Return of Private Foundation

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

DLN: 93491317009518 OMB No 1545-0052

2017

| Form 9 | 9 | 0 | -P | F |
|--------|---|---|----|---|
| | | | | |

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| For | caler | ndar year 2017, or tax yea | r beginning 01-01-20 | 17 , aı | nd er | nding 12-31- | 2017 | |
|-----------------------------|----------|---|---|---|-------|--------------------------|--|-------------------------|
| | | indation AMILY FOUNDATION | | | | A Employer Id | entification numbe | r |
| | | | | | | 13-7437179 | | |
| | | l street (or P O box number if mail is n AVE 23RD FLOOR | ot delivered to street address) | Room/suite | | B Telephone nu | mber (see instructioi | ns) |
| | | | | | | (212) 735-5260 | | |
| | | i, state or province, country, and ZIP or NY 10022 | r foreign postal code | | | C If exemption | application is pendin | g, check here |
| G CI | neck al | I that apply | ☐ Initial return of a | former public charity | | D 1. Foreian or | ganizations, check he | ere \Box |
| | | Final return | Amended return | , | | 2 Foreign or | ganizations meeting | the 85% |
| | | Address chan | ige 🔲 Name change | | | test, chec | k here and attach co | mputation 🕨 📙 |
| H C | neck ty | pe of organization 🗹 Section | 501(c)(3) exempt private f | foundation | | | indation status was t n 507(b)(1)(A), chec | |
| | Section | 4947(a)(1) nonexempt charitabl | e trust 🔲 Other taxable | e private foundation | | | | |
| | | ket value of all assets at end | J Accounting method | 🗹 Cash 🔲 Accru | al | | ition is in a 60-montl n 507(b)(1)(B), chec | |
| | | rom Part II, col (c), •\$ 38,984,505 | Other (specify) (Part I, column (d) must | be on cash basis) | | under sectio | 1 307(D)(1)(B), Chec | k liere - <u> </u> |
| Pa | rt I | Analysis of Revenue and | Expenses (The total | (a) Revenue and | | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and equal the amounts in column (a) (se | (d) may not necessarily | expenses per books | (b) | Net investment income | (c) Adjusted net income | for charitable purposes |
| | 1 | Contributions, gifts, grants, etc., | | 488,400 | | | | (cash basis only) |
| | | schedule) | | | | | | |
| | 2 | Check ► ☐ If the foundation is Sch B | not required to attach | | | | | |
| | 3 | Interest on savings and tempora | | 55 | | 55 | | |
| | 4 | Dividends and interest from secu | urities | 385,944 | | 385,944 | | |
| | 5a | Gross rents | | 60,000 | | 60,000 | | |
| | b | Net rental income or (loss) | 60,000 | | | | | |
| KI e | 6a | Net gain or (loss) from sale of as | ssets not on line 10 | 212,157 | | | | |
| Revenue | b | Gross sales price for all assets of | n line 6a 231,916 | | | | | |
| Re | 7 | Capital gain net income (from Pa | | | | 212,157 | | |
| | 8 | Net short-term capital gain . | | | | | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allo | wances | | | | | |
| | b | Less Cost of goods sold | - 4-1-2 | | | | | |
| | C | Gross profit or (loss) (attach sch | ledule) | | | | | |
| | 11 | Other income (attach schedule) | | 1 146 556 | | 650 156 | | |
| | 12 | | | 1,146,556 | | 658,156 | | 0 |
| | 13 14 | Compensation of officers, directors Other employee salaries and was | · · · · · · · · · · · · · · · · · · · | <u> </u> | | 0 | | 0 |
| S | 15 | Pension plans, employee benefit | - | | | | | |
| ıse | 16a | Legal fees (attach schedule) | | | | | | |
| <u>a</u> | Ь | Accounting fees (attach schedule | ≘) | | | | | |
| and Administrative Expenses | c c | Other professional fees (attach s | schedule) | | | | | |
| tive | 17 | Interest | | 12,951 | | 12,951 | | 0 |
| tra | 18 | Taxes (attach schedule) (see ins | tructions) | | | | | |
| EI S | 19 | Depreciation (attach schedule) a | nd depletion | | | | | |
| ŧ | 20 | Occupancy | | | | | | |
| ΑÞ | 21 | Travel, conferences, and meeting | gs | 23,058 | | 0 | | 23,058 |
| an | 22 | Printing and publications | | | | | | |
| Бu | 23 | Other expenses (attach schedule | 2) | 109,208 | | 85,310 | | 23,898 |
| Operating | 24 | Total operating and administ | • | | | | | |
|) Dee | | Add lines 13 through 23 | | 145,217 | _ | 98,261 | | 46,956 |
| J | 25 | Contributions, gifts, grants paid | | 1,651,880 | | | | 1,651,880 |
| | 26 | Total expenses and disburser 25 | ments. Add lines 24 and | 1,797,097 | | 98,261 | | 1,698,836 |
| | 27 | Subtract line 26 from line 12 | | | | | | |
| | a | Excess of revenue over exper disbursements | nses and | -650,541 | | | | |
| | ь | Net investment income (if neg | gative, enter -0-) | | | 559,895 | | |
| | С | Adjusted net income(if negative | ve, enter -0-) | | | | | |
| For | Paper | work Reduction Act Notice, se | e instructions. | | . (| Cat No 11289> | For | m 990-PF (2017) |

