAKNECK ROAD SUPPORT VERNON, NJ 07462 25,000. WITHERSPOON INSTITUTE NONE PC GENERAL OPERATING 16 STOCKTON STREET SUPPORT PRINCETON, NJ 08540 100,000. WOODSON CENTER NONE GENERAL OPERATING 1625 K STREET, NW SUPPORT WASHINGTON, DC 20006 50,000. Total from continuation sheets

| | C/O MANICE & BODD BEF | 13-0022010 |
|------------|---|------------|
| Part XIV | Supplementary Information | |
| 3a Grants | and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution | |
| NAME OF RE | CIPIENT - ROCKEFELLER UNIVERSITY | |
| LABORATORY | OF CHEMICAL BIOLOGIST KATYA VINOGRADOVA AND PURCHASE OF AN | |
| ORBITRAP E | CLIPSE TRIBID MASS SPECTROMETER | |
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EXTENDED TO NOVEMBER 15, 2023 Form 990-T **Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. THE ACHELIS & BODMAN FOUNDATION Print C\O MANICE & BUDD LLP 13-6022018 **B** Exempt under section EGroup exemption number (see instructions) X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. Type 7220(e) 420 LEXINGTON AVENUE, 2803 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [NEW YORK, NY 10170 529A Check box if 128,869,206. C Book value of all assets at end of year ... an amended return. X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university Check organization type Н Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. THE FOUNDATION 212-644-0322 The books are in care of Telephone number **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see 2 Reserved 2 3 Add lines 1 and 2 3 Charitable contributions (see instructions for limitation rules) 0. 4 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 6 Deduction for net operating loss. See instructions 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 Trusts. Section 199A deduction. See instructions 9 1,000. Total deductions. Add lines 8 and 9 10 10

LHA For Paperwork Reduction Act Notice, see instructions.

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

Tax Computation

Other tax amounts. See instructions

Part I. line 11 from:

Proxy tax. See instructions

Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on

Alternative minimum tax (trusts only)

Tax rate schedule or

Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)

Form 990-T (2022)

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Schedule D (Form 1041)

| Part | III | Tax and Payments | | | | | | | | g- <u>-</u> |
|----------------|---------|--|-----------------------------------|--------------------|----------------------|-----------------------|------------|----------------------------------|----------------|-------------|
| 1a | Forei | gn tax credit (corporations attach Form 11 | 18; trusts attach Form | 1116) | 1a | | | | | |
| b | | | | | | | | | | |
| С | Gene | eral business credit. Attach Form 3800 (see | e instructions) | | 1c | | | | | |
| d | | it for prior year minimum tax (attach Form | | | | | | | | |
| е | Tota | I credits. Add lines 1a through 1d | | | | | 1e | | | |
| 2 | Subt | | | | | | 2 | | | 0. |
| 3 | Othe | r amounts due. Check if from: Form | 4255 Form 861 | 1 Forn | n 8697 | Form 8866 | | | | |
| | | Other | (attach statement) | | | | 3 | | | |
| 4 | Total | I tax. Add lines 2 and 3 (see instructions). | | | | | | | | |
| | secti | on 1294. Enter tax amount here | | | | | 4 | | | 0. |
| 5 | Curre | ent net 965 tax liability paid from Form 965 | | | | | 5 | | | 0. |
| 6a | Paym | nents: A 2021 overpayment credited to 20 | 22 | | 6a | | | | | |
| b | 2022 | estimated tax payments. Check if section | 643(g) election applies | E | 6b | | | | | |
| С | Tax o | deposited with Form 8868 | | | 6c | 8,000 | | | | |
| d | Forei | gn organizations: Tax paid or withheld at s | | | | | | | | |
| е | Back | up withholding (see instructions) | | | 6e | | | | | |
| f | | it for small employer health insurance prer | | | | | | | | |
| g | Othe | r credits, adjustments, and payments: | Form 2439 | | | | | | | |
| | | Form 4136 | Other | Tot | al 6g | | | | | |
| 7 | Tota | I payments. Add lines 6a through 6g | | | | | 7 | | 8, | 000. |
| 8 | Estim | nated tax penalty (see instructions). Check | if Form 2220 is attache | d | | | 8 | | | |
| 9 | Tax o | due. If line 7 is smaller than the total of line | es 4, 5, and 8, enter amo | ount owed | | | 9 | | | |
| 10 | Over | payment. If line 7 is larger than the total of | of lines 4, 5, and 8, enter | amount over | rpaid | | 10 | | 8, | 000. |
| 11 | | the amount of line 10 you want: Credited | | | | Refunded | 11 | | 8, | 000. |
| Part | IV | Statements Regarding Certain I | Activities and Othe | er Informa | tion (see ins | structions) | | | | |
| 1 | At an | y time during the 2022 calendar year, did | the organization have a | n interest in c | or a signature o | or other authority | | | Yes | No |
| | | a financial account (bank, securities, or ot | | | _ | • | | | | |
| | FinCl | EN Form 114, Report of Foreign Bank and | Financial Accounts. If " | Yes," enter th | ne name of the | foreign country | | | | |
| | here | | | | | | | | | X |
| 2 | | ng the tax year, did the organization receiv | | | | | | | | |
| | | gn trust? | | | | | | | | X |
| | | es," see instructions for other forms the or | | | | | | | | |
| 3 | | the amount of tax-exempt interest receive | | | | | | | | |
| 4 | | r available pre-2018 NOL carryovers here | \$ | | | | | | | |
| | | n on Schedule A (Form 990-T). Don't redu | | | | | | 6. | | |
| 5 | | 2017 NOL carryovers. Enter the Business | • | - | • | | | | | |
| | the a | mounts shown below by any NOL claimed | | rt II, line 17 f | | | | | | |
| | | Business Activit | | | | post-2017 NOL | | | | |
| | | 81000 | 10 | | \$ | | 88 | 5,701. | | |
| | | | | , | \$ | | | | | 77 |
| 6a | | he organization change its method of acco | • (| , | | | | | | Х |
| b | | is "Yes," has the organization described the | - | | | 128? If "No," | | | | |
| Part | | ain in Part V | | | | | | | | |
| | | | | -1141 1 1 6 | | | | | | |
| Provide | e tne e | explanation required by Part IV, line 6b. Als | o, provide any other add | aitional inforr | nation. See ins | structions. | | | | |
| | | | | | | | | | | |
| | U | Inder penalties of perjury, I declare that I have examined t | this return, including accompany | ing schedules and | d statements, and to | the best of my knowle | edge and l | belief, it is true |) , | |
| Sign | С | orrect, and complete. Declaration of preparer (other than | taxpayer) is based on all informa | tion of which prep | parer has any know | ledge. | _ | | | |
| Here | | | | TRUSTEE | | | - | S discuss this er shown below | | /ith |
| | 3 | Signature of officer | Date | Title | | | | s)? X Ye | | No |
| | | Print/Type preparer's name | Preparer's signature | | Date | | if PTI | | | |
| Paid | | | spa. s. o orginaturo | | | self- employed | - 1 | | | |
| | ror | ALEXANDER LAZZARUOLO | | | | | | 01775353 | | |
| Prepa Use (| | Firm's name CONDON O'MEARA MCG | INTY & DONNELLY LI | LP | | Firm's EIN | | 13-36282 | 255 | |
| USE (| riiy | | K PLAZA, 7TH FL. | | | | | | | |
| | | Firm's address NEW YORK, NY 10 | | | | Phone no. 2 | 212-66 | 1-7777 | | |

223711 01-16-23

Form **990-T** (2022)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

0000

2022

| | ment of the Treasury Il Revenue Service | Go to www.irs.gov/Form990T for Do not enter SSN numbers on this form as it r | | | | Open to Pu | ablic Inspection for Organizations Only |
|------------|--|---|----|------------|-----------------------------|------------|---|
| A N | Name of the organization C\O MANICE & | | | | B Employer idea 13-60220 | | nber |
| <u>c</u> . | Jnrelated business | activity code (see instructions) 810000 | | | D Sequence: | 1 of | 1 |
| <u>E 0</u> | Describe the unrelat | ted trade or business PARTNERSHIP INCOM | 3 | | | | |
| Pai | rt I Unrelated | Trade or Business Income | | (A) Income | (B) Expenses | (| C) Net |
| 1a | Gross receipts or | sales | | | | | |
| b | Less returns and allo | owances c Balance | 1c | | | | |
| 2 | Cost of goods sole | | 2 | | | | |
| 3 | Gross profit. Subt | ract line 2 from line 1c | 3 | | | | |
| 4 a | Capital gain net in | come (attach Schedule D (Form 1041 or Form | | | | | |
| | 1120)). See instru | ctions | 4a | 68,564. | | | 68,564. |
| b | Net gain (loss) (Fo | rm 4797) (attach Form 4797). See instructions) | 4b | | | | |
| С | Capital loss deduc | ction for trusts | 4c | | | | |
| 5 | | n a partnership or an S corporation (attach | | | | | |
| | statement) STAT | EMENT 12 | 5 | -112,043. | | | -112,043. |
| 6 | | : IV) | 6 | | | | |
| 7 | Unrelated debt-fin | anced income (Part V) | 7 | | | | |
| 8 | • | , royalties, and rents from a controlled VI) | 8 | | | | |
| 9 | Investment incom | e of section 501(c)(7), (9), or (17) t VII) | 9 | | | | |
| 10 | | activity income (Part VIII) | 10 | | | | |
| 11 | | e (Part IX) | 11 | | | | |
| 12 | Other income (see | e instructions; attach statement) STMT 13 | 12 | 208. | | | 208. |
| 13 | Total. Combine lin | | 13 | -43,271. | | | -43,271. |
| Pai | | ns Not Taken Elsewhere See instruction nected with the unrelated business in | | | ıctions. Deducti | ons must | be |
| 1 | Compensation of | officers, directors, and trustees (Part X) | | | | 1 | |
| 2 | | es | | | 1 | 2 | |
| 3 | | tenance | | | | 3 | |
| 4 | | | | | 1 | 4 | |
| 5 | | atament) See instructions | | | | _ | 10 963 |

| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | |
|-----|---|--------------|--------|---------------|------------|------------------|
| 2 | Salaries and wages | | | | | |
| 3 | Repairs and maintenance | | | | | |
| 4 | Bad debts | | | | 4 | |
| 5 | Interest (attach statement). See instructions | SE | E ST | ATEMENT 14 | 5 | 10,963. |
| 6 | Taxes and licenses | | | | | 4,889. |
| 7 | Depreciation (attach Form 4562). See instructions | | | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | | | | 8b | |
| 9 | Depletion | | | | 9 | |
| 10 | Contributions to deferred compensation plans | | | | | |
| 11 | Employee benefit programs | | | | 11 | |
| 12 | Excess exempt expenses (Part VIII) | | | | | |
| 13 | Excess readership costs (Part IX) | | | | | |
| 14 | Other deductions (attach statement) | SE | E ST | ATEMENT 15 | 14 | 202,110. |
| 15 | Total deductions. Add lines 1 through 14 | | | | 15 | 217,962. |
| 16 | Unrelated business income before net operating loss deduction. Subtract | line 15 fron | n Parl | : I, line 13, | | |
| | column (C) | | | | 16 | -261,233. |
| 17 | Deduction for net operating loss. See instructions | | | | | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | | | | -261,233. |
| LUA | For Danorwork Poduction Act Natice, see instructions | | | | Cohodulo A | Earm 000 T\ 2022 |

Schedule A (Form 990-T) 2022

| Part | III Cost of Goods Sold Enter meth | nod of inventory valuati | ion | | r ago <u>=</u> |
|----------|---|---------------------------------------|---------------------------|----------------|----------------|
| 1 | | • | | 1 | |
| 2 | Purchases | | | | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement) | | | 4 | |
| 5 | Other costs (attach statement) | | | | |
| 6 | Total. Add lines 1 through 5 | | | | |
| 7 | Inventory at end of year | | | _ | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter h | | | _ | |
| 9 | Do the rules of section 263A (with respect to property p | · | | | Yes No |
| Part | | | | | |
| 1 | Description of property (property street address, city, s | tate, ZIP code). Check | if a dual-use. See instru | ictions. | |
| | A 🗌 | , | | | |
| | В | | | | |
| | c — | | | | |
| | D | | | | |
| | | Α | В | С | |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | | | | |
| b | From real and personal property (if the | | | 7 | |
| _ | percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) | | | | |
| С | Total rents received or accrued by property. | | | | |
| · | Add lines 2a and 2b, columns A through D | | | | |
| | , ad into 2a and 2b, columns / throagh b | | | | |
| 3 | Total rents received or accrued. Add line 2c columns A | through D. Enter here | and on Part I line 6, co | ılıımn (Δ) | 0. |
| · | Deductions directly connected with the income | tillough B. Enter Here | and on rare i, into 0, oc | Tarrin V V | <u>-</u> |
| 4 | in lines 2(a) and 2(b) (attach statement) | | | | |
| • | in in too Z(a) and Z(b) (attaon statement) | | | | |
| 5 | Total deductions. Add line 4 columns A through D. En | ter here and on Part I. | line 6. column (B) | | 0. |
| Part | | | , (-, -, | | |
| 1 | Description of debt-financed property (street address, of | | heck if a dual-use. See | instructions. | |
| | A | ,,, | | | |
| | В 🔲 | · · · · · · · · · · · · · · · · · · · | | | |
| | c \square | | | | |
| | D | | | | |
| | | Α | В | С | |
| 2 | Gross income from or allocable to debt-financed | | | | |
| | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| _ | to debt-financed property | | | | |
| а | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, | | | | |
| ŭ | columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable | | | | |
| • | to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt- | | | | |
| J | financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | <u></u> % |
| 6 7 | Gross income reportable. Multiply line 2 by line 6 | <u>%</u> | 90 | % 0 | <u> </u> |
| 8 | Total gross income (add line 7, columns A through D). | Enter here and an Day | t L line 7 column (A) | | 0. |
| 0 | i otal gross income (add line 1, columns A through D). | Linter nere and on Par | ci, iiie i, columni (A) | ····· | |
| 0 | Allocable deductions Multiply line 2s by line 6 | I | | | |
| 9 10 | Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A thr | ough D. Enter here and | I on Part I line 7 solve | nn (B) | 0. |
| 10 11 | Total dividends-received deductions included in line | | | | 0. |
| | . J.a. airiaonao i Joeirea acaaotiono indiaaca in ilite | | | | ٠. |

| | ule A (Form 990-T) 2022 VI Interest, Annu | | nvalties and Da | nte fron | n Control | led Or | nanizatione | (coc instruc | ations\ | | Page 3 |
|--------|--|--------------|--|--|--|---|--|---|---------------------|-------|---|
| rail | micrest, Amit | iiies, n | yanies, and ne | 1113 11011 | 50111101 | | | see instructied (see instruction) | | | |
| | Name of controlled organization | | | | al of specified | 5. Part of column 4 that is included in the controlling organization's gross income | | the connected with | | | |
| (1) | | | | | | | | u.o., o g. oco | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | 1 | No | , | Controlled O | | ions | | | | |
| 7 | . Taxable Income | ir | Net unrelated acome (loss) e instructions) | | otal of specif yments mad | | that is inc | of column 9 luded in the organization's income | | conne | ctions directly ected with in column 10 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Totals | VIII . | | | 4 | | <u>.</u> | line 8, c | and on Part I, column (A) | | | e and on Part I, column (B) |
| Part | | | of a Section 50 | 1(c)(7), (| | | | ee instructions) | | | |
| | 1. Desc | cription of | income | | 2. Amou incor | | 3. Deduction directly connected (attach states | ected (attach s | t-asides stateme | nt) | Total deductions and set-asides add cols 3 and 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | Add amo | unte in | Y | | | | Add amounts in |
| Totals | | | | | column 2 here and o line 9, colu | . Enter n Part I, | | | | he | column 5. Enter ere and on Part I, ne 9, column (B) |
| Part | VIII Exploited E | xempt A | ctivity Income, | Other T | han Adve | ertising | g Income | see instructions | 3) | | |
| 1 | Description of exploite | ed activity: | | | | | | | | | |
| 2 | Gross unrelated busin | ess incom | e from trade or busii | ness. Entei | r here and o | n Part I, | line 10, colum | n (A) | 2 | | |
| 3 | Expenses directly con | nected wit | h production of unre | elated busi | ness income | e. Enter I | here and on Pa | art I, | | | |
| | line 10, column (B) | | | | | | | | 3 | | |
| 4 | Net income (loss) from | unrelated | trade or business. S | Subtract lir | ne 3 from lin | e 2. If a 🤉 | gain, complete | | | | |
| | | | | | | | | | 4 | | |
| 5 | Gross income from ac | | | | | | | | 5 | | |
| 6 | Expenses attributable | | | | | | | | 6 | | |
| 7 | Excess exempt expen | | | , but do no | ot enter mor | e tnan tr | ne amount on I | ine | , | | |

