

| Assets | Part II Balance Sheets | Beginning of year | | | End of year | | |
|---|---|-------------------|--|----------------|-------------|-----------------------|--|
| | | (a) Book Value | | (b) Book Value | | (c) Fair Market Value | |
| | | | | | | | |
| 1 | Cash - non-interest-bearing | | | | | | |
| 2 | Savings and temporary cash investments | | | 267,803 | 240,557 | 240,557 | |
| 3 | Accounts receivable ► | | | | | | |
| | Less: allowance for doubtful accounts ► | | | | | | |
| 4 | Pledges receivable ► | | | | | | |
| | Less: allowance for doubtful accounts ► | | | | | | |
| 5 | Grants receivable | | | | | | |
| 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | | | | |
| 7 | Other notes and loans receivable (attach schedule) ► | | | | | | |
| | Less: allowance for doubtful accounts ► | | | | | | |
| 8 | Inventories for sale or use | | | | | | |
| 9 | Prepaid expenses and deferred charges | | | | | | |
| 10a | Investments - U.S. and state government obligations (attach schedule) | | | | | | |
| b | Investments - corporate stock (attach schedule) | | | | | | |
| c | Investments - corporate bonds (attach schedule) | | | | | | |
| 11 | Investments - land, buildings, and equipment: basis ► | | | | | | |
| | Less: accumulated depreciation (attach schedule) ► | | | | | | |
| 12 | Investments - mortgage loans | | | | | | |
| 13 | Investments - other (attach schedule) | | | | | | |
| 14 | Land, buildings, and equipment: basis ► | | | | | | |
| | Less: accumulated depreciation (attach schedule) ► | | | | | | |
| 15 | Other assets (describe ►) | | | | | | |
| 16 | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | | | 267,803 | 240,557 | 240,557 | |
| 17 | Accounts payable and accrued expenses | | | | | | |
| 18 | Grants payable | | | | | | |
| 19 | Deferred revenue | | | | | | |
| 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | | |
| 21 | Mortgages and other notes payable (attach schedule) | | | | | | |
| 22 | Other liabilities (describe ►) | | | | | | |
| 23 | Total liabilities (add lines 17 through 22) | | | 0 | 0 | | |
| Liabilities | Foundations that follow SFAS 117, check here ► <input type="checkbox"/> | | | | | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | | | | |
| | | | | | | | |
| 24 | Unrestricted | | | | | | |
| 25 | Temporarily restricted | | | | | | |
| 26 | Permanently restricted | | | | | | |
| Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> | | | | | | | |
| and complete lines 27 through 31. | | | | | | | |
| 27 | Capital stock, trust principal, or current funds | | | | | | |
| 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | | | |
| 29 | Retained earnings, accumulated income, endowment, or other funds | | | | | | |
| 30 | Total net assets or fund balances (see instructions) | | | 267,803 | 240,557 | | |
| 31 | Total liabilities and net assets/fund balances (see instructions) | | | 267,803 | 240,557 | | |
| | | | | 267,803 | 240,557 | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|---|----------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 267,803 |
| 2 | Enter amount from Part I, line 27a | 2 | (27,247) |
| 3 | Other increases not included in line 2 (itemize) ► STM115 | 3 | 1 |
| 4 | Add lines 1, 2, and 3 | 4 | 240,557 |
| 5 | Decreases not included in line 2 (itemize) ► | 5 | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 240,557 |

Part IV Capital Gains and Losses 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 (yr., mo., day) | (d) Date sold (yr., mo., day) |
|--|---|--|---|--|----------------------------------|
| 1a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | | | |
| | (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 | (l) Gains (Col. (h) gain minus col. (k), but not less than -0- or Losses (from col. (h)) | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 2 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 } | | | 2 | |
| 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 | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|--|--|--|---|
| 2012 | 59,000 | 242,867 | 0.242931 |
| 2011 | 82,600 | 247,023 | 0.334382 |
| 2010 | 61,500 | 255,317 | 0.240877 |
| 2009 | 36,000 | 237,235 | 0.151748 |
| 2008 | 29,145 | 189,864 | 0.153505 |

2 Total of line 1, column (d) 2 1.123443

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the
number of years the foundation has been in existence if less than 5 years 3 0.224689