25,597,895

26,414,087

26,414,087

26,414,087

26,414,087

2

3

4

5

6

27,064,628

26,414,087

26,414,087

Form **990-PF** (2017)

0

-650,541

27,064,628

27,064,628

27,064,628

581,016

38,019,329

730,000

38,984,505

| | 4 | Pleages 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 ▶ | | |
| 2 | 8 | Inventories for sale or use | | |
| Assets | 9 | Prepaid expenses and deferred charges | | |
| As | 10a | Investments—U S and state government obligations (attach schedule) | | |
| | ь | Investments—corporate stock (attach schedule) | | |
| | С | Investments—corporate bonds (attach schedule) | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ | - | |
| | | | | |

Less accumulated depreciation (attach schedule) 12 24,563,986 13 Investments—other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶ 581.016 15 Other assets (describe > _ Total assets (to be completed by all filers—see the 16 27,064,628 instructions Also, see page 1, item I) 17

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Other liabilities (describe ▶_

Unrestricted . . .

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

18

19

20

21

22

23

24

25

26

28 29

31 Part III

Liabilities

Balances

Fund

ŏ

Assets 27

Net 30

2

| | (a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs | How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | | | | |
|--|--|------------------------------------|---|---|--|--|--|--|
| 1 a THRU SWIECA FOUNDAT | ION LLC | | Р | | | | | |
| b THRU SWIECA FOUNDAT | ION LLC | | Р | | | | | |
| c TUDOR BVI GLOBAL | | | Р | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain o | (h) Gain or (loss) (e) plus (f) minus (g) | | | |
| a 20 | 8,308 | ριασιέχρ | Crise or suic | (c) plus (i | 208,308 | | | |
| b | 956 | | | | 956 | | | |
| | 2,652 | | 19,759 | | 2,893 | | | |
| d | , | | , | | | | | |
| e | | | | | | | | |
| | s showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | , | 1) | | | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) : of col (ı) l (j), ıf any | Gains (Col (col (k), but not | l) h) gain minus less than -0-) or om col (h)) | | | |
| a | | | | | 208,308 | | | |
| b | | | | | 956 | | | |
| c | | | | | 2,893 | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| | gain or (loss) as defined in sections rt I, line 8, column (c) (see instructi | | Part I, line 7 | 3 | 212,157 | | | |
| Part V Qualification l | Jnder Section 4940(e) for Re | educed Tax on Net | Investment In | come | | | | |
| For optional use by domestic p | rivate foundations subject to the se | ction 4940(a) tax on ne | et investment incom | ne) | | | | |
| f section 4940(d)(2) applies, le | eave this part blank | | | | | | | |
| f "Yes," the foundation does no | e section 4942 tax on the distributa ot qualify under section 4940(e) Do | not complete this part | | | es 🗹 No | | | |
| 1 Enter the appropriate an | nount in each column for each year, | see instructions before | making any entrie | | | | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | le-use assets | (d) Distribution rat (col (b) divided by c | | | | |
| 2016 | 1,667,300 | | 32,700,325 | | 0 050987 | | | |
| 2015 | 1,442,038 | | 34,194,360 | | 0 042172 | | | |
| 2014 | 1,684,812 | | 34,302,442 | | 0 049116 | | | |
| 2013 | 877,370 | | 31,278,921 | | 0 028050 | | | |
| 2012 | 1,662,972 | | 28,775,381 | | 0 057791 | | | |
| 2 Total of line 1, column (| | | · · · · · <u> </u> | | 0 228116 | | | |
| number of years the four | o for the 5-year base period—divide idation has been in existence if less ncharitable-use assets for 2017 fron | than 5 years | , or by the | | 0 045623 36,264,934 | | | |
| 5 Multiply line 4 by line 3 | | | 5 | | 1,654,515 | | | |
| 6 Enter 1% of net investme | ent income (1% of Part I, line 27b) | | 6 | | 5,599 | | | |
| | | | 7 | | 1,660,114 | | | |
| | ons from Part XII, line 4 , eater than line 7, check the box in Pa | | 8 | ng a 1% tax rate Se | 1,698,836 | | | |
| instructions | | | | | | | | |