Schedule A (Form 990-T) 2022

| | ule A (Form 990-T) 2022 | | | | Page 4 |
|---------|--|-----------------------------------|-----------------------|-----------------|--------------------|
| Part | IX Advertising Income | | | | |
| 1 | Name(s) of periodical(s). Check box if reporting | ng two or more periodicals on a | consolidated basis | • | |
| | A 🔛 | | | | |
| | В 💹 | | | | |
| | c | | | | |
| | D | | | | |
| Inter a | amounts for each periodical listed above in the | corresponding column. | | | |
| | | A | В | С | D |
| 2 | Gross advertising income | | | | |
| | Add columns A through D. Enter here and or | n Part I, line 11, column (A) | | | 0. |
| а | | | | | |
| 3 | Direct advertising costs by periodical | | | | |
| а | Add columns A through D. Enter here and or | n Part I, line 11, column (B) | | | 0. |
| | | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from li | ne | | | |
| | 2. For any column in line 4 showing a gain, | | | | |
| | complete lines 5 through 8. For any column i | n | | | |
| | line 4 showing a loss or zero, do not complet | te | | | |
| | lines 5 through 7, and enter zero on line 8 | | | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | |
| | line 5, subtract line 6 from line 5. If line 5 is le | ess | | | |
| | than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a | | | | |
| | deduction. For each column showing a gain | on | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the g | reater of the line 8a, columns to | otal or zero here and | d on | |
| | Part II, line 13 | | | | 0. |
| Part | X Compensation of Officers, Di | rectors, and Trustees | see instructions) | | |
| | | | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | | of time devoted | attributable to |
| | | | | to business | unrelated business |
| 1) | | | | % | |
| 2) | | | | % | |
| 3) | | | | % | |
| 4) | | | | % | |
| | | | | | |
| | Enter here and on Part II, line 1 | | | | 0. |
| Part | XI Supplemental Information (se | ee instructions) | | | |
| | | | | | |
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| FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIP | S STATEMENT 12 |
|---|-------------------------|
| DESCRIPTION | NET INCOME OR (LOSS) |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | 10. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | -1,386. |
| PARTNERSHIP INCOME - OTHER PORTFOLIO INCOME (LOSS) | -667. |
| PARTNERSHIP INCOME - OTHER INCOME (LOSS) | 159. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | 3,391. |
| PARTNERSHIP INCOME - INTEREST INCOME | 1. |
| PARTNERSHIP INCOME - OTHER PORTFOLIO INCOME (LOSS) | 280. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | -2,054. |
| PARTNERSHIP INCOME - DIVIDEND INCOME | 1. |
| PARTNERSHIP INCOME - OTHER INCOME (LOSS) | -4. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | 4,676. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | -7,527. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | -14,388. |
| PARTNERSHIP INCOME - OTHER PORTFOLIO INCOME (LOSS) | 5,204. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | -4,360. |
| PARTNERSHIP INCOME - INTEREST INCOME | 12. |
| PARTNERSHIP INCOME - DIVIDEND INCOME | 155. |
| PARTNERSHIP INCOME - OTHER PORTFOLIO INCOME (LOSS) | -1. |
| PARTNERSHIP INCOME - OTHER INCOME (LOSS) | 2,303. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | 100,762. |
| PARTNERSHIP INCOME - OTHER NET RENTAL INCOME (LOSS) | 1. |
| PARTNERSHIP INCOME - INTEREST INCOME | -111. 141. |
| PARTNERSHIP INCOME - ROYALTIES PARTNERSHIP INCOME - OTHER PORTFOLIO INCOME (LOSS) | 5,396. |
| PARTNERSHIP INCOME - OTHER PORTFOLIO INCOME (LOSS) PARTNERSHIP INCOME - OTHER INCOME (LOSS) | 178. |
| PARTNERSHIP INCOME - OTHER INCOME (LOSS) PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | 98,890. |
| PARTNERSHIP INCOME - ORDINARI BUSINESS INCOME (LUSS) PARTNERSHIP INCOME - NET RENTAL REAL ESTATE INCOME | -68. |
| PARTNERSHIP INCOME - NET RENTAL REAL ESTATE INCOME PARTNERSHIP INCOME - OTHER NET RENTAL INCOME (LOSS) | 3,807. |
| PARTNERSHIP INCOME - OTHER NET RENTAL INCOME (LOSS) | 114. |
| PARTNERSHIP INCOME - DIVIDEND INCOME | 67. |
| PARTNERSHIP INCOME - OTHER PORTFOLIO INCOME (LOSS) | 448. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | 15. |
| PARTNERSHIP INCOME - OTHER PORTFOLIO INCOME (LOSS) | 8,884. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | -1,287. |
| PARTNERSHIP INCOME - INTEREST INCOME | 571. |
| PARTNERSHIP INCOME - DIVIDEND INCOME | -60. |
| PARTNERSHIP INCOME - OTHER PORTFOLIO INCOME (LOSS) | -231. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | 4,315. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | -419,924. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | -489. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | 31,493. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | 31,726. |
| PARTNERSHIP INCOME - INTEREST INCOME | 1. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | 30,814. |
| PARTNERSHIP INCOME - NET RENTAL REAL ESTATE INCOME | -2. |
| PARTNERSHIP INCOME - OTHER NET RENTAL INCOME (LOSS) | 2. |
| PARTNERSHIP INCOME - INTEREST INCOME | 1,154. |
| PARTNERSHIP INCOME - DIVIDEND INCOME | 1,257. |
| PARTNERSHIP INCOME - ROYALTIES | 575. |
| PARTNERSHIP INCOME - OTHER PORTFOLIO INCOME (LOSS) | 922. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | 942. |
| PARTNERSHIP INCOME - INTEREST INCOME | 8,973. |

| THE ACHELIS & BODMAN FOUNDATION C\O MANI | 13-6022018 |
|--|-----------------------------|
| PARTNERSHIP INCOME - DIVIDEND INCOME | 32. |
| PARTNERSHIP INCOME - DIVIDEND INCOME PARTNERSHIP INCOME - OTHER PORTFOLIO INCOME (LOSS) | 87. |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | 30,074. |
| PARTNERSHIP INCOME - NET RENTAL REAL ESTATE INCOME | -37,156. |
| PARTNERSHIP INCOME - OTHER PORTFOLIO INCOME (LOSS) | -161. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | -112,043. |
| | |
| FORM 990-T (A) OTHER INCOME | STATEMENT 13 |
| DESCRIPTION | AMOUNT |
| | |
| CANCELLATION OF DEBT - PARTNERSHIP INCOME CANCELLATION OF DEBT - PARTNERSHIP INCOME | 207. |
| TOTAL TO SCHEDULE A, PART I, LINE 12 | 208. |
| | |
| FORM 990-T (A) INTEREST PAID | STATEMENT 14 |
| DESCRIPTION | AMOUNT |
| INVESTMENT INTEREST EXPENSE | 10,963. |
| TOTAL TO SCHEDULE A, PART II, LINE 5 | 10,963. |
| | |
| FORM 990-T (A) OTHER DEDUCTIONS | STATEMENT 15 |
| DESCRIPTION | AMOUNT |
| OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME | 2. |
| OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME | 2,372. |
| OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME | 16,574. |
| OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME | 55,570. |
| OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME | 68,464. |
| OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME | 28. |
| | |
| OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME | 3,296. |
| OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME | 16,605. |
| OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME | 16,605. 4,045. |
| OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME | 16,605. |
| OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME OTHER DEDUCTIONS - PORTFOLIO FROM PARTNERSHIP INCOME | 16,605. 4,045. 2,636. |

| 990-T SCH A | POST-20 | 17 NET OPERATING | LOSS DEDUCTION | STATEMENT 16 |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/18 | 103,892. | 103,892. | 0. | 0. |
| 12/31/19 | 491,084. | 42,428. | 448,656. | 448,656. |
| 12/31/20 | 437,045. | 0. | 437,045. | 437,045. |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR | 885,701. | 885,701. |



SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

OMB No. 1545-0123

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

| THE ACHELIS & BODMAN FOUNDA | | | | Empl | oyer identification number |
|--|---|--|--|----------------------------------|---|
| THE ACHELIS & BODMAN FOUNDA | ATION | | | | |
| C\O MANICE & BUDD LLP | | | | 13- | -6022018 |
| Did the corporation dispose of any investme | | | | | Yes X No |
| If "Yes," attach Form 8949 and see its instru | | | | | |
| Part I Short-Term Capital Ga | ins and Losses - Ass | sets Held One Year | or Less | | T |
| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to g or loss from Form(s) 89 Part I, line 2, column | 949, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the |
| round off cents to whole dollars. | | | | | result with column (g) |
| Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | | |
| 1b Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box A checked | | | _ | | |
| 2 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box B checked | | | | | |
| 3 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box C checked | | | | | 579. |
| 4 Short-term capital gain from installment sales | | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kin | | | | 5 | |
| 6 Unused capital loss carryover (attach comput | | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai | ie lines 1a through 6 in columi | ote Hold More Than | Ono Voor | 7 | 579. |
| See instructions for how to figure the amounts | Tis and Losses - Ass | lets Held More Illai | One real | | (h) Gain or (loss) |
| This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to g or loss from Form(s) 89 Part II, line 2, column | 949, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| | | | | | |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | | |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on | | | | | |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | | |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on | | | | | 38,083. |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on | | | | 11 | 38,083. 29,902. |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | 11 12 | |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 | s from Form 6252, line 26 or 3 | 7 | | | |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin | s from Form 6252, line 26 or 3 | | | 12 | |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin | s from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum | | | 12 13 | |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin | s from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum d II | nn h | | 12 13 14 | 29,902. 67,985. |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I and | s from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum d II ne 7) over net long-term capit | al loss (line 15) | | 12 13 14 | 29,902. 67,985. |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (li 17 Net capital gain. Enter excess of net long-term | s from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum d II ne 7) over net long-term capit n capital gain (line 15) over ne | al loss (line 15) at short-term capital loss (line | | 12 13 14 15 16 17 | 29,902. 67,985. 579. 67,985. |
| on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I and | s from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum d II ne 7) over net long-term capit n capital gain (line 15) over ne 1120, page 1, line 8, or the ap | al loss (line 15) at short-term capital loss (line | | 12 13 14 15 | 29,902. 67,985. |

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

LHA

Form **8949**Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022

Attachment 12A

Name(s) shown on return

THE ACHELIS & BODMAN FOUNDATION

C\O MANICE & BUDD LLP

Social security number or taxpayer identification no.

