Citizen Audit.org

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state rep

OMB No 1545-0052 2009

=		.1						1	0000		ller -	<u> </u>		
_			year 2009,	<u>or ta</u>			т т.			, and end			_	, 20
G	Che	eck all t	hat apply:	\vdash	Initial retur	• •	<u> </u>	_	of a former p	public cha	<u> </u>	!		Final return
-				لبل	Amended	return		Addre	ss change	1		lame change		
			Name of fou	ındati	on							A Employer iden	tific	ation number
		he IRS	l		_		_					1	_	
		bel.	CHRISTY	ANI	D JOHN M	ACK F	OUNDAT	'ION				1	3-	3746731
		rwise,	Number and	stree	et (or PO box	number if i	mail is not d	elivered to stree	t address)	Room/su	uite	B Telephone number	(588	page 10 of the instructions)
	•	rint]							1	1			
		type. pecific	6 CLUB 1	ROAI	D							(!	91	4) 925-0229
		ctions.	City or town	, state	e, and ZIP coo	te						C If exemption app	olicat	tion is
•												pending, check h 1. Foreign organ		
			RYE, NY	10	580							2. Foreign organ		· —
н	Che	eck type	e of organiza	tion:	X Section	on 501(c	c)(3) exe	mpt private	foundation			85% test, che	ck he	ere and attach
ſ	- 1		1947(a)(1) no						rivate foundat	tion		computation	•	
Ť			t value of all					ethod: X C		rual		1 '		status was terminated
•			m Part II, co				her (spec		- ACC	, uai			٠.	(1)(A), check here . P
		► \$	20,9						n cash basis.)			1 -		in a 60-month termination
	/	<u> </u>	sis of Reve					,	1 2001. 2000.)		<u> </u>	under section 50	,,,,,)	(1)(B), check here . (d) Disbursements
	ar t	total o	of never of amounts in c not necessarily on (a) (see pag	olumi equa	ns (b), (c), and al the amounts	d (d)	èxpei	venue and nses per ooks	(b) Net inve	-	(c) Adjusted net income		for charitable purposes
_							 -		 		-		╌┤	(cash basis only)
	1			lounda	ation is not requ	ured to			 				-	
	2	Check	allauri		3	1		······································	 		 		-	
	3		on savings and	-	•	Г		502,912	50	2,912.	├─-		-	ATCH 1
	4	_	nds and intere					302,312	 	_,			-	VICH I
	l .		ents						 		├			
			tal income or (lo			 }		978,548	 		├─		-	
Revenue	6a b		n or (loss) from ales price for all		fassets not on I 4,802			210,340	 		 			
/en		assets o	on line 6a					······································	 		├—		_	
æ	7	•	gain net inco						 			02.00	ᅱ	
_	8		ort-te <u>rm capita</u>			<u></u> . }			 		<u> </u>	83,02	<u>' </u>	
	9	Income	e modification	₹ E (CEIVED	, · · ·]		·	 		<u> </u>		_	
	Į.	and allo	wances			,,, -					<u> </u>		_ļ	
			ost of goods sold		000				ļ		L		_	
	C		profit of (loss)					03 207	 -	2 202				
	11		ncome (attach			<u> </u>		-83,387		3,387.		02.60	_	ATCH 2
_	12	Total. A	Add lines 1 (h)	roudi	MA: UT	•		559,023	41	9,525.		83,020	٠.	
i	13		sation of officer						 				_	
6 0	14	Other e	employee sala	nes a	nd wages				_					
98	15	Pension	n plans, emple	oyee t	benefits	📙							_	- ·
Operating and Administrative Expenses			ees (attach sc					8,095.		8,095.			_	
ŭ	- ь-	Accoun	nting fees (atta	ach ⁻ se	chedule)			3,7 50-		-3 , 750-				
9	С		professional fe			e) L							\perp	·
rat	17	Interest	ATTAC	HMI	ENT .3	[17,835.	1	7,835.			$ \rfloor $	
St	18	Taxes (a	ttach schedule)	(see p	age 14 of the instr	uctions)		367,698.						
듣	19		ation (attach											
팅	20	-	ancy		, ,									
7	21	•	conferences,					5,500.		5,500.				
a	22		and publicat			–			1					
gu	23	Other e	expenses (atta	ch sc	nedule) ATC	н 4		79,183.	7	7,932.			7	
æ	24		perating and										7	
9			es 13 through		•	•		482,061.	11	3,112.			}	
ō	25		es is unough utions, gifts, i			Г		434,148.	 	·			十	3,434,148
- 1	i i			_	•	· · · · · ·		916,209.	17	3,112.			+	3,434,148
\neg	26		enses and disbur			and 25 [,		-,			+	3, 134, 140
-	27		ct line 26 from				- 1	475,232.		l				
-			revenue over exp						<u> </u>	6,413.		_ 	-	
İ	Þ		estment inco	•	•	· · · · ·			30	0,413.		83.020	$\frac{1}{2}$	
	_	A of its a A -				0 1 L								