| Form | 990-PF (2017) | | | Pa | age 6 |
|------|--|--------|--------------|---------|--------------|
| Pai | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued) | ı | | | |
| 5a | During the year did the foundation pay or incur any amount to | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | 7 No. | | | |
| | (2) Influence the outcome of any specific public election (see section 4955), or to carry | _ ''' | | | |
| | on, directly or indirectly, any voter registration drive? | Z No | | | |
| | (3) Describe a great to an individual feathering about a setting arealog accompanies. | Z No | | | |
| | (4) Provide a grant to an organization other than a charitable, etc , organization described | | | | |
| | ın section 4945(d)(4)(A)? (see instructions) | Z no l | | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or | | | | |
| | educational purposes, or for the prevention of cruelty to children or animals? | Z 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)? | | 5b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | | |
| С | 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? |] No │ | | | |
| | If "Yes," attach the statement required by Regulations section 53 4945–5(d) | | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on | | | | |
| | a personal benefit contract? | 7 No | | | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 6b | | No |
| | If "Yes" to 6b, file Form 8870 | | | | |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | Z No | | | |
| b | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? | | 7b | | |
| | | Forr | n 990 |)-PF (2 | 2017) |

| Down WITT | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, | • |
|-----------|--|---|
| Part VIII | and Contractors | |

| 1 List all officers, directors, truste | es, f | oundation managers ar | d their compensation | (see instructions). | |
|--|--------|---|---|---|---------------------------------------|
| (a) Name and address | (| Title, and average hours per week b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| HENRY SWIECA | TRU: | STEE | 0 | Compensation | C |
| 911 PARK AVENUE APT 13B NEW YORK, NY 10021 | 5 00 | | | | |
| ESTHER SWIECA | | STEE | 0 | O | C |
| 911 PARK AVENUE APT 13B NEW YORK, NY 10021 | 15 0 | U | | | |
| 2 Compensation of five highest-pa | id eı | mployees (other than th | nose included on line 1 | .—see instructions). If no | l ne, enter "NONE." |
| | | | | Contributions to | , |
| (a) Name and address of each employee p more than \$50,000 | aıd | Title, and average hours per week (b) devoted to position | (c) Compensation | employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE | | | | | |
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| | | | | | |
| | | 1 | | | |
| | | | | | |
| | | 4 | | | |
| | | <u> </u> | | | |
| Total number of other employees paid ov | | · | | | |
| 3 Five highest-paid independent of | | | | | |
| (a) Name and address of each perso | n pai | d more than \$50,000 | (b) Typ | e of service | (c) Compensation |
| NONE | | | - | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | | | 1 | | |
| | | | | | |
| | | | 1 | | |
| Total number of others receiving over \$5 | 0,000 | for professional services | | | (|
| Part IX-A Summary of Direct | Cha | ritable Activities | | | |
| List the foundation's four largest direct charitabl | | | | nation such as the number of | Expenses |
| organizations and other beneficiaries served, coi | nferen | ces convened, research paper | s produced, etc | | Expenses |
| 1 | | | | | |
| | | | | | |
| 2 | | | | | |
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| | | | | | |
| 3 | | | | | |
| | | | | | |
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| 4 | | | | | |
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| | | | | | |
| Part IX-B Summary of Progra | m-R | elated Investments | (see instructions) | • | |
| Describe the two largest program-related inv | estme | ents made by the foundation d | uring the tax year on lines 1 | and 2 | Amount |
| 1 | | | | | |
| | | | | | |
| | | | | | |
| 2 | | | | | |
| | | | | | |
| | | | | | |
| All other program-related investments | See | instructions | | | |
| 3 | | | | | |
| | | | | | |
| Total. Add lines 1 through 3 . | | | | | |
| | • | | | | Form QQ0-DF (2017) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