4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5 4 228,383

5 Multiply line 4 by line 3 5 51,315

6 Enter 1% of net investment income (1% of Part I, line 27b) 6 3

7 Add lines 5 and 6 7 51,318

8 Enter qualifying distributions from Part XII, line 4 8 92,096

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the
Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

| | | |
|---|--|-----|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1. | |
| Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 3 |
| 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-) | 2 0 |
| 3 | Add lines 1 and 2 | 3 3 |
| 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 3 |
| 6 | Credits/Payments: | |
| a | 2013 estimated tax payments and 2012 overpayment credited to 2013 | 6a |
| b | Exempt foreign organizations - tax withheld at source | 6b |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c |
| d | Backup withholding erroneously withheld | 6d |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 | 9 3 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 |
| 11 | Enter the amount of line 10 to be: Credited to 2014 estimated tax ► Refunded ► | 11 |

Part VII-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 any political campaign? | Yes | No |
| 1a | | X | |
| 1b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? | Yes | No |
| 1b | | X | |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | | |
| c | Did the foundation file Form 1120-POL for this year? | Yes | No |
| c | | X | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | |
| (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 on foundation managers. ► \$ _____ | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | Yes | No |
| 2 | | X | |
| If "Yes," attach a detailed description of the activities. | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | Yes | No |
| 3 | | X | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | Yes | No |
| 4a | | X | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | Yes | No |
| 4b | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | Yes | No |
| 5 | | X | |
| If "Yes," attach the statement required by General Instruction T. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | Yes | No |
| 6 | | X | |
| <ul style="list-style-type: none"> ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | | | |
| 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 | Yes | No |
| 7 | | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ► | | |
| NY | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | Yes | No |
| 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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV | Yes | No |
| 9 | | X | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | Yes | No |
| 10 | | X | |

Part 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 instructions) | 11 | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X |
| Website address ► <u>WWW.MAYERFOUNDATION.COM</u> | | | |
| 14 | The books are in care of ► <u>CHARLES MAYER</u> | Telephone no. ► <u>212-772-0004</u> | |
| Located at ► <u>300 EAST 74TH ST, NEW YORK, NY</u> | | ZIP+4 ► <u>10021</u> | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -Check here and enter the amount of tax-exempt interest received or accrued during the year ► <u>15</u> | | |
| 16 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | Yes X No |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ► | | | |

Part VII-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. | | 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? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> X No |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> X No |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> X No |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> X No |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> X No |
| (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.) | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> X No |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | |
| Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/> | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013? | 1c | 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)): | | |
| a | At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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.) | 2b | X |
| 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> X No |
| b | If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.) | 3b | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? | 4b | X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

| | | | | |
|---|---|---|--|------|
| 5a | During the year did the foundation pay or incur any amount to: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 5b |
| c | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | 6b X |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 7b |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--|---|---|---|---------------------------------------|
| CHARLES MAYER 300 EAST 74TH ST, NEW YORK, NY 10021 | PRESIDENT 5 | 0 | 0 | 0 |
| DANIEL BOOCKVAR 161 EST 75TH ST, New York, NY 10023 | SECY/TREAS 1 | 0 | 0 | 0 |
| ROBERT LOPATIN PO BOX 672452 MOSHOLU STATION, 10467 | V.P./DIR 1 | 0 | 0 | 0 |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ► | | |

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | | Expenses |
|--|------|----------|
| 1 | NONE | 0 |
| 2 | | |
| 3 | | |
| 4 | | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount |
|---|------|--------|
| 1 | NONE | 0 |
| 2 | | |
| 3 | | |
| Total. Add lines 1 through 3 ► | | |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|---|---|----|---------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 0 |
| b | Average of monthly cash balances | 1b | 231,861 |
| c | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 231,861 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 231,861 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 3,478 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 228,383 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 11,419 |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► and do not complete this part.)

| | | | |
|----|---|----|--------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 11,419 |
| 2a | Tax on investment income for 2013 from Part VI, line 5 | 2a | 3 |
| b | Income tax for 2013. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 3 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 11,416 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 11,416 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 11,416 |

Part XII Qualifying Distributions (see 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 | 92,096 |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 92,096 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | 5 | 3 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 92,093 |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
|--|----------------|----------------------------|-------------|---------------|
| 1 Distributable amount for 2013 from Part XI, line 7 | | | | 11,416 |
| 2 Undistributed income, if any, as of the end of 2013: | | | | |
| a Enter amount for 2012 only | | | | |
| b Total for prior years: | | | | |
| 3 Excess distributions carryover, if any, to 2013: | | | | |
| a From 2008 | 19,672 | | | |
| b From 2009 | 24,144 | | | |
| c From 2010 | 48,739 | | | |
| d From 2011 | 70,253 | | | |
| e From 2012 | 46,860 | | | |
| f Total of lines 3a through e | 209,668 | | | |
| 4 Qualifying distributions for 2013 from Part XII, line 4: ► \$ 92,096 | | | | |
| a Applied to 2012, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | | | |
| c Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d Applied to 2013 distributable amount | | | | 11,416 |
| e Remaining amount distributed out of corpus | 80,680 | | | |
| 5 Excess distributions carryover applied to 2013 (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: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 290,348 | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | | | |
| e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instructions | | | | |
| f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | | | | |
| 8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) | 19,672 | | | |
| 9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a | 270,676 | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2009 | 24,144 | | | |
| b Excess from 2010 | 48,739 | | | |
| c Excess from 2011 | 70,253 | | | |
| d Excess from 2012 | 46,860 | | | |
| e Excess from 2013 | 80,680 | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