JSA

1	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		nd of	f year
_	•	- Dalarioc Oriccio	amounts only. (See instructions.)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bear	ing	722.		7.	597
•	2		cash investments	2,324,648.	1,988,85	,1.	1,988,851
	3	Accounts receivable ▶				1	
		Less. allowance for dou	btful accounts ▶				
	4	Pledges receivable -					
			btful accounts				
	5					\neg	
	6		fficers, directors, trustees, and other		 		
			ach schedule) (see page 16 of the instructions)	İ		ı	
	7		receivable (attach schedule)				
	'		btful accounts	·		1	
			 			-+	
ets	8	Inventories for sale or us				\dashv	
Assets	9		eferred charges				
⋖			e government obligations (attach schedule)	5,165,968.	4,495,57	, , 	5,551,306
			stock (attach schedule) ATCH 5				
	11 °	Investments - land, building and equipment: basis Less: accumulated deprecia		1,546,721.	1,546,72	1.	1,596,614
	12	(attach schedule)	loans	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	13	Investments - mongage	loans	15,723,369.	12,254,44	9.	11,861,970
	14	Land, buildings, and	ition				
		(attach schedule)				+	
	15	Other assets (describe		——————————————————————————————————————			
	16	-	pleted by all filers - see the	24 761 429	20 296 10		20 000 220
_			age 1, item 1)	24,761,428.	20,286,19	'3+	20,999,338
	17		occrued expenses			{	
	18				·	_4	
8	19	Deferred revenue					
Liabilities	20	Loans from officers, directo	ors, trustees, and other disqualified persons				
흅	21	Mortgages and other no	ites payable (attach schedule)				
	22	Other liabilities (describe	: ▶)			i	
	ı					\neg	
	23	Total liabilities (add line	s 17 through 22)				
		Foundations that fol	low SFAS 117, check here ▶			\neg	
			24 through 26 and lines 30 and 31.				
68	24	Unrestricted	-				
ă	25					\neg	
ale	25				- "	\dashv	
9	20		not follow SFAS 117,			\dashv	
ş	25 26 27 28 29 30	check here and com	plete lines 27 through 31.	1		}	
ř	27					- [
8	21		cipal, or current funds				
9	28		land, bldg, and equipment fund	24,761,428.	20,286,19	-	
AS	29	=	ulated income, endowment, or other funds	24,701,420.	20,200,19	ᅫ	
10	30		i balances (see page 17 of the	04 761 400	00 006 10	ا ۔	
ž		instructions)	· · · · · · · · · · · · · · · · · · ·	24,761,428.	20,286,19	<u> </u>	
			assets/fund balances (see page 17				
			<u> </u>	24,761,428.	20,286,19	5.	
Р	art II	Analysis of Cha	inges in Net Assets or Fund I	Balances			
1	Total	net assets or fund ba	lances at beginning of year - Part II,	column (a), line 30 (must	t agree with		
	end-	of-year figure reported	d on prior year's return)	·		1	24,761,428
2	Ente	r amount from Part I. I	ine 27a			2	-4,475,232
3	Othe	r increases not include				3	
						4	20,286,196
5	Decr	eases not included in	line 2 (ttemize) ▶ ATTACH	MENT 8		5	1
			llances at end of year (line 4 minus i			6	20,286,195
<u>-</u>			manage at one of your time a million	o, . a.c.n, ooluliii (b)	, 00		

Part IV Capital Gair	ns and Losses for Tax on Inve	estment Income			
(a) List a	and describe the kind(s) of property sold (e.g., real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	brick warehouse; or common stock, 200	shs. MLC Co.)	P-Purchase D-Donation	(mo., day, yr.)	(mo., day, yr.)
1a SEE PART IV SCH	EDULE				
_b			<u> </u>	<u> </u>	
<u>c</u>			<u> </u>		
_d			.		
_e				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
<u>a</u>			ļ		
b			<u> </u>		. <u> </u>
<u>c</u>			ļ		
_d	<u> </u>	<u></u>	 		
<u>e</u>		L	<u> </u>		
Complete only for assets	showing gain in column (h) and owr			Gains (Col. (h) g	
(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	COI.	(k), but not less t Losses (from co	
<u>a</u>			<u> </u>		
<u>b</u>					
<u>c</u>			 		
d			<u> </u>		
<u>e</u>		<u> </u>	 		
2 Capital gain net income of		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		978,548.
, ,	un or (loss) as defined in sections 12				
- '	I, line 8, column (c) (see pages 13				02 000
	I, line 8		3	·	83,020.
	s, leave this part blank. or the section 4942 tax on the distrib s not qualify under section 4940(e).		ase perio	d?	Yes X No
the state of the s	mount in each column for each year;		efore mak	ing any entries.	
(a)	(b)	(c)	1	(d)	
Base period years Calendar year (or tax year beginning in)	1	Net value of nonchantable-use assets	ļ	Distribution ra (col. (b) divided by	atio col(c))
2008	2,917,907.	24,457,195.			0.119307
2007	8,681,801.	29,892,683.			0.290432
2006	9,068,133.	33,228,351.			0.272903
2005	7,032,036.	38,446,271.			0.182906
2004	4, 683, 815.	38,731,285.		· · · · · · · · · · · · · · · · · · ·	0.120931
			1		
2 Total of line 1, column (d	· · · · · · · · · · · · · · · · · · ·		2		0.986479
•	o for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the fou	ndation has been in existence if less	than 5 years	3		0.197296
4 Enter the net value of no	oncharitable-use assets for 2009 from	m Part X, line 5	4	20,	654,529.
				-	
5 Multiply line 4 by line 3			5	4,	075,056.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		3,064.
7 Add lines 5 and 6		· · · · · · · · · · · · · · · · · · ·	7	4,	070 130
					078,120.
8 Enter qualifying distribution of gradual to or g]]	_	

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	tructi	ons)
1 a	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 ruling letter if necessary - see instructions)			
· b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		6,1	L28.
	here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2		6,1	28.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		6,1	128.
6	Credits/Payments:	-		
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 50,000.			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
C	Tax paid with application for extension of time to file (Form 8868).			
đ	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d	·	50,0	000.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2010 estimated tax 6, 128 Refunded 11		43,8	
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 6, 128. Refunded ▶ 11		37,7	744.
Par	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes	No
	participate or intervene in any political campaign?	1a	<u> </u>	Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b_		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1	İ	
	published or distributed by the foundation in connection with the activities.		}	,,
	Did the foundation file Form 1120-POL for this year?	1 c	<u> </u>	Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			l
	(1) On the foundation ►\$(2) On foundation managers ►\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			ĺ
	on foundation managers. \$	l		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.	ļ		1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			x
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	х	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
_	If "Yes," attach the statement required by General Instruction T.			l
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either]		ł
	By language in the governing instrument, or			
	By_state_legislation_that-effectively-amends-the-governing instrument so that no mandatory directions that		Х	
-	conflict with the state law remain in the governing instrument?	7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	- -		
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) DE, NY,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		.,	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	[[
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			,,
	2T)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			,
	names and addresses	10		_ X_