3

4

5

2

За 3h

4

5

1.698.836

1,693,237

Form **990-PF** (2017)

5.599

1,807,648

1,698,836

58,255

50,557

Form **990-PF** (2017)

2017

Page 9

| _ | - | | • | `- | _ | _ | • | |
|---|---|---|---|----|---|---|---|--|
| | X | П | 1 | 7 | Γ | | ι | |

| Form | 990-PF (2 | 017) |
|------|-----------|------|
| - D- | VIII | 11 |

b Total for prior years

XII, line 4 > \$

From 2012.

b From 2013. c From 2014. . . . d From 2015.

e From 2016.

|)-PF (20 | 017) | | |
|----------|----------------------|--------------------|--|
| KIII | Undistributed Income | (see instructions) | |

1 Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must

6 Enter the net total of each column as

be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2017 from Part

a Applied to 2016, 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).

- a Enter amount for 2016 only.

14.845

43,410

(a)

Corpus

58,255

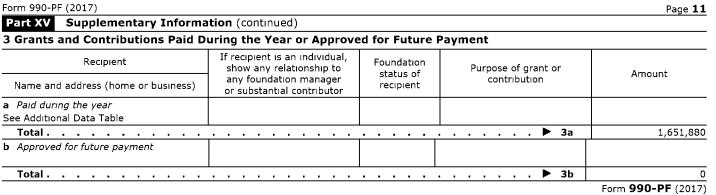
58,255

(b)

Years prior to 2016

(c)

2016



| Enter gross | amounts unless otherwise indicated | Unrelated bu | isiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|---|--|----------------------|----------------------|-----------------------|------------------|--|
| 1 Program service revenue a b c d e f | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| g Fees | and contracts from government agencies | | | | | |
| | rship dues and assessments | | | | | |
| | st on savings and temporary cash ments | | | 14 | 55 | |
| | ds and interest from securities. | | | 14 | 385,944 | |
| 5 Net ren | tal income or (loss) from real estate | | | | | |
| | financed property | | | | | |
| | ebt-financed property | | | 16 | 60,000 | |
| | ntal income or (loss) from personal property | | | | | |
| | nvestment income | | | | | |
| | ory | | | 18 | 212,157 | |
| | ome or (loss) from special events | | | | · | |
| | profit or (loss) from sales of inventory | | | | | |
| | evenue a | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | al Add columns (b), (d), and (e) | | 0 | | 658,156 | 0 |
| | Add line 12, columns (b), (d), and (e) | | | 13 | B | 658,156 |
| | orksheet in line 13 instructions to verify calculates. -B Relationship of Activities to the | | ment of Exem | pt Purposes | | |
| Line No. ▼ | Explain below how each activity for which the accomplishment of the foundation's ex instructions) | | | | | |
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| | l | | | | | 000 BE (2017) |