| | | | | |
|-----|---|--|-----------|----------|
| 1a | If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling | ► <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5) | | |
| b | Check box to indicate whether the foundation is a private operating foundation described in section | <input type="checkbox"/> | | |
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | Tax year Prior 3 years | | |
| | | (a) 2013 | (b) 2012 | (c) 2011 |
| | | (d) 2010 | (e) Total | |
| b | 85% of line 2a | | | |
| c | 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 | | | |
| e | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | |
| 3 | 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 4942(j)(3)(B)(i) | | | |
| b | "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | |
| c | "Support" alternative test - enter: | | | |
| (1) | Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | |
| (2) | Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | |
| (3) | Largest amount of support from an exempt organization | | | |
| (4) | Gross investment income | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

CHARLES MAYER,

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE,**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed:

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

c Any submission deadlines:

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

Part XV **Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| Total | | | | ► 3a |
| b Approved for future payment | | | | |
| Total | | | | ► 3b |

Part XV **Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,000 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 4,596 |
| | | NONE | GENERAL FUND | 5,000 |
| | | NONE | GENERAL FUND | 1,000 |
| | | NONE | GENERAL WELFARE | 2,500 |
| Total | | | | ► 3a |
| b Approved for future payment | | | | |
| Total | | | | ► 3b |

Part XV **Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,000 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| Total | | | | ► 3a |
| b Approved for future payment | | | | |
| Total | | | | ► 3b |

Part XV **Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL welfare | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| | | NONE | GENERAL WELFARE | 2,500 |
| Total | | | | ► 3a |
| b Approved for future payment | | | | |
| Total | | | | ► 3b |

Part XV **Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|---------------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| | | | GENERAL WELFARE | 2,500 |
| | | | GENERAL WELFARE | 2,500 |
| | | | GENERAL WELFARE | 2,500 |
| | | | GENERAL WELFARE | 2,500 |
| Total | | | | 92,096 |
| b Approved for future payment | | | | |
| Total | | | | 3b |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See instructions.) |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | |
| 1 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | 03 | 292 | |
| 4 Dividends and interest from securities | | | | | |
| 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 | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | | | 292 | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | 13 | | 292 |
| (See worksheet in line 12 instructions to verify calculations.) | | | | | |

(See worksheet in line 13 instructions to verify calculations.)

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

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash
(2) Other assets

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---------------------------------|---------------------------------|--|
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign
Here**

20

PRESIDENT

May the IRS discuss this return
with the preparer shown below
(see inst.)? Yes No

| | | | | | | |
|---------------------------------------|----------------------------|--|----------------------|-------------------|--|------------------|
| Signature or officer or trustee | | Date | Title | | | |
| Paid Preparer Use Only | Print/Type preparer's name | | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN |
| | Bill Berger | | Bill Berger | 02-11-2014 | | P01216822 |
| | Firm's name | ► WILLIAM BERGER | | | Firm's EIN ► | |
| | Firm's address | ► 43 WINTERGREEN DR Englishtown NJ 07726-6003 | | | Phone no. 732-536-5876 | |

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2013► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**► **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.****Name of the organization****THE MAYER FOUNDATION****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THE MAYER FOUNDATION

Employer identification number

02-0569535

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | EVA MAYER 54R HOPE ST STAMFORD, CT 06906 | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | CHARLES MAYER 300 EAST 74 ST NEW YORK, NY 10021 | \$ 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| — | — | \$ — | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| — | — | \$ — | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| — | — | \$ — | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| — | — | \$ — | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| — | — | \$ — | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| — | — | \$ — | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

IRS e-file Signature Authorization
for an Exempt OrganizationDepartment of the Treasury
Internal Revenue Service

Name of exempt organization

THE MAYER FOUNDATION

Name and title of officer

CHARLES MAYER, PRESIDENT

Employer identification number

02-0569535

2013

For calendar year 2013, or fiscal year beginning _____, and ending _____

► Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | |
|---|--|----------|
| 1a Form 990 check here ► <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here ► <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ► <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ► <input checked="" type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ► <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize WILLIAM BERGER to enter my PIN _____ as my signature
ERO firm name _____
Enter five numbers, but
do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►