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before		-	
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X	
	Website address ► N/A		z =	
14	The books are in care of ▶ CHRISTY MACK Telephone no. ▶ 914-92	0-02	29	
	Located at ▶6 CLUB ROAD RYE, NY ZIP+4 ▶ 10580			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	· 🔲
D	and enter the amount of tax-exempt interest received or accrued duning the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	т	1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	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? Yes X No			
	(r) and the term of the term o	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	uisquainteu personi	Ì		
	(3) Furnish goods, services, or racinities to (or accept their from) a disqualified person?	-		
	(4) Pay compensation to, or pay or reinforces the expenses of, a disqualified person?			
	(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)?	Į	i i	
	(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	ļ		
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	11/	4
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	İ		
	were not corrected before the first day of the tax year beginning in 2009?	1 c	<u> </u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
8	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	ļ	ĺ	
	6e, Part XIII) for tax year(s) beginning before 2009?			
	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)			х
	to all years listed, answer "No" and attach statement - see page 20 of the instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1		
•	Did the foundation hold many them a 00/ direct or reduced many than any business			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	}		
_	enterprise at any time during the year?			
D	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	1		
	Commissioner-under-section-4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse	1		
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the)	
	foundation had excess business holdings in 2009.)	3ь	Lnik	}
4a		48		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could leopardize its			
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		Х

Par	rt VII-B Statements Regarding Activity	ties for Which Form 4	720 May Be Requ	ired (continued)		
5a	*During the year did the foundation pay or incur an	y amount to:				
	(1) Carry on propaganda, or otherwise attempt to	influence legislation (section	1 4945(e))?	Yes X No	•	
•	(2) Influence the outcome of any specific public	election (see section 4955);	or to carry on,		- 1	
	directly or indirectly, any voter registration driv	e?	. .	Yes X No	,	
	(3) Provide a grant to an individual for travel, stud	ly, or other similar purposes?		Yes X No	>	
	(4) Provide a grant to an organization other than	a charitable, etc., organization	on described in		į.	
	section 509(a)(1), (2), or (3), or section 4940((d)(2)? (see page 22 of the in	structions)	X Yes No	,	
	(5) Provide for any purpose other than religious,	chantable, scientific, literary.	or educational		ļ	
	purposes, or for the prevention of cruelty to ch	ildren or animals?		Yes X No	,	
b	If any answer is "Yes" to 5a(1)-(5), did any of the			. —		
-	Regulations section 53.4945 or in a current notice	•	•		5b	X
	Organizations relying on a current notice regardin					
_	If the answer is "Yes" to question 5a(4), does the					
·	because it maintained expenditure responsibility for	•		X Yes No	,	
	If "Yes," attach the statement required by Regulation					
6.	, · · · · · ·	• •			İ	
68	Did the foundation, during the year, receive any f		• • •	Yes X No	.	
	on a personal benefit contract?			• 🖵		l x
U	Did the foundation, during the year, pay premium	s, directly or indirectly, on a	personal benefit contra	ct ²	<u>6b</u>	
- -	If "Yes" to 6b, file Form 8870.			Yes X No		
	At any time during the tax year, was the foundation		•			0.14
	If yes, did the foundation receive any proceeds or					n/A
	t VIII Information About Officers, Dire		•	-	•	
1	List all officers, directors, trustees, foundate				uctions).	
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	se account,
	(a) Name and address	hours per week	(If not paid, enter	employee benefit plans		
	(a) Name and address	hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	employee benefit plans and deferred compensation		owances
		devoted to position	-0-)	employee benefit plans and deferred compensation	other all	owances
AT		devoted to position	(If not paid, enter	employee benefit plans	other all	
ĀĪ		devoted to position	-0-)	employee benefit plans and deferred compensation	other all	owances
ĀĪ		devoted to position	-0-)	employee benefit plans and deferred compensation	other all	owances
<u>Ā</u> T		devoted to position	-0-)	employee benefit plans and deferred compensation	other all	owances
AT		devoted to position	-0-)	employee benefit plans and deferred compensation	other all	owances
AT		devoted to position	-0-)	employee benefit plans and deferred compensation	other all	owances
	TACHMENT 9	hours per week devoted to position	-0-	employee benefit plans and deferred compensation - 0 -	other all	owances
2	TACHMENT 9 Compensation of five highest-paid employe	hours per week devoted to position	-0-	employee benefit plans and deferred compensation - 0 -	other all	owances
2	TACHMENT 9	hours per week devoted to position es (other than those inc	-0-	employee benefit plans and deferred compensation -0-	other all	owances
2	TACHMENT 9 Compensation of five highest-paid employe	hours per week devoted to position es (other than those inc	-0-	employee benefit plans and deferred compensation - 0 - ee page 23 of the inst (d) Contributions to employee benefit	other all	owances 0 -
2	TACHMENT 9 Compensation of five highest-paid employe if none, enter "NONE."	hours per week devoted to position es (other than those inc	-0- luded on line 1 - se	employee benefit plans and deferred compensation - 0 -	other all	owances 0 -
2 (a)	TACHMENT 9 Compensation of five highest-paid employed frone, enter "NONE." Name and address of each employee paid more than \$50	hours per week devoted to position es (other than those inc 000 (b) Title, and average hours per week	-0- luded on line 1 - se	employee benefit plans and deferred compensation - 0 - ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	other all	owances 0 -
2 (a)	TACHMENT 9 Compensation of five highest-paid employe if none, enter "NONE."	hours per week devoted to position es (other than those inc 000 (b) Title, and average hours per week	-0- luded on line 1 - se	employee benefit plans and deferred compensation - 0 - ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	other all	owances 0 -
2 (a)	TACHMENT 9 Compensation of five highest-paid employed frone, enter "NONE." Name and address of each employee paid more than \$50	hours per week devoted to position es (other than those inc 000 (b) Title, and average hours per week	-0- luded on line 1 - se	employee benefit plans and deferred compensation - 0 - ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	other all	owances 0 -
2 (a)	TACHMENT 9 Compensation of five highest-paid employed frone, enter "NONE." Name and address of each employee paid more than \$50	hours per week devoted to position es (other than those inc 000 (b) Title, and average hours per week	-0- luded on line 1 - se	employee benefit plans and deferred compensation - 0 - ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	other all	owances 0 -
2 (a)	TACHMENT 9 Compensation of five highest-paid employed frone, enter "NONE." Name and address of each employee paid more than \$50	hours per week devoted to position es (other than those inc 000 (b) Title, and average hours per week	-0- luded on line 1 - se	employee benefit plans and deferred compensation - 0 - ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	other all	owances 0 -
2 (a)	TACHMENT 9 Compensation of five highest-paid employed frone, enter "NONE." Name and address of each employee paid more than \$50	hours per week devoted to position es (other than those inc 000 (b) Title, and average hours per week	-0- luded on line 1 - se	employee benefit plans and deferred compensation - 0 - ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	other all	owances 0 -
2 (a)	TACHMENT 9 Compensation of five highest-paid employed frone, enter "NONE." Name and address of each employee paid more than \$50	hours per week devoted to position es (other than those inc 000 (b) Title, and average hours per week	-0- luded on line 1 - se	employee benefit plans and deferred compensation - 0 - ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	other all	owances 0 -
2 (a)	TACHMENT 9 Compensation of five highest-paid employed frone, enter "NONE." Name and address of each employee paid more than \$50	hours per week devoted to position es (other than those inc 000 (b) Title, and average hours per week	-0- luded on line 1 - se	employee benefit plans and deferred compensation - 0 - ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	other all	owances 0 -
2 (a)	TACHMENT 9 Compensation of five highest-paid employed frone, enter "NONE." Name and address of each employee paid more than \$50	hours per week devoted to position es (other than those inc 000 (b) Title, and average hours per week	-0- luded on line 1 - se	employee benefit plans and deferred compensation - 0 - ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	other all	owances 0 -
2 (a)	TACHMENT 9 Compensation of five highest-paid employed frone, enter "NONE." Name and address of each employee paid more than \$50	hours per week devoted to position es (other than those inc 000 (b) Title, and average hours per week	-0- luded on line 1 - se	employee benefit plans and deferred compensation - 0 - ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	other all	owances 0 -

Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	
	
stal number of others receiving over \$50,000 for professional continue	NON NON
	▶ NON
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
art IX-B Summary of Program-Related Investments (see page 23 of the instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2	
	<u> </u>
All other program-related investments See page 24 of the instructions	[
3 NONE	
	
ntal. Add lines 1 through 3	ì

Form 990-PF (2009)

Pa	art X . Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	6,985,849.
b	Average of monthly cash balances	1b	1,680,628.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	12,302,588.
d	Total (add lines 1a, b, and c)	1d	20,969,065.
е			
	1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	20,969,065.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	314,536.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	20,654,529.
6	Minimum investment return. Enter 5% of line 5	6	1,032,726.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ ☐ and do not complete this		g
1	Minimum investment return from Part X, line 6	11	1,032,726.
2 a	1 1	ļ - - - - - - - - - - 	
ь		1	
c	Add lines 2s and 2h	2c	6,128.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,026,598.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add Cong O and 4	5	1,026,598.
6		6	
7	Deduction from distributable amount (see page 25 of the instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1 · · · · · · · · · · · · · · · · · ·	7	1,026,598.
_		<u> </u>	
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3,434,148.
b	Program-related investments - total from Part IX-B	1b	0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		·
-		2	0.
3	Amounts set aside for specific charitable projects that satisfy the:	-	
э a	O the little and A was 100 and a final ball	3a	0.
b		3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,434,148.
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	-	3,434,140.
-		5	N/A
6	Enter 1% of Part I, line 27b (see page 26 of the instructions) Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,434,148
0			
	Note: The amount on line 6 will be used in Part-V, column (b), in subsequent years when calculating v qualifies for the section 4940(e) reduction of tax in those years.	viietner the	IOUIIGATION

Form 990-PF (2009)

Pa	art XIII Undistributed Income (see page	26 of the instruction	ns)		
•		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7	· · · · · · · · · · · · · · · · · · ·			1,026,598.
2	Undistributed income, if any, as of the end of 2009:				
8					
b	Total for pnor years: 20 07 ,20 06 ,20 05		0.		
3	Excess distributions carryover, if any, to 2009:				
а	From 2004 2,817,173. From 2005 5,137,634.				
b	From 2005 5, 137, 634.	'			
c	From 2006 /, 4 / U, 3 9 5 .				
ď	7 216 775				
е	From 2008 1,911,785.				
f	Total of lines 3a through e	24,553,762.			
4	Qualifying distributions for 2009 from Part XII,				
	line 4: ▶ \$3, 434, 148.		}		
а	Applied to 2008, but not more than line 2a				
		· · · · · · · · · · · · · · · · · · ·		· · · · · ·	
D	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
					
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
	Applied to 2009 distributable amount				1,026,598.
	Remaining amount distributed out of corpus	2,407,550.			
5	Excess distributions carryover applied to 2009				
•	(If an amount appears in column (d), the same				
_	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
	·	26,961,312.	•		
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	20,301,312.			
Ь	Prior years' undistributed income. Subtract	•	0.		1
c	line 4b from line 2b Enter the amount of prior years' undistributed	 			
·	income for which a notice of deficiency has been				ļ
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b. Taxable		0.		
	amount - see page 27 of the instructions Undistributed income for 2008. Subtract line		·		
·	4a from line 2a. Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines				
	4d and 5 from line 1. This amount must be	Ì			
~	distributed in 2010				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section.			······································	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				ļ
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the	0 017 170			
	instructions)	2,817,173.			
9	Excess distributions carryover to 2010.	04 144 100	į		
	Subtract lines 7 and 8 from line 6a	24,144,139.			
	Analysis of line 9:				1
	Excess from 2005 5,137,634.				1
þ	Excess from 2006 7,470,395.				
C	Excess from 2007				}
d	Excess from 2008 1,911,785.				1
е	Excess from 2009 2,407,550.				

Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	e instructions and Pa	art VII-A, question 9)	NOT APPLICABL
1 a	If the foundation has	received a ruling or o	determination letter th	at it is a private ope	rating	
	foundation, and the ruling	g is effective for 2009, e	enter the date of the ruling	g	▶Ĺ	
· b	Check box to indicate wh	ether the foundation is	a private operating foun	dation described in section	n 4942(1)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(a) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	I or the minimum investment return from Part X for each					
	year listed					
ь	85% of line 2a					
_				<u> </u>	 	<u> </u>
·	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not		 	 	 	
	used directly for active conduct					
	of exempt activities	 			 	 -
·	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the			 	 	
	alternative test relied upon					
a	"Assets" alternative test - enter					
	(1) Value of all assets		 			
	(2) Value of assets qualifying under section		1			
.	4942(j)(3)(B)(i)		 		 	
•	enter 2/3 of minimum invest-					
	ment return shown in Part X,		į.			
	line 6 for each year listed				<u> </u>	ļ
С	"Support" alternative test - enter		ļ			
	(1) Total support other than gross investment income					
	(interest, dividends, rents.		}			
	payments on secunties loans (section 512(a)(5)),					
	or royalties)		ļ		ļ	<u> </u>
	(2) Support from general public and 5 or more					
	exempt organizations as]			
	provided in section 4942 (j)(3)(B)(ui)	<u></u>				
	(3) Largest amount of sup- port from an exempt		}			
	organization		<u></u>			
	(4) Gross investment income.		L	<u> </u>	<u> </u>	<u></u>
Pa	rt XV Supplementa	ary Information (C	omplete this part	only if the found	dation had \$5,000	or more in assets
		luring the year - se	<u> </u>	nstructions.)		
1	Information Regarding					
а	List any managers of the before the close of any	the foundation who h	nave contributed mor	re than 2% of the tot	al contributions received	red by the foundation
			ley have contributed	more man \$5,000). (3	see section 507 (d)(2).)	
	JOHN AND CH	RISTY MACK				
b	List any managers of					large portion of the
	ownership of a partner	ship or other entity) o	f which the foundatio	n has a 10% or greate	r interest.	
	N/A		· · · · · · · · · · · · · · · · · · ·			
2	Information Regarding	•				
	Check here ► X if the	ne foundation only i	makes contributions	to preselected char	itable organizations a	and does not accept
	unsolicited requests for	or funds. If the foun	dation makes gifts, 🤉	grants, etc. (see pag	e 28 of the instruction	ons) to individuals or
	organizations under oth	ner conditions, comple	ete items 2a, b, c, and	d d.		
a	The name, address, ar	nd telephone number	of the person to who	m applications should l	oe addressed:	
b	The form in which appl	ications should be su	bmitted and informati	ion and materials they	should include:	
				·		
				···		
C	Any submission deadling	nes:				
	 					
d	Any restrictions or lin factors:	nitations on awards,	such as by geogr	aphical areas, charita	able fields, kinds of	institutions, or other
	idoloid.					

Form 990-PF (2009)			13-3746731	Page 11
Part XV Supplementary Information (c	ontinued)			
3 Grants and Contributions Paid Duri Recipient	If recipient is an individual,	Foundation		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		<u> </u>		
ACTACUMENT 10				
ATTACHMENT 10				
				}
		[
]			
		-		
		İ		
		ļ		
	İ			
	<u> </u>	<u> </u>	<u></u>	
b Approved for future payment	<u> </u>		▶ 3a	3,434,148.
2 / Approved for fallare payment				
	ł			
		į į		
		į		
Total		L		
		<u> </u>	<u> </u>	I

		ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions.)
a					
b					
c					
d			<u> </u>		
e					
t					
g Fees and contracts from government agencies					
Membership dues and assessments			<u> </u>		
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	502,912.	
Net rental income or (loss) from real estate:					
a Debt-financed property			 		
b Not debt-financed property			 		
Net rental income or (loss) from personal property .					
Other investment income			1.0	070 540	
Gain or (loss) from sales of assets other than inventory		<u> </u>	18	-978,548.	
Net income or (loss) from special events			-		
Gross profit or (loss) from sales of inventory					
Other revenue: 8 b PARTNERSHIP INCOME		<u> </u>	14	-83,387.	
			14 -	-03,307.	
c					
d			·- 		
e				-559,023.	
Subtotal Add columns (b), (d), and (e)					
ine No. Explain below how each activi	ty for whi	ch income is reporte	d in column	e) of Part XVI-A con	tributed importantly
the accomplishment of the fo					
the accomplishment of the fo					
_ the accomplishment of the fo					
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the accomplishment of the fo		exempt purposes (other than t		
the accomplishment of the fo		exempt purposes (other than t		

Pa	rt XVI	Information Re Exempt Organi		Transfers To and	Transactio	ns a	nd Relat	ionship	s With N	onc	harit	able
1	ın se	he organization directly oction 501(c) of the Code	e (other than	n section 501(c)(3) orga	nızations) or	ith an	y other org	ganization relating t	described o political		Yes	No
٤	organ Trans	izations? fers from the reporting four	ndation to a n	oncharitable exempt organi	zation of:							
		ash								1a(1)		Х
		ther assets								1a(2)		X
t		transactions:										,,
· · · · · · · · · · · · · · · · · · ·									1b(1)		X	
								1b(2)		X		
										1b(3)		$\frac{\lambda}{x}$
								1b(4)		X		
(5) Loans or loan guarantees									Х			
		ng of facilities, equipment, i								1c		X
•		answer to any of the								the	fair r	narket
	value	of the goods, other as	sets, or sen	vices given by the rep	orting founda	ition. I	f the foun	dation red	eived less	than	fair r	narket
	value	in any transaction or s	sharing arran	igement, show in colum	nn (d) the v	alue c	of the good	ls, other	assets, or	service	es rec	eived
			4 1 1 1									
(a)	Line no	(b) Amount involved N/A	(c) Name of	noncharitable exempt organiza		/A	iption of trans	rers, transact	tions, and shar	ng ama	ngeme	nts
				······································								
				··				 -				
												
												
		 										