| Pari | XVII | Information Re | | ransfers | To an | d Trans | sacti | ions and | Relations | hips With | Nonchari | able | 1 4 | ge <u>.</u> |
|--------------|---------------|---|--------------------------|--------------|----------|-------------|---------|------------------|------------------|------------------|--------------------|----------------|--------|-------------|
| | | Exempt Organi ganization directly or in | | Ge in any o | of the f | ollowing v | with a | ny other o | rganization | described in | section 501 | | | |
| (c) | of the | Code (other than section | n 501(c)(3) o | organizatio | ns) or | ın section | 527, | relating to | | | section 501 | | Yes | No |
| | | from the reporting foun | | oncharitabl | le exen | npt organ | ıızatıc | n of | | | | | | |
| • | | | | | | | | | | 1a(1) | | No | | |
| • | • | rassets | | | | | • | | | | | 1a(2) | | No |
| | | sactions | | | | | | | | | | 46(4) | | N. |
| - | | of assets to a nonchar nases of assets from a r | | _ | | | | | | | | 1b(1) | | No No |
| | | al of facilities, equipmen | | | | | | | | | | 1b(2) 1b(3) | | No |
| - | - | bursement arrangemen | | | | | | | | | | 1b(3) | | No |
| • | • | s or loan guarantees. | | | | | • • | | · · · · · | | | 1b(5) | | No |
| • | - | mance of services or m | | | | | | | · · · · · | | | 1b(6) | | No |
| | | facilities, equipment, n | | | | | | | | | | 1c | | No |
| | - | wer to any of the above | | | | | | | | | | | | |
| ın . | any tran | ds, other assets, or ser nsaction or sharing arra | ngement, sho | ów in colun | mn (d) | the value | of the | ne goods, d | other assets, | or services | received | | | |
| (a) Lin | e No | (b) Amount involved | (c) Name of | noncharitabl | le exemp | ot organiza | tion | (d) De: | scription of tra | insfers, transac | ctions, and sha | rıng arraı | ngemen | ts |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| de | scribed | ndation directly or indire in section 501(c) of the omplete the following s (a) Name of organization | : Code (other chedule | | on 501 | | ' in se | ection 527? | | | intion of relation | Yes | V | No |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Sign Here | of m whic | er penalties of perjury, ly knowledge and belief h preparer has any kno | , it is true, co | | comple | | | | | | | | | |
| | , | Signature of officer or t | rustee | | | ate | | | | | | | | |
| | | Print/Type preparer's | name | Preparer's | s Signa | ture | | | | | | | | |
| Paid | | YUSSIE STEIER | | | | | | | | | | | | |
| - | oarer Only | I I II II I I I I I I I I I I I I I I | ET FEIT & PR | EIS PC | | | | | | | | | | |
| | / | | BROADWAY | SUITE 181 | 15 | | | | | | | | | |
| | | NE | EW YORK, NY | 10004 | | | | | | | | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN SEPHARDIC FOUNDATION N/A PUBLIC **EDUCATION** 60 CHARITY 15 W 16TH STREET

| NEW YORK, NY 10011 | | | | |
|--|-----|-------------------|-----------|-------|
| AMERICAN FRIENDS OF MAAGALIM 4101 PINE TREE DRIVE UNIT 509 MIAMI BEACH, FL 33140 | N/A | PUBLIC CHARITY | EDUCATION | 5,200 |
| BANAYICH BONAYICH | N/A | PUBLIC | EDUCATION | 100 |

| MIAMI BEACH, FL 33140 | | CHARITT | | |
|--|-----|-------------------|-----------|--|
| BANAYICH BONAYICH 400 E 71ST STREET | N/A | PUBLIC CHARITY | EDUCATION | |

| MIAMI BEACH, FL 33140 | | | | |
|--|-----|-------------------|-----------|--|
| BANAYICH BONAYICH 400 E 71ST STREET NY. NY 10021 | N/A | PUBLIC CHARITY | EDUCATION | |

| BANAYICH BONAYICH | N/A | PUBLIC | EDUCATION | 100 |
|-------------------|-----|---------|-----------|-----|
| 400 E 71ST STREET | | CHARITY | | |
| NY, NY 10021 | | | | |

| BANAYICH BONAYICH | N/A | PUBLIC | EDUCATION | 100 |
|-------------------|-----|---------|-----------|-----|
| 400 E 71ST STREET | | CHARITY | | |
| NY, NY 10021 | | | | |
| | | | | |

| NY, NY 10021 | CHARLET | |
|--------------|---------|---------------|
| Total | | 1,651,880 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 294,613

| CENTRAL FUND OF ISRAELNA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | |
|--|-----|-------------------|-----------|--|
| AMERICAN FRIENDS OF MOSDOS | N/A | PUBLIC | EDUCATION | |

| AMERICAN FRIENDS OF MOSDOS MONTREAL 1050 14TH ST LAKEWOOD, NJ 08701 | N/A | PUBLIC CHARITY | EDUCATION | 36,000 |
|--|-----|-------------------|-----------|--------|
| | | | | |