Date ► 02-11-2014

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

202648 07726
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► Bill Berger

Date ► 02-11-2014

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2013)

Federal Supporting Statements**2013 PG 01**

Name(s) as shown on return

FEIN

THE MAYER FOUNDATION

02-0569535

Form 990PF, Part III, Line 3
Other Increases Schedule

Statement #115

ROUNDING

1

Total

1

Name(s) as shown on return
THE MAYER FOUNDATION

Federal Supporting Statements

2013

PG 01

Your Social Security Number
02-0569535

Statement #103

Form 990PF, Part I, Line 23 - Other Expenses Schedule

| Description | Revenue and expenses | Net investment | Adjusted net income | Charitable purpose |
|-----------------------------|-------------------------|-------------------|------------------------|-----------------------|
| BANK SERVICE CHARGES | <u>80</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Totals | <u>80</u> | <u>0</u> | <u>0</u> | <u>0</u> |

PG 01
Statement #108

Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule

| Description | Revenue and expenses | Net investment | Adjusted net income | Charitable purpose |
|------------------------|-------------------------|-------------------|------------------------|-----------------------|
| ACCOUNTING FEES | <u>500</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Totals | <u>500</u> | <u>0</u> | <u>0</u> | <u>0</u> |

Name(s) as shown on return
THE MAYER FOUNDATION

Federal Supporting Statements

2013

PG 01
Your Social Security Number
02-0569535

Form 990PF, Part I, Line 18 - Taxes Schedule

Statement #110

| Description | Revenue and expenses | Net investment | Adjusted net income | Charitable purpose |
|---------------------|-------------------------|-------------------|------------------------|-----------------------|
| EXCISE TAXES | 113 | 0 | 0 | 0 |
| Totals | 113 | 0 | 0 | 0 |

Filing Instructions**2013**

Name(s) as shown on return

THE MAYER FOUNDATION

SSN or EIN

02-0569535**DATE TO FILE BY:** 05-15-2014**FORM TO BE FILED:** NY 500 AND SUPPLEMENTAL FORMS AND SCHEDULES**SIGN AND DATE:** EACH SIGNATURE MUST BE ACCCOMPANIED BY THE SIGNER'S PRINTED NAME, TITLE AND THE DATE SIGNED**PAYMENT:** \$60.00**ADDRESS TO FILE:** CHARITIES BUREAU
REGISTRATION SECTION
120 BROADWAY
NEW YORK, NY 10271**TRANSACTION METHOD:** MAKE CHECK OR MONEY ORDER PAYABLE TO THE NEW YORK DEPARTMENT OF LAW ALL FEES MUST BE PAID BY A SINGLE PAYMENT. DO NOT STAPLE THE PAYMENT TO THE RETURN DO NOT SUBMIT PAYMENT SEPARATELY FROM THE CHAR500/C**OTHER INSTRUCTIONS:** CLIP OR STAPLE AS ONE PACKAGE THE CHAR500/C WITH ANY REQUIRED SCHEDULES AND ATTACHMENTS. DO NOT STAPLE SCHEDULES OR ATTACHMENTS SEPARATELY.