												
			·									
2a		foundation directly or inc				tax-ex	empt organi	zations de				,
	sectio	n 501(c) of the Code (other	than section !	501(c)(3)) or in section 527	7?				L	Ye	s 🛂	No
	If "Yes	s," complete the following so	chedule.			·- -						
		(a) Name of organization		(b) Type of organ	ization			(c) Descript	on of relations	nip		
				 		\dashv						
						†						
						==						
	Under belief	penalties of penjury, I declare it is true, correct, and complete	that I have ex	amined this return, including	accompanying	schedu is base	les and stater	nents, and	to the best of	my kr	nowled	ge and
i		The state of	YY	Kack	,		110		THE PROPERTY		.,	oago
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le r	/ 51	gnature of officer or trustee			Date		Title	Proporario	dontifi	400		
Ξ	.		21		Date				e Signa	ture or		
Slgn Here	Ter.	Preparer's signature	1		11/11/20			self-employed [] page 30 of the i			uctions))
٠,	Paid Preparer's Use Only	Firm's name (or yours if	BETH (G. ZELONY, CPA			<u> </u>	EIN ▶				
	로 크	self-employed), address,	234 M	ILLWOOD RD								
_]		and ZIP code	CHAPPA			105	14	Phone no	914-23	88-0	392	
												(2000)

CHRISTY AND JOHN MACK FOUNDATION FORM 990-PF - PART IV

	GAINS AND LC	INS AND LOSSES FOR TAX ON INVEST						
. Kind of Property		Description			O.	Date acquired	Date sold	
Gross sale Depreciat price less allowed expenses of sale allowable	/ other	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adı başis		Gain or (loss)		
	THRU PEQUOT					VAR 27,591.	VAR	
	THRU TWIN H	IAVEN PARTNE	ERS			VAR 2,448.	VAR	
	THRU ENERGY	INCOME PAR	RTNERS			VAR -32,901.	VAR	
	THRU PEQUOI	ENDOWMENT	FUND			VAR -216,874.	VAR	
	THRU FIRSTM	IARK PARTNEF	RS			VAR -69,507.	VAR	
	THRU TWIN H	AVEN PARTNE	IRS			VAR -17,785.	VAR	
	RIVERSIDE W	ISDOM FUND				VAR -290,069.	VAR	
	RIVERSIDE G	LOBAL VALUE	E FUND			VAR -174,174.	VAR	
	THRU ENERGY	INCOME PAF	RTNERS			VAR -291,054.	VAR	
534,237.	6000 SPDR G 494,126.	OLD TRUST				12/19/2008 40,111.	01/26/2009	
307,384.	10,000 SHS 332,552.	METLIFE INC	:			11/10/2008 -25,168.	04/30/2009	
307,384.	10,000 SHS 303,815.	METLIFE INC	:			11/11/2008 3,569.	04/30/2009	
					- -			
SA								

CHRISTY AND JOHN MACK FOUNDATION 1
FORM 990-PF - PART IV

. Kind of Property		Description					Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis	D	Gain or (loss)	
53,692.			ETLIFE INC	- "			11/24/2008 45,885.	04/30/200
239.		377 SHS FA 3,740.	IRPOINT COMM	I		8	08/22/2000 -3,501.	06/29/200
00,000.		3,500,000 3,498,604.	US TBILL				08/14/2009 1,396.	11/12/20
		THRU PEQUO	T ENDOWMENT				VAR 8,594.	v
		THRU PEQUO	T ENDOWMENT				VAR 12,891.	v
TAL GAIN(LO	oss)						-978,548.	
						1		

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E	TIV
EEF	ALIA
EEK	ATTW
EEK	ALIA
EEK	ATTW
EEK	ATTW
EEK	AIIA
EEK	ALIA

	NET INVESTMENT	870.	324,288. 78.	11.	11,305. 218.	96,743.	. 668, 399.	502,912.
- DIVIDEND'S AND INTEREST FROM SECURITIES	REVENUE AND EXPENSES PER ROOKS	870.	324,288.	11.	11,305.	96,743.	. 69, 399.	502,912.
S AND INTER								TOTAL
FORM 990PF, PART I - DIVIDEND	DESCRIPTION	PEQUOT ENDOWMENT FUND	MORGAN STANLEY - NOMINEE US TREASURY	EIP ENERGY FUND	FIRSTMARK NORTHERN TRUST	TWIN HAVEN	MORGAN STANLEY - NOMINEE	

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FNEMHUA	1
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۵	4
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۲	3

OTHER INCOME

ı

PART

FORM 990PE,

EXPENSES
PER BOOKS
-83, 387. AND

NET INVESTMENT INCOME -83,387.

TOTALS

DESCRIPTION PARTNERSHIP ORDINARY INVESTMENT INCOME

-83,387.

-83,387.

~
TNEMPLATE

CHRISTY AND JOHN MACK FOUNDATION

NET INVESTMENT INCOME	17,835.	17,835.
REVENUE AND EXPENSES PER BOOKS	17,835.	17,835.
DESCRIPTION	INVESTMENT INTEREST EXPENSE	TOTALS

13-3746731

ATTACHMENT 4

EXPENSES
OTHER
1
H
PART
990PF,
FORM

CHRISTY AND JOHN MACK FOUNDATION

	INCOME 1,113. 76,819.
REVENUE AND EXPENSES	PER BOOKS 1,113. 76,819. 1,251.
	DESCRIPTION FILING FEES INVESTMENT FEES

79,183.

TOTALS

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CHRISTY AND JOHN MACK FOUNDATION

PART II

FORM 990PE,

ATTACHMENT 5 - CORPORATE STOCK

MORGAN STANLEY ACCOUNT DESCRIPTION

ENDING BOOK VALUE

ENDING

4,495,577.

5,551,306.

4,495,577.

TOTALS

5,551,306.

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PART II - CORPORATE BONDS

FORM 990PE,

CHRISTY AND JOHN MACK FOUNDATION

ENDING BOOK VALUE

1,596,614. ENDING FMV

1,546,721.

1,546,721.

1,596,614.

MORGAN STANLEY A/C

TOTALS

9

11,861,970.

12,254,449.