13-6022018

| Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute |
|---|
| statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your |
| broker and may even tell you which box to check. |
| Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term |
| transactions, see page 2. |
| Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or |
| codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). |
| You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. |
| If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. |
| (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) |

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

| X (C) Short-term transactions no | t reported to you | on Form 1099-E | 3 | | | | | |
|--|-----------------------------------|---|----------------------------------|---|-----------------------------------|--|--|---|
| Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) in | loss. If you in column column (f) | ot, if any, to gain or ou enter an amount (g), enter a code in b. See instructions. (g) Amount of | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result | |
| | | | | the instructions | Code(s) | adjustment | with column (g) | |
| TIFF PRIVATE EQUITY | | | | | | | | |
| PARTNERS 2015, LLC | | | | | | | 2,914. | (|
| PRIVATE ADVISORS SECONDARY | | | | | | | | |
| FUND V, LP | | | | | | | 30. | (|
| TIFF PRIVATE EQUITY | | | | | | | | |
| PARTNERS 2014, LLC | | | | | | | -3,364. | (|
| PRIVATE ADVISORS SECONDARY | | | | | | | | |
| FUND VI, LP | | | | | | | 125. | (|
| PATHSTONE PMA INCOME SERIES | | | | | | | | |
| LLC | | | | | | | 874. | (|
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| 2 Totals. Add the amounts in colum | nns (d) (e) (d) ai | nd (h) (subtract | | | | | | |
| negative amounts). Enter each to | | | | | | | | |
| Schedule D, line 1b (if Box A abo | | - | | | | | | |
| above is checked), or line 3 (if B | | • | | | | | 579. | |
| above is directed, or line 3 (ii b | ON O ADOVE IS CIT | coneuj | | I . | | | <u> </u> | |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

223011 10-24-22 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2022)

Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

THE ACHELIS & BODMAN FOUNDATION

Social security number or taxpayer identification no.

C\O MANICE & BUDD LLP

Form 8949 (2022)

13-6022018

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box.

If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

| X (F) Long-term transactions not | reported to you | on Form 1099-E | 3 | | | | |
|---|--|--|----------------------------------|---|--|--|---|
| Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and | loss. If you in column column (f | nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. | (h) Gain or (loss). Subtract column (e) from column (d) & |
| | | (IVIO., day, yr.) | | see Column (e) in the instructions | (f) Code(s) | (g) Amount of adjustment | combine the result with column (g) |
| TIFF PRIVATE EQUITY | | | | | | | |
| PARTNERS 2007, LLC | | | | | | | -7. |
| TIFF PRIVATE EQUITY | | | | | | | |
| PARTNERS 2008, LLC | | | | | | | 2,144. |
| PRIVATE ADVISORS SECONDARY | | | | 4.7 | | | |
| FUND V, LP | | | | | | | 15,024. |
| TIFF PRIVATE EQUITY | | | | | | | |
| PARTNERS 2014, LLC | | | | | | | -28,225. |
| PRIVATE ADVISORS SECONDARY | | | | | | | |
| FUND VI, LP | | | | | | | 49,147. |
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| 2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 8b (if Box D about the line of the lin | tal here and incluove is checked), | ude on your line 9 (if Box E | | | | | 38 083 |
| above is checked), or line 10 (if E | 3ox F above is ch | necked) | 1 | 1 | | I | 38,083. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

3012 10-24-22 Form **8949** (2022)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Identifying number

| | ACHELIS & BODMAN FOUNDATION | | | | | | | 12 (022010 |
|-----|--|-----------------------------------|-------------------------------|-----------------------|-------------------------------|-----------------------------|-------|---|
| | MANICE & BUDD LLP | | | | | Т | | 13-6022018 |
| 1a | Enter the gross proceeds from sales (or substitute statement) that you are | • . | 0.1000 | 2022 on Form(s) 1 | | | 1a | |
| b | Enter the total amount of gain that yo | ou are including o | n lines 2, 10, an | d 24 due to the pa | rtial dispositions o | f | | |
| | MACRS assets | | | | | | 1b | |
| С | Enter the total amount of loss that yo | u are including o | n lines 2 and 10 | due to the partial | dispositions of MA | CRS | | |
| Da | assets art I Sales or Exchanges of | Droporty Ho | ad in a Trade | or Pusinoss | and Involvetor | | 1c | Erom Othor |
| Pa | Sales or Exchanges of Than Casualty or Theft | | | | | _ | SIONS | From Other |
| | man casaany or more | | | | (e) Depreciation | (f) Cost or o | ther | (2) |
| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (C) Date sold (mo., day, yr.) | (d) Gross sales price | allowed or allowable since | basis, plus improvements | ; | (g) Gain or (loss) Subtract (f) from the |
| SEI | E STATEMENT 17 | (, aay, y) | (, aay, y, | price | acquisition | expense of s | | sum of (d) and (e) |
| | | | | | _ | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3 | Gain, if any, from Form 4684, line 39 | | | | 7 . | | 3 | |
| 4 | Section 1231 gain from installment sa | | | | | | 4 | |
| 5 | Section 1231 gain or (loss) from like-k | | | | | | 5 | |
| 6 | Gain, if any, from line 32, from other t | | | | | | 6 | |
| 7 | Combine lines 2 through 6. Enter the | | | | | ı | 7 | 29,902. |
| | Partnerships and S corporations. F | | = | | | | - | · |
| | line 10, or Form 1120-S, Schedule K, | | . , | | , | , j | | |
| | Individuals, partners, S corporation | shareholders, a | and all others. | f line 7 is zero or a | loss, enter the am | ount | | |
| | from line 7 on line 11 below and skip | | | | | | | |
| | 1231 losses, or they were recaptured | • | | | ng-term capital gai | n on | | |
| | the Schedule D filed with your return | and skip lines 8, | 9, 11, and 12 be | elow. | | | | |
| 8 | Nonrecaptured net section 1231 loss | es from prior yea | rs. See instructi | ons | | | 8 | |
| 9 | Subtract line 8 from line 7. If zero or I | ess, enter -0 If li | ne 9 is zero, ent | er the gain from lin | e 7 on line 12 belo | w. If | | |
| | line 9 is more than zero, enter the am | ount from line 8 | on line 12 below | and enter the gair | n from line 9 as a lo | ong-term | | |
| | capital gain on the Schedule D filed v | vith your return. S | See instructions | | | | 9 | 29,902. |
| Pa | art II Ordinary Gains and I | Losses (see ins | structions) | | | | | |
| | | | • | | | | | |
| 10 | Ordinary gains and losses not include | led on lines 11 th | rough 16 (includ | le property held 1 | year or less): | Γ | | |
| | | | | | | | | |
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| | | | | | | | 11 | () |
| 12 | Gain, if any, from line 7 or amount from | | | | | | 12 | |
| 13 | Gain, if any, from line 31 | | | | | | 13 | |
| 14 | Net gain or (loss) from Form 4684, lin | | | | | | 14 | |
| 15 | Ordinary gain from installment sales t | | | | | | 15 | |
| 16 | Ordinary gain or (loss) from like-kind e | exchanges from F | Form 8824 | | | | 16 | |
| 17 | | | | | | | 17 | |
| 18 | For all except individual returns, ente | | | appropriate line of | your return and sk | tip lines | | |
| | a and b below. For individual returns, | • | | | | | | |
| а | If the loss on line 11 includes a loss f | • | | | | | | |
| | loss from income-producing property | • | ** | • | | · · · | | |
| | as an employee.) Identify as from "Fo | | | | | | 18a | |
| b | Redetermine the gain or (loss) on line | • | | | | | | |
| | (Form 1040), Part I, line 4 | | | | | | 18b | |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2022)