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|--|--|--------------------------------------|-------------|---|--------------------------------|------------------|-----|--|--|--------------------|--|---|------------|------------------|-----|--|--|--------------------|--|--|---|--|-------------------|--|--|--|-----------------|--|---------------------|--|---------------------|--|----------|
| Form CHAR500 | Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com | | 2013 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006) | | Open to Public Inspection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. General Information <table border="0"> <tr> <td>a. For the fiscal year beginning (mm/dd/yyyy)</td> <td colspan="3">/ 2013 and ending (mm/dd/yyyy)</td> </tr> <tr> <td>b. Check if applicable for NYS:</td> <td colspan="3"> c. Name of organization THE MAYER FOUNDATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Number and street (or P.O. box if mail not delivered to street address)</td> <td style="width: 40%;">Room/suite</td> </tr> <tr> <td>300 EAST 74TH ST</td> <td>35A</td> </tr> <tr> <td colspan="2">City or town, state or country and zip + 4</td> </tr> <tr> <td colspan="2">NEW YORK, NY 10021</td> </tr> </table> </td> </tr> <tr> <td></td> <td>d. Fed. employer ID no. (EIN) (#-#####)</td> </tr> <tr> <td></td> <td>02-0569535</td> </tr> <tr> <td></td> <td>e. NY State registration no. (#-##-##)</td> </tr> <tr> <td></td> <td>07-25-29</td> </tr> <tr> <td></td> <td>f. Telephone number</td> </tr> <tr> <td></td> <td>212-772-0004</td> </tr> <tr> <td></td> <td>g. Email</td> </tr> </table> | | | | a. For the fiscal year beginning (mm/dd/yyyy) | / 2013 and ending (mm/dd/yyyy) | | | b. Check if applicable for NYS: | c. Name of organization THE MAYER FOUNDATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Number and street (or P.O. box if mail not delivered to street address)</td> <td style="width: 40%;">Room/suite</td> </tr> <tr> <td>300 EAST 74TH ST</td> <td>35A</td> </tr> <tr> <td colspan="2">City or town, state or country and zip + 4</td> </tr> <tr> <td colspan="2">NEW YORK, NY 10021</td> </tr> </table> | | | Number and street (or P.O. box if mail not delivered to street address) | Room/suite | 300 EAST 74TH ST | 35A | City or town, state or country and zip + 4 | | NEW YORK, NY 10021 | | | d. Fed. employer ID no. (EIN) (#-#####) | | 02-0569535 | | e. NY State registration no. (#-##-##) | | 07-25-29 | | f. Telephone number | | 212-772-0004 | | g. Email |
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| | 212-772-0004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | g. Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 2. Certification - Two Signatures Required <p>We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.</p> | | | | |
| a. President or Authorized Officer | Signature | Printed Name | Title | Date |
| b. Chief Financial Officer or Treas. | Signature | Printed Name | Title | Date |

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|---|--|--|--|--|
| 3. Annual Report Exemption Information <p>a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)</p> <p>Check → <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.</p> <p>NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.</p> <p>b. EPTL annual report exemption (EPTL registrants and dual registrants)</p> <p>Check → <input type="checkbox"/> if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.</p> <p>For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.</p> <p>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</p> | | | | |
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| 4. Article 7-A Schedules <p>If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:</p> <p>a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No <small>* If "Yes", complete Schedule 4a.</small></p> <p>b. Did the organization receive government contributions (grants)? <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No <small>* If "Yes", complete Schedule 4b.</small></p> | | | | |
|--|--|--|--|--|

| | | | | | | | | | | | |
|---|---------|---|--|--|-------------------------------------|---------|---|------------------------------|---------|------------------------|---------|
| 5. Fee Submitted: See last page for summary of fee requirements . <p>Indicate the filing fee(s) you are submitting along with this form:</p> <table border="0"> <tr> <td>a. Article 7-A filing fee</td> <td>\$ 10 .</td> <td rowspan="3" style="vertical-align: middle; text-align: center;">Submit only one check or money order for the total fee, payable to "NYS Department of Law"</td> </tr> <tr> <td>b. EPTL filing fee</td> <td>\$ 50 .</td> </tr> <tr> <td>c. Total fee</td> <td>\$ 60 .</td> </tr> </table> | | | | | a. Article 7-A filing fee | \$ 10 . | Submit only one check or money order for the total fee, payable to "NYS Department of Law" | b. EPTL filing fee | \$ 50 . | c. Total fee | \$ 60 . |
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| b. EPTL filing fee | \$ 50 . | | | | | | | | | | |
| c. Total fee | \$ 60 . | | | | | | | | | | |

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| 6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ►►► | | | | |
|--|--|--|--|--|

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

| Organization's Registration Type | Fee Instructions |
|----------------------------------|--|
| • Article 7-A | Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0. |
| • EPTL | Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0. |
| • Dual | Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee. |

a) Article 7-A filing fee

| Total Support & Revenue | Article 7-A Fee |
|-------------------------|-----------------|
| more than \$250,000 | \$25 |
| up to \$250,000 * | \$10 |

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

| Net Worth at End of Year | EPTL Fee |
|--|----------|
| Less than \$50,000 | \$25 |
| \$50,000 or more, but less than \$250,000 | \$50 |
| \$250,000 or more, but less than \$1,000,000 | \$100 |
| \$1,000,000 or more, but less than \$10,000,000 | \$250 |
| \$10,000,000 or more, but less than \$50,000,000 | \$750 |
| \$50,000,000 or more | \$1500 |

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

IRS Form 990
 All required schedules (including Schedule B)
 IRS Form 990-T

IRS Form 990-EZ
 All required schedules (including Schedule B)
 IRS Form 990-T

IRS Form 990-PF
 All required schedules (including Schedule B)
 IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)
 Review Report (total support & revenue \$100,001 to \$250,000)
 No Accountant's Report Required (total support & revenue not more than \$100,000)