| 1050 14TH ST LAKEWOOD, NJ 08701 | | | | |
|---|-----|-------------------|-----------|-----|
| AMERICAN FRIENDS OF ORA VESIMCH PO BOX 376 | N/A | PUBLIC CHARITY | EDUCATION | 720 |

| AMERICAN FRIENDS OF ORA VESIMCH PO BOX 376 GREAT NECK, NY 11022 | N/A | PUBLIC CHARITY | EDUCATION | 720 |
|---|-----|-------------------|-----------|-----|
| | | | | |

| GREAT NECK, NY 11022 | | | | |
|---------------------------------|-------|---------|-----------|---|
| PO BOX 376 | | CHARITY | | 1 |
| AMERICAN FRIENDS OF ORA VESIMON | I N/A | PUBLIC | EDUCATION | Í |

За

| PO BOX 376 GREAT NECK, NY 11022 | CHARITY | |
|------------------------------------|---------|---------------|
| Total | | 1,651,880 |

| GREAT NECK, NY 11022 | | |
|----------------------|------|-----------|
| Total | | 1,651,880 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CJFNA N/A PUBLIC EDUCATION 250 NA, NY 10022 CHARITY

| CONGREGATION LEVI YITSHOK 356 N LA BREA AVE LOS ANGELES, CA 90036 | N/A | PUBLIC CHARITY | EDUCATION | 5,000 |
|---|-----|-------------------|-----------|-------|
| DIVREY BINANA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | 268 |

| LOS ANGELES, CA 90036 | | | | |
|-------------------------------|-----|-------------------|-----------|-----------|
| DIVREY BINANA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | 2 |
| Total | | | | 1,651,880 |

3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

275

3,600

1,800

| a Paid during the year | | | | |
|--------------------------|-----|-------------------|-----------|--|
| IA-CJFNA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| ··· , ··· | | | | |
|-------------------------------|-----|-------------------|-----------|--|
| KEREN EFRATNA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | |

| NA, NY 10022 | N/A | CHARITY | EDUCATION | |
|---------------------------------|-----|---------|-----------|--|
| MIRACLE ON THE BOWERY353 BOWERY | N/A | PUBLIC | EDUCATION | |

| NA, NY 10022 | | CHARITY | | |
|---------------------------------|-----|----------|-----------|--|
| MIRACLE ON THE BOWERY353 BOWERY | N/A | PUBLIC | EDUCATION | |
| NEW YORK NY 10003 | | CLIADITY | | |

| MIRACLE ON THE BOWERY353 BOWERY JEW YORK, NY 10003 | N/A | PUBLIC CHARITY | EDUCATION | |
|--|-----|-------------------|-----------|--|
| | | | | |

| EW YORK, NY 10003 | | CHARITY | | |
|--------------------------------|-------|---------|-----------|--|
| TRACLE ON THE DOWERT333 DOWERT | I N/A | PUBLIC | EDUCATION | |

| EW YORK, NY 10003 | CHARITY | |
|-------------------|---------|-----------|
| Total | | 1,651,880 |

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

| a Paid during the year | | | | |
|--|-----|-------------------|-----------|--|
| CHABAD OF HAMILTON HEIGHTS 3647 BROADWAY 6A | N/A | PUBLIC CHARITY | EDUCATION | |

NEW YORK, NY 10031

| CHABAD OF STONY BROOK 821 HAWKINS AVE LAKE GROVE, NY 11755 | N/A | PUBLIC CHARITY | EDUCATION | 520 |
|--|-----|-------------------|-----------|-----|
| OHR ELIYAHUNA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | 100 |

1,000

| LAKE GROVE, NY 11755 | | | | |
|-------------------------------|-----|-------------------|-----------|----|
| OHR ELIYAHUNA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | 10 |
| | | | | |

| OHR ELIYAHUNA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | 100 |
|-------------------------------|-----|-------------------|-----------|-----------|
| Total | | | | 1,651,880 |

| NA, NY 10022 | N/A | CHARITY | EDUCATION | İ |
|--------------|-----|---------|-----------|-----------|
| Total | | | | 1.651.880 |