| (a) Description of section 1245, 1250, 1252, 1254, o | or 1255 | 5 property: | | (b) Date (mo., d | acquired ay, yr.) | (c) Date sold (mo., day, yr.) |
|--|---------|--------------------------|----------------------|-------------------------|----------------------|----------------------------------|
| 1 | | | | | | |
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| | | | | | | |
| These columns relate to the properties on | | | | | | |
| lines 19A through 19D. | | Property A | Property B | Prop | erty C | Property I |
| Gross sales price (Note: See line 1a before completing.) | 20 | | | | | |
| Cost or other basis plus expense of sale | 21 | | | | | |
| Depreciation (or depletion) allowed or allowable \dots | 22 | | | | | |
| Adjusted basis. Subtract line 22 from line 21 | 23 | | | | | |
| Total gain. Subtract line 23 from line 20 | 24 | | | | | |
| If section 1245 property: | | | | | | |
| Depreciation allowed or allowable from line 22 | 25a | | | | | |
| Enter the smaller of line 24 or 25a | 25b | | | | | |
| If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | | | |
| Additional depreciation after 1975. See instructions | 26a | | | | | |
| o Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | | | | | |
| Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | | | |
| Additional depreciation after 1969 and before 1976 | 26d | | | | | |
| Enter the smaller of line 26c or 26d | 26e | | | | | |
| | | | | | | |
| Section 291 amount (corporations only) | 26f | | | | | |
| Add lines 26b, 26e, and 26f | 26g | | | | | |
| If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | | | | |
| Soil, water, and land clearing expenses | 27a | | | | | |
| Line 27a multiplied by applicable percentage | 27b | | | | | |
| Enter the smaller of line 24 or 27b | 27c | | | | | |
| If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | | | | |
| Enter the smaller of line 24 or 28a | 28b | | | | | |
| If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | | | | |
| Enter the smaller of line 24 or 29a. See instructions | 29b | | | | | |
| | | | | L | | |
| mmary of Part III Gains. Complete property of | olumn | s A through D through | line 29b before go | ing to line 30. | | |
| Total gains for all properties. Add property columns | A thro | ough D, line 24 | | | 30 | |
| | | | | | | |
| Add property columns A through D, lines 25b, 26g, | 27c, 2 | 8b, and 29b. Enter her | e and on line 13 | | 31 | |
| Subtract line 31 from line 30. Enter the portion from | casua | alty or theft on Form 46 | 84, line 33. Enter t | he portion | | |
| from other than casualty or theft on Form 4797, line | | | | | 32 | |
| rt IV Recapture Amounts Under Section | ns 17 | 79 and 280F(b)(2) | When Busines | s Use Drop | s to 50% (| or Less |
| (see instructions) | | | | | | |
| | | | | (a) Se | ection 79 | (b) Section 280F(b)(2) |
| Section 179 expense deduction or depreciation allo | wable | in prior years | T ₃ | 33 | | |
| | | | | 34 | | |
| Recapture amount. Subtract line 34 from line 33. Se | | | | 35 | | |

Form **4797** (2022)

| FORM 4797 | PRO: | PERTY HELI | D MORE THA | N ONE YEAR | ST. | ATEMENT 17 |
|---|------------------|--------------|----------------|------------|------------------|-----------------|
| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
| TIFF PRIVATE EQUITY PARTNERS 2006, LLC | | | | | | 36 |
| TIFF PRIVATE EQUITY PARTNERS 2007, LLC | | | | | | -994 |
| TIFF PRIVATE EQUITY PARTNERS 2008, LLC CYPRIUM INVESTORS | | | | | | 199 |
| IV AIV II LP TIFF PRIVATE EQUITY PARTNERS | | | | | | 4 |
| 2012, LLC PIFF PRIVATE EQUITY PARTNERS | | | | | | -1 |
| 2013, LLC TIFF PRIVATE EQUITY PARTNERS 2015, LLC | | | • | | | 67 24,670 |
| PRIVATE ADVISORS SECONDARY FUND V, | | | | | | 5,982 |
| TIFF PRIVATE EQUITY PARTNERS 2014, LLC PRIVATE ADVISORS | | | | | | -43 |
| SECONDARY FUND /I, LP PA REAL ASSETS | | | | | | 6 |
| FUND III | | | | | | -24 |
| TOTAL TO 4797, PA | RT I, LINE | 2 | | | | 29,902 |

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Employer identification number Name THE ACHELIS & BODMAN FOUNDATION 13-6022018 C\O MANICE & BUDD LLP Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (d) (g) Adjustments to gain (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I, line 2, column (g) (sales price) result with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 579. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 579. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 38,083. Form(s) 8949 with Box F checked 29,902. 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 67,985. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 579. 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 67,985. 68,564. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns Note: If losses exceed gains, see Capital Losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

LHA

Form **8949**Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022

Attachment 124

Name(s) shown on return

THE ACHELIS & BODMAN FOUNDATION

C\O MANICE & BUDD LLP

Social security number or taxpayer identification no.

13-6022018

| Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b | itión as Form 109 | you received any 99-B. Either will : | / Form(s) 1099-B c show whether you | or substitute statem r basis (usually you | ent(s) fron r cost) was | n your broker. A su s reported to the IF | bstitute SS by your |
|--|----------------------|---|--|---|---------------------------------|---|---------------------------------------|
| Part I Short-Term. Transacti | ons involving capit | al assets you held | 1 year or less are ger | nerally short-term (see | instruction | s). For long-term | |
| transactions, see page 2. Note: You may aggregate all | | | | | | | livotmonto or |
| codes are required. Enter the | totals directly on S | Schedule D, line 1a | a; you áren't required | to report these transa | actions on F | Form 8949 (see instru | ctions). |
| You must check Box A, B, or C below. Of you have more short-term transactions than will | Check only one bo | e or more of the boxes | oox applies for your short s. complete as many forn | t-term transactions, comp ns with the same box che | lete a separat cked as vou n | te Form 8949, page 1, for need. | each applicable box. |
| (A) Short-term transactions rep | | | | | - | | |
| (B) Short-term transactions rep | orted on Form(s | s) 1099-B showin | ig basis wasn't re | eported to the IRS | | | |
| X (C) Short-term transactions no | t reported to you | u on Form 1099-l | В | | | | |
| 1 (a) | (b) | (c) | (d) | (e) | | nt, if any, to gain or | (h) |
| Description of property | Date acquired | Date sold or | Proceeds | Cost or other | in column | ou enter an amount (g), enter a code in | Gain or (loss). |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of | (sales price) | basis. See the Note below and | column (f |). See instructions. | Subtract column (e) from column (d) & |
| | | (Mo., day, yr.) | | see Column (e) in | (f) | (g) , | combine the result |
| | | | | the instructions | Code(s) | Amount of adjustment | with column (g) |
| TIFF PRIVATE EQUITY | | | | | | | |
| PARTNERS 2015, LLC | | | | | | | 2,914. |
| PRIVATE ADVISORS SECONDARY | | | | | | | |
| FUND V, LP | | | | | | | 30. |
| TIFF PRIVATE EQUITY | | | | | | | |
| PARTNERS 2014, LLC | | | | | | | <3,364.> |
| PRIVATE ADVISORS SECONDARY | | | | W/ | | | |
| FUND VI, LP | | | | | | | 125. |
| PATHSTONE PMA INCOME SERIES | | | | Y | | | |
| LLC | | | | | | | 874. |
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Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

223011 10-24-22 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2022)

579.

Attachment Sequence No. 12A Page 2

Form 8949 (2022)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 THE ACHELIS & BODMAN FOUNDATION

Social security number or taxpayer identification no.

C\O MANICE & BUDD LLP

13-6022018

13-6022018

| D. III Land Taylor | |
|--|--------|
| <u>broker and</u> may even tell you which box to check. | |
| statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS b | y your |
| | |
| Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substit | :ute |
| | |

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

| Description of property (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) Date acquired (Mo., day, yr.) Date acquired (Mo., day, yr.) Date sold or (Mo., day, yr.) Date sold o | X (F) Long-term transactions not | | | | | | | |
|--|------------------------------------|----------------------|--------------------------|----------|---|--------------------------------|--|--|
| PARTNERS 2007, LLC TIFF PRIVATE EQUITY PARTNERS 2008, LLC PILOYATE ADVISORS SECONDARY FUND V LF TIFF PRIVATE BOUTY PARTNERS 2014, LLC PRIVATE ADVISORS SECONDARY FUND VI, LP 49,147, 49,147, TORD VI, LP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | Description of property | Date acquired | Date sold or disposed of | Proceeds | Cost or other basis. See the Note below and see <i>Column (e)</i> in | loss. If y in column column (f | ou enter an amount (g), enter a code in). See instructions. (g) Amount of | Gain or (loss). Subtract column (e) from column (d) & combine the result |
| TIFF PRIVATE BOUTY PARTNERS 2008, LLC 2,144. REIVATE ADVISORS SECONDARY FUND V, LP TIFF PRIVATE BOUTY PARTNERS 2014, LLC PRIVATE ADVISORS SECONDARY FUND VI, LF 49,147. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (ff Box D above is checked), line 9 (ff Box E | TIFF PRIVATE EQUITY | | | | | | | |
| PARTNERS 2008, LLC RIVATE ADVISORS SECONDARY FUND V, LP TIFF PRIVATE EQUITY PARTNERS 2014, LLC \$\text{28,225,}\$ FUND VI, LF 49,147. 49,147. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract regards) (subtract reach total there and total there and total consorting the Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | PARTNERS 2007, LLC | | | | | | | <7.> |
| PRIVATE ADVISORS SECONDARY FUND V LP TIFF PRIVATE EQUITY PARTNERS 2014, LLC RIVATE ADVISORS SECONDARY FUND VI, LP 49,147. | TIFF PRIVATE EQUITY | | | | | | | |
| FUND V, LP TIFF PRIVATE EQUITY PARTNERS 2014, LLC PRIVATE ADVISORS SECONDARY FUND VI, LP 49,147. 49,147. 2 Totals. Add the amounts in columns (d), (e), (a), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | PARTNERS 2008, LLC | | | | | | | 2,144. |
| TIFF PRIVATE EQUITY PARTNERS 2014, LIC <pre></pre> | PRIVATE ADVISORS SECONDARY | | | | 4/ | | | |
| PARTNERS 2014, LLC RIVATE ADVISORS SECONDARY FUND VI, LP 49,147. 49,147. 20,225.> FUND VI, LP 49,147. 49,147. 21,147. 49,147. | FUND V, LP | | | | | | | 15,024. |
| PRIVATE ADVISORS SECONDARY FUND VI, LP 49,147. 49,147. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | TIFF PRIVATE EQUITY | | | | | | | |
| PRIVATE ADVISORS SECONDARY FUND VI, LP 49,147. 49,147. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | PARTNERS 2014, LLC | | | | | | | <28,225.> |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | PRIVATE ADVISORS SECONDARY | | | | V/ | | | , |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | FUND VI, LP | | | | | | | 49,147. |
| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | | | | | | | | , |
| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | | | | | | | | |
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| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | | | | | | | | |
| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | - | | | | | | | |
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| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | - | | | | | | | |
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| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | | | | | | | | |
| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | | | | | | | | |
| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | | | | | | | | |
| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | | | | | | | | |
| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | - | | | | | - | | |
| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | | | | | | | | |
| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | | | | | | | | |
| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | | | | | | | | |
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| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | | | | | | | | |
| negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | 2 Totals. Add the amounts in colur | nns (d), (e), (g), a | nd (h) (subtract | | | | | |
| Schedule D, line 8b (if Box D above is checked), line 9 (if Box E | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | 38,083. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2022)

Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Identifying number

| THE | ACHELIS & BODMAN FOUNDATION | | | | | | | |
|-----|--|--|---|---|-----------------------------|----------------------------|------|---|
| C\0 | MANICE & BUDD LLP | | | 13-6022018 | | | | |
| 1a | Enter the gross proceeds from sales (or substitute statement) that you are | | | | 1099-B or 1099-S | | 1a | |
| b | Enter the total amount of gain that ye | ou are including o | | | | | | |
| | MACRS assets | | | | | | 1b | |
| С | Enter the total amount of loss that yo | ou are including o | n lines 2 and 10 | due to the partial | dispositions of MA | CRS | | |
| | assets | | | | | | 1c | |
| Pa | rt I Sales or Exchanges of | | | | | y Convers | ions | From Other |
| | Than Casualty or Thef | t-Most Prope | rty Held Moi | re Than 1 Yea | r (see instruction | is) | | |
| 2 | (a) Description | (b) Date acquired | (C) Date sold | (d) Gross sales | (e) Depreciation allowed or | (f) Cost or ot basis, plus | | (g) Gain or (loss) |
| | of property | (mo., day, yr.) | (mo., day, yr.) | price | allowable since | improvements | and | Subtract (f) from the sum of (d) and (e) |
| SEI | STATEMENT 18 | | | | acquisition | expense of sa | ale | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3 | Gain, if any, from Form 4684, line 39 | | | | | | 3 | |
| 4 | Section 1231 gain from installment s | | | | | | 4 | |
| 5 | Section 1231 gain or (loss) from like- | | | | | | 5 | |
| 6 | Gain, if any, from line 32, from other | | | | | | 6 | |
| 7 | Combine lines 2 through 6. Enter the | | ·- | | | | 7 | 29,902. |
| | Partnerships and S corporations. I line 10, or Form 1120-S, Schedule K | | | | or Form 1065, Sche | edule K, | | |
| | Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return | lines 8 and 9. If li d in an earlier year | ine 7 is a gain ar r, enter the gain | nd you didn't have from line 7 as a lo | any prior year sec | tion | | |
| _ | Names and was a satisfact 1001 lass | | Cara instrumenti | | | | | |
| 8 | Nonrecaptured net section 1231 loss | | | | 7 on line 10 hole | | 8 | |
| 9 | Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the an | • | | | | | | |
| | capital gain on the Schedule D filed | | | • | ii iioiii iiile 5 as a ii | Jilg-tellil | 9 | 29,902. |
| = | | • | | | | | 9 | 25,502. |
| Pa | rt II Ordinary Gains and | Losses (see in | structions) | | | | | |
| 10 | Ordinary gains and losses not include | ded on lines 11 th | rough 16 (includ | de property held 1 | vear or less): | | | |
| | | | g (| |] | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 11 | Loss, if any, from line 7 | | | | | | 11 | () |
| 12 | Gain, if any, from line 7 or amount from | | | | | | 12 | |
| 13 | Gain, if any, from line 31 | | | | | | 13 | |
| 14 | Net gain or (loss) from Form 4684, lir | | 14 | | | | | |
| 15 | Ordinary gain from installment sales | | 15 | | | | | |
| 16 | Ordinary gain or (loss) from like-kind | | 16 | | | | | |
| 17 | | | 17 | | | | | |
| 18 | For all except individual returns, enter | | | | | | | |
| | a and b below. For individual returns | , complete lines a | and b below. | | | | | |
| а | If the loss on line 11 includes a loss | | | (b)(ii), enter that pa | rt of the loss here. | Enter the | | |
| | loss from income-producing property | on Schedule A (I | orm 1040), line | 16. (Do not includ | le any loss on prop | erty used | | |
| | as an employee.) Identify as from "Fo | orm 4797, line 18a | a." See instruction | ons | | | 18a | |
| b | Redetermine the gain or (loss) on line | e 17 excluding the | e loss, if any, on | line 18a. Enter her | re and on Schedule | e 1 | | |
| | (Form 1040), Part I, line 4 | <u></u> | | <u></u> | | | 18b | |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

| (a) Description of section 1245, 1250, 1252, 1254, o | or 1255 | 5 property: | | (b) Date (mo., d | acquired ay, yr.) | (c) Date sold (mo., day, yr.) |
|--|---------|--------------------------|----------------------|-------------------------|----------------------|----------------------------------|
| 1 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| These columns relate to the properties on | | | | | | |
| lines 19A through 19D. | | Property A | Property B | Prop | erty C | Property I |
| Gross sales price (Note: See line 1a before completing.) | 20 | | | | | |
| Cost or other basis plus expense of sale | 21 | | | | | |
| Depreciation (or depletion) allowed or allowable \dots | 22 | | | | | |
| Adjusted basis. Subtract line 22 from line 21 | 23 | | | | | |
| Total gain. Subtract line 23 from line 20 | 24 | | | | | |
| If section 1245 property: | | | | | | |
| Depreciation allowed or allowable from line 22 | 25a | | | | | |
| Enter the smaller of line 24 or 25a | 25b | | | | | |
| If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | | | |
| Additional depreciation after 1975. See instructions | 26a | | | | | |
| o Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | | | | | |
| Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | | | |
| Additional depreciation after 1969 and before 1976 | 26d | | | | | |
| Enter the smaller of line 26c or 26d | 26e | | | | | |
| | | | | | | |
| Section 291 amount (corporations only) | 26f | | | | | |
| Add lines 26b, 26e, and 26f | 26g | | | | | |
| If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | | | | |
| Soil, water, and land clearing expenses | 27a | | | | | |
| Line 27a multiplied by applicable percentage | 27b | | | | | |
| Enter the smaller of line 24 or 27b | 27c | | | | | |
| If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | | | | |
| Enter the smaller of line 24 or 28a | 28b | | | | | |
| If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | | | | |
| Enter the smaller of line 24 or 29a. See instructions | 29b | | | | | |
| | | | | L | | |
| mmary of Part III Gains. Complete property of | olumn | s A through D through | line 29b before go | ing to line 30. | | |
| Total gains for all properties. Add property columns | A thro | ough D, line 24 | | | 30 | |
| | | | | | | |
| Add property columns A through D, lines 25b, 26g, | 27c, 2 | 8b, and 29b. Enter her | e and on line 13 | | 31 | |
| Subtract line 31 from line 30. Enter the portion from | casua | alty or theft on Form 46 | 84, line 33. Enter t | he portion | | |
| from other than casualty or theft on Form 4797, line | | | | | 32 | |
| rt IV Recapture Amounts Under Section | ns 17 | 79 and 280F(b)(2) | When Busines | s Use Drop | s to 50% (| or Less |
| (see instructions) | | | | | | |
| | | | | (a) Se | ection 79 | (b) Section 280F(b)(2) |
| Section 179 expense deduction or depreciation allo | wable | in prior years | T ₃ | 33 | | |
| | | | | 34 | | |
| Recapture amount. Subtract line 34 from line 33. Se | | | | 35 | | |

Form **4797** (2022)

| FORM 4797 | PRO | PERTY HEL | D MORE THA | N ONE YEAR | ST | ATEMENT 18 |
|---|------------------|--------------|----------------|------------|------------------|-----------------|
| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
| TIFF PRIVATE EQUITY PARTNERS 2006, LLC | | | | | | 36 |
| TIFF PRIVATE EQUITY PARTNERS 2007, LLC | | | | | | -994 |
| TIFF PRIVATE EQUITY PARTNERS 2008, LLC CYPRIUM INVESTORS | | | | | | 199 |
| IV AIV II LP FIFF PRIVATE EQUITY PARTNERS | | | | | | 4 |
| 2012, LLC FIFF PRIVATE EQUITY PARTNERS | | | | | | -1 |
| 2013, LLC TIFF PRIVATE EQUITY PARTNERS | | | | | | 67 |
| 2015, LLC PRIVATE ADVISORS SECONDARY FUND V, | | | | | | 24,670 |
| LP TIFF PRIVATE EQUITY PARTNERS | | | | | | 5,982 |
| 2014, LLC PRIVATE ADVISORS SECONDARY FUND | | | | | | -43 |
| VI, LP PA REAL ASSETS FUND III | | | • | | | 6 -24 |
| TOTAL TO 4797, PA | RT I, LINE | 2 | | | | 29,902 |