7 TN	ENDING	1,267,561. 1,680,814. 939,149.	2,130,983. 2,324,170. 1,024,932. 1,994,361. 500,000.
ATTACHMENT 7	ENDING BOOK VALUE	1,678,869. 1,635,416. 1,198,814.	2,241,350. 2,000,000. 1,000,000. 2,000,000. 500,000.
OTHER INVESTMENTS			
OTHER I		PPS M FUND E FUND	w

13-3746731

ATTACHMENT 8

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

MISC ADJ

TOTAL

AMOUNT

1.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 9

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

JOHN J. MACK 6 CLUB ROAD RYE, NY 10580

DIRECTOR

CHRISTY K. MACK 6 CLUB ROAD RYE, NY 10580

PRESIDENT

2.00

GRAND TOTALS

11/11/2010 10:|16:37 AMV 09-8.5 41V01B M054

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FORM 290PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	DURING THE YEAR		ATTACHMENT 10
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COLUMBIA UNIVERSITY MEDICAL CENTER NEW YORK, NY	NONE PUBLIC CHARITY	CHARITABLE	. 50, 000
THE BRAVEWELL COLLABORATIVE MINNEAPOLIS, MN	NONE PRIVATE OP FOUNDATION	CHARITABLE	898, 250.
GLSEN NEW YORK, NY	NONE PUBLIC CHARITY - GROUP	CHARITABLE	.000
MICROSOCIETY PHILADELPHIA, PA	NONE PUBLIC CHARITY	EDUCATIONAL	180,484.
ELIZABETH GLASER PEDIATRIAC AIDS FOUNDATION WASHINGTON, DC	NONE PUBLIC CHARITY	CHARITABLE	.55, 000.
AMERICANS FOR UNFPA NEW YORK, NY 10017	NONE PUBLIC CHARITY	CHARITABLE	. 10, 000.

FOUNDATION
MACK
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13-3746731

FORM 990RE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	ZEING THE YEAR.		•
			ATTACHMENT 10 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DUKE UNIVERSITY RALEIGH, NC 27708	NONE PUBLIC CHARITY	EDUCATION	1,604,664.
CHINA ARTS FOUNDATION NEW YORK, NY	NONE PUBLIC CHARITY	CHARITABLE	.000,000
HEALTHCORPS NEW YORK, NY 10011	NONE PUBLIC CHARITY	CHARITABLE	23,000.
KEEP A CHILD ALIVE NEW YORK, NY	NONE PUBLIC CHARITY	CHARITABLE	10,000.
HEALTHREACH COMMUNITY CLINIC	NONE PUBLIC CHARITY	CHARITABLE	20,000.
PORT CHESTER CARVER CENTER Port Chester, ny	NONE PUBLIC CHARITY	CHARITABLE	2,000.

ATTACHMENT 10

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GRANTS AND CONTRIBUTIONS PAID DURING THE	
AND	
GRANTS	
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PART XV	
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CHRISTY AND JOHN MACK FOUNDATION

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	DURING THE YEAR		•
		ATT	ATTACHMENT 10 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATES OF DESTREENT	To the state of th	
	COMPATION STATION OF NECEFIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HEALTH CARE CHAPLAINCY NEW YORK, NY	NONE PUBLIC CHARITY	CHARITABLE	7, 500.
NI FRESSIIERKAN NOSFITAL NEW YORK, NY	NONE PUBLIC CHARITY	CHARITABLE	48,250.
NEW YORK CARES NEW YORK, NY 10004	NONE PUBLIC CHARITY	CHARITABLE	5,000.
		TOTAL CONTRIBUTIONS PAID	3,434,148.

Christy and John Mack Foundation Expenditure Responsibility Form 990-PF, Part VII-B, Question 5a-4 Year Ended 12/31/09

Name and Address of Grantee:

The Bravewell Collaborative

1818 Oliver Avenue South Minneapolis, MN 55405

Primary Grantee:

The Bravewell Collaborative

Address:

1818 Oliver Avenue South Minneapolis, MN 55405

Date and Amount of Grant:

January 2008: \$50,000 December 2008: \$750,000 January 2009: \$50,000

September 2009: \$100,000 (November 4 Summit Event)

December 2009: \$750,000

Grant Purpose: In support of the mission of the The Bravewell Collaborative to bring about optimal health and healing for individuals and society by:

- Organizing and sustaining a community of philanthropists dedicated to advancing integrative medicine;
- Offering strategic and informed program initiatives which create optimal healing environments for both patients and healers;
- Creating an atmosphere of collaboration that stimulates and supports innovation in integrative medicine; and
- Providing educational opportunities for health professionals, consumers, philanthropists and others in position to move American healthcare to integrative medicine.

Amounts expended by Grantee (Based upon the reports received from the grantee):

1,700,000 in 2009

Has grantee diverted any portion of the funds from the purpose of the grant (to

the knowledge of the foundation):

Yes No X

Reports received from grantee on:

Monthly updates

May 2009 (w/budget information) November 2009(w/budget information)

Date and results of any verification of grantee's reports:

N/A

Form 8868

(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you are filing for an Auttomatic 3-Month Extension, complete only Part II and check this box If you are filing for an Auttomatic 3-Month Extension of the part II (on page 2 of this form) To not complete Part II unlessou have already been granted an automatic 3-month extension on a previously filed Form 8868 Part II Automatic 3-Month Extension of Time. Only submit original (no copies needed). **Corporation required to file Form 990-T and requesting an automatic 3-month extension - check this box and complete and inchest of the file form 990-T and requesting an automatic 3-month automatic 3-mo	ntemal Revenue S	ervice	File a Separate application for each retur	III.
## Automatic 3-Month Extension of Time. Only submit orginal (no copies needed). **Corporation required to file Form 990-T and requesting an automatic 5-month extension - check this box and complete 2 and 10 in the corporation required to file Form 990-T and requesting an automatic 5-month extension - check this box and complete 2 and 10 in the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file file income tax returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file from 8868 or month extension of (2) you want a 3-month automatic extension of file Form 990-T. However, you cannot file from 8868 or month extension of (2) you want a 3-month automatic extension of file Form 990-T. However, you cannot file from 8868 or month extension of file Form 990-T. However, you cannot file from 8868 or more details with the electronic filing of this form, wait www.ins.gov/efife and click on e-file for Charifes & Nonprofile 10 for Form 8868 for more details on the electronic filing of this form, wait www.ins.gov/efife and click on e-file for Charifes & Nonprofile you click the file of the form 800 for file for file for Charifes & Nonprofile for Charifes & Nonprofile for Charifes & Nonprofile for Charifes & Nonprofile for Charifes & Nonprofile for file for Charifes & Nonprofile for file for Charifes & Nonprofile for file for file for file for file for file for Charifes & Nonprofile for file file for file for file file file file file file file file	•	•	•	
Corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part only				
is other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Idectronic Filing (e-file) Generally, you can electronically file Form 8688 if you want a 3-month automatic extension of time to file no of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8688 lectronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 870, group with the fully completed and signed page 2 (Part II) of Form 8688 For more details on the electronic filing of this form, visit www.rs.gov/efile and click on e-file for Charities & Nonprofile 888 For more details on the electronic filing of this form, visit www.rs.gov/efile and click on e-file for Charities & Nonprofile 66 CLUB ROAD CHRISTY AND JOHN MACK FOUNDATION Employer identification number virint Number, siteed, and room or suite no If a P O box, see instructions CHRISTY AND JOHN MACK FOUNDATION Employer identification number of City, town or post office, state, and ZIP code For a foreign address, see instructions RYE, NY 10580 Check type of return to be filed (file a separate application for each return) Form 990-T (see 401) or 408(a) trust) Form 990-T (see 401) or 408(a) trust) Form 990-T (frust other than above) Form 990-T (frust other than above) Form 990-T (frust other than above) Form 990-T (frust other than above) Form 990-T (frust other than above) Form 6069 Form 8870 If this is for a Group Return, enter the organization for details of the group, check this box If this is for a Group Return, enter the organization for file group, check this box If this is for a Group Return, enter the organization for file group, check this box If this is for a Group Return, enter the organization for file group check this box If this group check this box Form 990-T (frust other than above) Form 990-T (frust other than above) Form 990-T (frust other tha	Part I Auto	matic 3-Month Extension of	Time. Only submit original (no copies	needed).
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it the organization does not have an office or place of business in the United States, check this box Telephone No 914 925-0229 FAX No 11 request an automatic 3-month with respect to file Form 990-T (organization or this box or the whole group, check this box 12 reference and automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/12 2010 13 reference not for the sexempt organization or the very sexemption required to file Form 990-T) extension of time until 05/12 2010 14 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/12 2010 15 reference organization is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 15 required to file Form 990-T (organization for each return) 16 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/12 2010 16 reference organization is for Form 990-BL, or file file the exempt organization for required to file Form 990-T) extension of time until 05/12 2010 17 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/12 2010 18 reference organization for search return for the organization is for Form 990-T) extension of time until 05/12 2010 19 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/12 2010 10 reference organization return for the organization return for the organization return for the organization return for the organization organization return for the organization organization return for the organization return for the organization organization return for the organization organization organization organization return for the organization organization organization organization organization return for frequired, by using EFIFS (Electronic Federal Tax Payment System) See instructions 18 requested for the file of th			rs), partnerships, REMICs, and trusts mu	st use Form 7004 to request an extension o
CHRISTY AND JOHN MACK FOUNDATION 13-3746731	one of the re electronically eturns, or a c	tums noted below (6 months if (1) you want the additional (composite or consolidated From	for a corporation required to file Form not automatic) 3-month extension or (2) 990-T Instead, you must submit the fully	990-T) However, you cannot file Form 8868 you file Forms 990-BL, 6069, or 8870, group completed and signed page 2 (Part II) of Form
CHRISTY AND JOHN MACK FOUNDATION 13-3746731	Type or	Name of Exempt Organization		Employer identification number
Number, street, and room or suite no. If a P O box, see instructions 6 CLUB ROAD Check type of return to be filled (file a separate application for each return) Form 990 Form 990-BL Form 990-BL Form 990-EZ X F		CHRISTY AND JOHN	MACK FOUNDATION	13-3746731
dedate for Interview		Number, street, and room or suite	no If a P O box, see instructions	
City, town or post office, state, and ZIP code For a foreign address, see instructions RYE, NY 10580 Check type of return to be filled (file a separate application for each return) Form 990 Form 990-BL Form 990-EZ Form 99	ue date for	6 CLUB ROAD		
Check type of return to be filed (file a separate application for each return) Form 990-BL Form 990-BL Form 990-EZ Form 990-E		City, town or post office, state, and	ZIP code For a foreign address, see instructions	3
Check type of return to be filed (file a separate application for each return) Form 990-BL Form 990-BL Form 990-BL Form 990-Form 990-T (sex 401(a) or 408(a) trust) Form 990-EZ Form 990-EZ Form 990-PF Form 1041-A The books are in the care of CHRISTY MACK Telephone No 914 925-0229 FAX No If the organization does not have an office or place of business in the United States, check this box if this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15 2010 to file the exempt organization return for the organization named above The extension is for the organization's return for X calendar year 2009 or tax year beginning If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting penod If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions aution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO or payment instructions		RYE, NY 10580		
Form 990-BL Form 990-T (corporation) Form 4720 Form 592-T (sec 401(a) or 408(a) trust) Form 592-T Form 592-T (trust other than above) Form 592-T Form 592-T Form 590-T (trust other than above) Form 592-T Form 6069 Form 8870 The books are in the care of CHRISTY MACK Telephone No 91.4 925-0229 FAX No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is is the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is is the whole group, check this box If this is and attach a list with the ames and EINs of all members the extension will cover. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15 2010 to file the exempt organization return for the organization named above The extension is for the organization's return for X Calendar year 2009 or and ending and en	heck type o		ite application for each return)	
Form 990-EZ Form 990-PF Form 1041-A Form 8870 The books are in the care of CHRISTY MACK Telephone No 914 925-0229 FAX No If the organization does not have an office or place of business in the United States, check this box				Form 4720
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or Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev 4-2009)	addon. II you	 	fund withdrawal with this Form 8868, see F	
	•	are going to make an electronic	fund withdrawal with this Form 8868, see F	

234 MILLWOOD RD CHAPPAQUA, NY 10514