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

1,651,880

360

| SHALOM TORAH CENTERNA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | |
|---------------------------------------|-----|-------------------|-----------|--|
| CONREGATION B'NAI JEHUDA | N/A | PUBLIC | EDUCATION | |

a Paid during the year

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| OVERLAND PARK, KS 66209 | | CHARITY | | |
|--|-----|-------------------|-----------|--|
| CONREGATION KEHILATH JESHURUN 125 E 85TH STREET | N/A | PUBLIC CHARITY | EDUCATION | |

| CONREGATION KEHILATH JESHURUN 125 E 85TH STREET NEW YORK, NY 10028 | N/A | PUBLIC CHARITY | EDUCATION | 1 |
|--|-----|-------------------|-----------|---|

| CONREGATION KEHILATH JESHURUN 125 E 85TH STREET | N/A | PUBLIC CHARITY | EDUCATION | 1,270 |
|--|-----|-------------------|-----------|-------|
| NEW YORK, NY 10028 | | | | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

1,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year | | | | 1 |
|---|-----|-------------------|-----------|---|
| CONREGATION MISCHKAN YOSSEFNA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | |
| | | | | _ |

| DAVIS MEMORIAL FUND 25 LAWERENCE AVE LAWERENCE, NY 11559 | N/A | PUBLIC CHARITY | EDUCATION | |
|--|-----|-------------------|-----------|--|
| | | | | |

| 25 LAWERENCE AVE LAWERENCE, NY 11559 | | CHARITY | | |
|---|-----|---------|-----------|---|
| HACHAYIM VEHASHALOM | N/A | PUBLIC | EDUCATION | 1 |

| LAWERENCE, NY 11559 | | | | |
|---|-----|-------------------|-----------|--------|
| HACHAYIM VEHASHALOM 530 CENTRAL AVE CEDARHURST NY 11516 | N/A | PUBLIC CHARITY | EDUCATION | 16,460 |

| N/A | PUBLIC | EDUCATION | |
|-----|---------|--------------------|-----|
| | CHARIII | | |
| | | | |
| | N/A | N/A PUBLIC CHARITY | ' I |

| HACHAYIM VEHASHALOM 530 CENTRAL AVE CEDARHURST, NY 11516 | N/A | PUBLIC CHARITY | EDUCATION | |
|--|-----|-------------------|-----------|--|
| | | | | |

| CEDARHURST, NY 11516 | | | | |
|----------------------|-----|---------|-----------|---|
| 530 CENTRAL AVE | | CHARITY | | I |
| HACHAYIM VEHASHALOM | N/A | PUBLIC | EDUCATION | i |

| EDARHURST, NY 11516 | CHARITI | |
|---------------------|---------|---------------|
| Total | | 1.651.880 |

| LEDARHURSI, NT 11316 | | |
|----------------------|------|-----------|
| Total | | 1,651,880 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

| a Paid during the year | | | | |
|---------------------------------------|-----|-------------------|-----------|-----|
| THE CHILDRENS PLACENA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | 140 |
| | | | | |

575

| YESHIVA UNIVERSITY 500 W 185TH STREET NEW YORK, NY 10033 | N/A | PUBLIC CHARITY | EDUCATION | |
|--|-----|-------------------|-----------|--|
| JEWISH RENAISSANCE CENTER | N/A | PUBLIC | EDUCATION | |

or substantial contributor

Total . 3a

| NEW YORK, NY 10033 | | | | |
|--|-----|-------------------|-----------|-----|
| JEWISH RENAISSANCE CENTER 441 WEST END AVE 1C NEW YORK, NY 10024 | N/A | PUBLIC CHARITY | EDUCATION | 250 |

| JEWISH RENAISSANCE CENTER 441 WEST END AVE 1C NEW YORK, NY 10024 | N/A | PUBLIC CHARITY | EDUCATION | |
|--|-----|-------------------|-----------|-----------|
| Total | | | | 1,651,880 |

| * | | | | |
|--|-----|-------------------|-----------|---|
| JEWISH RENAISSANCE CENTER 441 WEST END AVE 1C NEW YORK, NY 10024 | N/A | PUBLIC CHARITY | EDUCATION | : |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KJ BENEVOLENT FUND N/A PUBLIC **EDUCATION** 28,300 125 E 85TH STREET CHARITY NEW YORK, NY 10028 N/A 3,850 MANHATTAN SEPHARDIC PUBLIC EDUCATION

| CONGREGATION 325 E 75TH STREET NEW YORK, NY 10021 | | CHARITY | | -, |
|---|-----|---------|-----------|----|
| MEOROTNA | N/A | PUBLIC | EDUCATION | 1, |

| NEW YORK, NY 10021 | | | | |
|--------------------------|-----|-------------------|-----------|--|
| MEOROTNA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | |

Total .