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

| OMB No. 1545-0026 | |
|-------------------|--|
| | |
| | |

▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

| Part | U.S. Transferor Information (see instructions) | | | | | |
|--------------|---|--------------|--------------|------------------------|------------|----------------------|
| Name o | of transferor | | Identifyi | ng numbe | er (see in | structions) |
| FORT | RESS WORLDWIDE TRANSPORTATION AND INSRASTRUCTURE | | 45-25 | 20731 | | |
| 2 If a If | s the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? the transferor was a corporation, complete questions 2a through 2d. the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by | | | Yes | X | |
| b D | ve or fewer domestic corporations? Did the transferor remain in existence after the transfer? The not, list the controlling shareholder(s) and their identifying number(s). | | | Yes Yes | X | No No |
| | Controlling shareholder | Ident | tifying n | umber | | |
| | | | | | | |
| | the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation inot, list the name and employer identification number (EIN) of the parent corporation. | n? | | Yes | X | No |
| | Name of parent corporation | EIN of pa | arent c | orporati | on | |
| THE | ACHELIS & BODMAN FOUNDATION 13-60 | 22018 | | | | |
| 3 If | Have basis adjustments under section 367(a)(4) been made? The transferor was a partner in a partnership that was the actual transferor (but is not treated as such under complete questions 3a through 3d. List the name and EIN of the transferor's partnership. | er section | 367), | ∫ Yes | X | No |
| | Name of partnership | EIN | of partr | ership | | |
| FORT | RESS WORLDWIDE TRANSPORTATION AND INSRASTRUCTURE 45-25 | 20731 | | | | |
| c Is | olid the partner pick up its pro rata share of gain on the transfer of partnership assets? It is the partner disposing of its entire interest in the partnership? It is the partner disposing of an interest in a limited partnership that is regularly traded on an established | | | Yes Yes | X | No No |
| | ecurities market? | | | Yes | X | No |
| Part 4 N | II Transferee Foreign Corporation Information (see instructions) Jame of transferee (foreign corporation) | 5a Ide | entifyin | g numb | er, if a | ny |
| FTAI | AVIATION LTD. FKA FTAI FINANCE HOLDCO LTD. | 98-1 | 420784 | 1 | | |
| 6 A | Address (including country) S CORPORATE SERVICES, PO BOX 309 D HOUSE, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS | 5b Re | eference | e ID num | ber | |
| CJ | Country code of country of incorporation or organization | | | | | |
| | oreign law characterization (see instructions) ORATION | | | 1 | | • |
| 9 Is | s the transferee foreign corporation a controlled foreign corporation? | | _ X For | Yes m 926 (I | Rev. 1 | No 1-2018) |

| TOTH OLD (NOV. 11 LOTO) | | IDE TRANSPORTATION AND | | | 45-252 | 0/31 Page 2 |
|-----------------------------------|---------------------------------------|---------------------------------|------------|---|----------------------|--|
| | Regarding Tran | sfer of Property (see i | nstruction | ons) | | |
| Section A - Cash | | | _ | | | |
| Type of | (a) Date of | (b) Description of | Fair m | (c) arket value on | (d) Cost or other | (e) Gain recognized on |
| property | transfer | property | | e of transfer | basis | transfer |
| Cash | 12/31/2022 | | | 226,268. | | |
| | | | • | • | | |
| 10 Was cash the only pro | operty transferred? | | | | Γ | X Yes No |
| If "Yes," skip the rema | • | | | | | |
| ii res, skip trie rem | amuel of Lart III and (| go to rait iv. | | | | |
| Section B. Other Dre | anarty (athor tha | n intangible property | cubioot | to cootion 367 | (4)) | |
| | | | Subject | | | (0) |
| Type of | (a) Date of | (b) Description of | Fair ma | (c) arket value on | (d) Cost or other | (e) Gain recognized on |
| property | transfer | property | | e of transfer | basis | transfer |
| Stock and | | | | | | |
| securities | | | | | | |
| Inventory | | | | | | |
| , | | | | | | |
| Other property | | | | | | |
| Other property | | | | | | |
| (not listed under | | | | | | |
| another category) | | | | | | |
| | | | | | | |
| | | | | | | |
| Duamantoroith | | | | | | |
| Property with | | | | | | |
| built-in loss | | | | | | |
| Totals | | | | | | |
| | | | | | | |
| 11 Did the transferer tree | anfor atook or appuriti | es subject to section 367(a) v | with roops | ot to which a gain | | |
| | | • , , | | | Г | ¬., ¬ |
| | | | | | | Yes No |
| 12 a Were any assets of a | foreign branch (include | ding a branch that is a foreign | disregard | led entity) transferre | ed to a | |
| foreign corporation? | | | | | L | Yes No |
| If "Yes," go to line 12 | b. | | | | | |
| b Was the transferor a o | domestic corporation | that transferred substantially | all of the | assets of a foreign | branch | |
| (including a branch th | nat is a foreign disrega | arded entity) to a specified 10 | %-owned | foreign corporation | ? | Yes No |
| | | lines 12c and 12d, and go to | | 3 | | |
| | · · · · · · · · · · · · · · · · · · · | nestic corporation a U.S. sha | | ith respect to the | | |
| | | | | | Г | Yes No |
| transferee foreign cor | | Para 40 di anadana ta Para 40 | | | L | 165 |
| | | line 12d, and go to line 13. | | | | |
| | | I in gross income as required | under sec | tion 91 🕨 \$ | | |
| 13 Did the transferor tran | nsfer property describ | oed in section 367(d)(4)? | | | L | Yes No |
| If "No," skip Section (| C and questions 14a | through 15. | | | | |
| | | | | | | |
| Section C - Intangible | e Property Subje | ect to Section 367(d) | | | | |
| | | | | | | |
| Type of | (a) | (b) | (c) | (d) | (e) | (f) |
| property | Date of transfer | Description of property | life | Arm's length price on date of transfer | Cost or other basis | Income inclusion for year of transfer |
| | transion | property | 1110 | on date of transfer | Daoio | your or transfer |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Property described | | | | | | |
| in sec. 367(d)(4) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | 1 | | | |
| Totala | | | | | | |
| Totals | | | | | | |

| 14 a | Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life | | |
|------|---|-------------------|---------------|
| | reasonably anticipated to exceed 20 years? | Yes | └── No |
| | At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? | Yes | No |
| С | Did the transferor choose to apply the 20-year inclusion period provided under Regulations section | | |
| | 1.367(d)-1(c)(3)(ii) for any intangible property? | Yes | No |
| d | If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable | | |
| | to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in | | |
| | Regulations section 1.367(d)-1(c)(3)(ii) \$\bigs\\$ | | |
| 15 | Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any | | |
| | time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? | Yes | ∟ No |
| Sup | plemental Part III Information Required To Be Reported (see instructions) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Pai | rt IV Additional Information Regarding Transfer of Property (see instructions) | | |
| | | | |
| 16 | Enter the transferor's interest in the transferee foreign corporation before and after the transfer. | | |
| | (a) Before .000 % (b) After .000 % | | |
| 17 | Type of nonrecognition transaction (see instructions) IRC SECTION 351 | | |
| 18 | Indicate whether any transfer reported in Part III is subject to any of the following. | | |
| а | Gain recognition under section 904(f)(3) | Yes | X No |
| b | | Yes | X No |
| С | | Yes | X No |
| d | Exchange gain under section 987 | Yes | X No |
| 19 | Did this transfer result from a change in entity classification? | Yes | X No |
| 20 a | Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) | Yes | X No |
| | If "Yes," complete lines 20b and 20c. | | |
| b | Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) | ▶\$ | |
| | Did the domestic corporation not recognize gain or loss on the distribution of property because the | | |
| _ | property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? | Yes | No |
| 21 | Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation | | |
| | covered by section 367(e)(1)? See instructions | Yes | X No |
| | | Form 926 (| Rev. 11-2018) |

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property

to a Foreign Corporation

• Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

| C.S. Transferor information (see instructions) | | | | | |
|---|----------------------|---------------------|----------|----------------------|--|
| Name of transferor | | Identifyii | ng numbe | er (see instructions | |
| FORTRESS WORLDWIDE TRANSPORTATION AND INSRASTRUCTURE | | 45-25 | 20731 | | |
| 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign | | Yes | X No | | |
| 2 If the transferor was a corporation, complete questions 2a through 2d. | | | | | |
| a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under sect | tion 368(c)) by | | | | |
| five or fewer domestic corporations? | | Yes | X No | | |
| b Did the transferor remain in existence after the transfer? | | X | Yes | ☐ No | |
| If not, list the controlling shareholder(s) and their identifying number(s). | | | | | |
| Controlling shareholder | | Identifying n | umber | | |
| | | | | | |
| | | | | | |
| | | | | | |
| c If the transferor was a member of an affiliated group filing a consolidated return, was it the If not, list the name and employer identification number (EIN) of the parent corporation. | parent corporation? | | Yes | X No | |
| Name of parent corporation | EI | N of parent c | orporati | on | |
| | | | | | |
| THE ACHELIS & BODMAN FOUNDATION | 13-6022 | 1018 | | | |
| d Have basis adjustments under section 367(a)(4) been made? | | | Yes | X No | |
| a have basic adjustments and obstain sort(a)(1) book made. | | | , | | |
| 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treat | ated as such under s | ection 367). | | | |
| complete questions 3a through 3d. | | ,, | | | |
| a List the name and EIN of the transferor's partnership. | | | | | |
| | | | | | |
| Name of partnership | | EIN of partn | ership | | |
| | | | | | |
| FORTRESS WORLDWIDE TRANSPORTATION AND INSRASTRUCTURE | 45-2520 | 731 | | | |
| b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? | | | Yes | X No | |
| c Is the partner disposing of its entire interest in the partnership? | | | Yes | X No | |
| d Is the partner disposing of an interest in a limited partnership that is regularly traded on an | n established | | | | |
| securities market? | | | Yes | X No | |
| Part II Transferee Foreign Corporation Information (see instructions) | | | | | |
| 4 Name of transferee (foreign corporation) | | 5a Identifyin | g numbe | er, if any | |
| FTAI AVIATION LTD. FKA FTAI FINANCE HOLDCO LTD. | | 98-1420784 | 1 | | |
| 6 Address (including country) | | 5b Reference | ID num | ber | |
| APLES CORPORATE SERVICES, PO BOX 309 | | | | | |
| GLAND HOUSE, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS | | | | | |
| 7 Country code of country of incorporation or organization cJ | | | | | |
| 8 Foreign law characterization (see instructions) CORPORATION | | | | | |
| 9 Is the transferee foreign corporation a controlled foreign corporation? | | X | Yes | ☐ No | |
| 24531 04-01-22 LHA For Paperwork Reduction Act Notice, see separate instructions. | | For | | Rev. 11-2018 | |

| | Regarding Tran | sfer of Property (see in | nstructions) | | r age <u>z</u> |
|--|--|--|---|-----------------------------------|--|
| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Gain recognized on transfer |
| Cash | 12/31/2022 | property | 142,050. | 545.5 | 174.75.5 |
| 10 Was cash the only pro | ainder of Part III and g | | | | X Yes No |
| Type of property | (a) Date of | n intangible property s (b) Description of | (c) Fair market value on date of transfer | (d) Cost or other | (e) Gain recognized on |
| Stock and securities | transfer | property | date of transfer | basis | transfer |
| Inventory | | | | | |
| Other property (not listed under another category) | | | | | |
| Property with built-in loss | | | | | |
| Totals | | | | | |
| recognition agreement 12 a Were any assets of a f foreign corporation? If "Yes," go to line 12b b Was the transferor a d (including a branch that If "Yes," continue to line c Immediately after the transferee foreign corp If "Yes," continue to line d Enter the transferred line | t was filed? foreign branch (include) conditions at is a foreign disregation at is a foreign disregation at 12c. If "No," skip I transfer, was the domooration? ne 12d. If "No," skip I toss amount included sfer property describ | that transferred substantially traded entity) to a specified 10 ines 12c and 12d, and go to nestic corporation a U.S. shartine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)? hrough 15. | all of the assets of a forei %-owned foreign corporat line 13. reholder with respect to the | gn branch | Yes No Yes No Yes No Yes No Yes No |
| Section C - Intangible | Property Subje | ct to Section 367(d) | T T | | T |
| Type of property | (a) Date of transfer | (b) Description of property | (c) (d) Useful Arm's length point on date of trans | (e) rice Cost or other sfer basis | (f) Income inclusion for year of transfer |
| Property described in sec. 367(d)(4) | | | | | |
| ισιαίδ | | | | i | |

Form 926 (Rev. 11-2018)

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

| OMB No. | 1545-0026 | |
|---------|-----------|--|
| | | |

▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

| Part I U.S. Transferor Information (see instructions) | | | |
|---|----------------------|--------------------|------------------------|
| Name of transferor | | Identifying nun | nber (see instructions |
| THE ACHELIS & BODMAN FOUNDATION | | | |
| 13-6022018 | | 13-602201 | |
| 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign | corporation? | Yes | X No |
| 2 If the transferor was a corporation, complete questions 2a through 2d. | | | |
| a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under sect | | | |
| five or fewer domestic corporations? | | | X No |
| b Did the transferor remain in existence after the transfer? | | Yes | L No |
| If not, list the controlling shareholder(s) and their identifying number(s). | | | |
| Controlling shareholder | | Identifying numbe | er |
| c If the transferor was a member of an affiliated group filing a consolidated return, was it the If not, list the name and employer identification number (EIN) of the parent corporation. | parent corporation? | Yes | X No |
| Name of parent corporation | EI | N of parent corpor | ation |
| | | | |
| THE ACHELIS & BODMAN FOUNDATION | 13-6022 | | |
| d Have basis adjustments under section 367(a)(4) been made? | | Yes | X No |
| 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treat complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. | ated as such under s | ection 367), | |
| Name of partnership | | EIN of partnershi | p |
| · | | | • |
| | | | |
| b Did the next as a interest in the research above of sain as the transfer of sain as the sain as | | Vas | X No |
| b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? | | | == |
| c Is the partner disposing of its entire interest in the partnership? | | Yes | X No |
| d Is the partner disposing of an interest in a limited partnership that is regularly traded on an | established | | X No |
| Part II Transferee Foreign Corporation Information (see instructions) | | Yes | X No |
| | | F | alan if an. |
| 4 Name of transferee (foreign corporation) | | 5a Identifying nun | nber, it any |
| GCP IRELAND ICAV - GCP 14 SUB-FUND | | 98-1607045 | |
| 6 Address (including country) | | 5b Reference ID nu | ımber |
| 3RD FLOOR, 76 LOWER BAGGOT STREET | | | |
| DUBLIN, IRELAND IRELAND | | | |
| Country code of country of incorporation or organization | | | |
| 8 Foreign law characterization (see instructions) CORPORATION | | | |
| 9 Is the transferee foreign corporation a controlled foreign corporation? | | Yes | X No |
| 224531 04-01-22 LHA For Paperwork Reduction Act Notice, see separate instructions. | | | Rev. 11-2018 |

| Part III Information | Regarding Trans | sfer of Property (see | instructi | ons) | | J |
|--|--|---|--|--|--------------------------------------|---|
| Section A - Cash | | | | | | |
| Type of property | (a) Date of transfer | (b) Description of property | | (c) narket value on e of transfer | (d) Cost or other basis | (e) Gain recognized on transfer |
| Cash | 12/31/2022 | | | 11,080,218. | | |
| 10 Was cash the only pro | ainder of Part III and g | | | | | X Yes No |
| Section B - Other Pro | perty (otner that | n intangible property (b) | Subject | (c) | (d) | (e) |
| Type of property | Date of transfer | Description of property | | narket value on e of transfer | Cost or other basis | Gain recognized on transfer |
| Stock and | transfer | property | - dat | | 540,0 | transioi |
| securities | | | | | | |
| Inventory | | | | | | |
| Other property (not listed under another category) | | | | | | |
| | | | | | | |
| Property with | | | | | • | |
| built-in loss | | | | | | |
| Totals | | | | | | |
| 12 a Were any assets of a factoring corporation? If "Yes," go to line 12b b Was the transferor a decent of the including a branch the including in | foreign branch (included) domestic corporation at is a foreign disregate transfer, was the domeoration? ne 12d. If "No," skip literation? ne 12d. If "No," skip literations amount included asfer property described and questions 14a to | that transferred substantially rded entity) to a specified 1 ines 12c and 12d, and go to lestic corporation a U.S. shadine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)? | y all of the 0%-owned b line 13. | assets of a foreign corporat | gn branch ion? | Yes No Yes No Yes No Yes No Yes No Yes No |
| Section C - Intangible | e Property Subje | ct to Section 367(d) | | I | | |
| Type of property | (a) Date of transfer | (b) Description of property | (c) Useful life | (d) Arm's length pr on date of trans | | (f) Income inclusion for year of transfer |
| Property described | | | | | | |
| in sec. 367(d)(4) | | | | | | |
| Totals | | | | | | Form 926 (Rev. 11-2018) |

Form **926** (Rev. 11-2018)

Form **926** (Rev. 11-2018)

Yes

Yes

Yes

Yes

X No

X No

No

X No

19

21

Did this transfer result from a change in entity classification?

If "Yes," complete lines 20b and 20c.

covered by section 367(e)(1)? See instructions

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)

property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation

c Did the domestic corporation not recognize gain or loss on the distribution of property because the

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶\$