3a

| 11211 10111()111 10021 | | | | |
|--------------------------|-----|-------------------|-----------|--|
| MEOROTNA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | |

| NEW YORK, NY 10021 | | | | İ |
|--------------------------|-----|-------------------|-----------|----|
| MEOROTNA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | 1, |

| , | | | | |
|--------------------------|-----|-------------------|-----------|-------|
| MEOROTNA NA, NY 10022 | N/A | PUBLIC CHARITY | EDUCATION | 1,104 |

1,651,880

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | |
|--|---|-------------------------|----------------------------------|-----------|--|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount | |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | | |
| a Paid during the year | | | | | |
| SWIECA FAMILY PHILANTHROPIC FUND AT VANGUARD CHARITABLE DONOR ADVISED FUND NA NA, NY 10022 | N/A | PRIVATE FOUNDATION | EDUCATION | 1,025,000 | |
| THE FRISCH SCHOOL 120 W CENTURY RD PARAMUS, NJ 07652 | N/A | PUBLIC CHARITY | EDUCATION | 50,000 | |

| NA, NY 10022 | | | | |
|--|-----|-------------------|-----------|----|
| THE FRISCH SCHOOL 120 W CENTURY RD PARAMUS, NJ 07652 | N/A | PUBLIC CHARITY | EDUCATION | 50 |
| THE JEWISH CENTER OF ATLANTIC BEACH | N/A | PUBLIC CHARITY | EDUCATION | 2 |

| | i e e e e e e e e e e e e e e e e e e e | | | |
|-------------------------------|---|---------|-----------|---|
| THE JEWISH CENTER OF ATLANTIC | N/A | PUBLIC | EDUCATION | : |
| BEACH | | CHARITY | | |
| 100 NASSAU AVE | | | | |
| ATLANTIC BEACH, NY 11509 | | | | |

| BEACH | , | CHARITY | |
|--------------------------|---|---------|--|
| 100 NASSAU AVE | | | |
| ATLANTIC BEACH, NY 11509 | | | |

| DEACH .00 NASSAU AVE ATLANTIC BEACH, NY 11509 | CHARITT | |
|---|---------|--|
| | | |

| ATLANTIC BLACH, NT 11303 | | |
|--------------------------|------|---------------|
| Total | | 1,651,880 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual. Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| INSTITUTE OF TECHNOLOGY3004 BROOKLYN, NY 11210 | N/A | PUBLIC CHARITY | EDUCATION | 60,000 |
|---|---------------------------------------|-------------------|-----------|-----------|
| Total | · · · · · · · · · · · · · · · · · · · | | | 1,651,880 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317009518 | | | |
|--------------------------------------|-----------------|---------------------|--|--|--|
| TY 2017 Investments - Other Schedule | | | | | |
| Name: ^Q | SWIFCA FAMILY I | FOUNDATION | | | |

100,000

37,919,329

100,000

25,497,895

| EIN: 13-743717 | 9 | | |
|------------------------------|-----------------------|------------|----------------------------------|
| Investments Other Schedule 2 | | | |
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |

FMV

FMV

INVESTMENT IN ELIMINDA LTD

OTHER INVESTMENTS

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|
| Other Expenses Schedule | | | | |
| EIN: | 13-7437179 | | | |
| Name: | SWIECA FAMILY | Y FOUNDATION | | |
| TY 2017 Other Expenses Scheen | dule | | | |
| | | | DLN | : 93491317009518 |
| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DIN | : 93491317009518 |

5,655

4,547

95

750

554

800

183

6,000

1,378

0

0

0

0

0

0

0

1,184

5,655

4,547

95

750

554

800

183

6,000

1,378

TELEPHONE EXPENSE

AUTOMOBILE EXPENSES

PROFESSIONAL EXPENSES

MEMBERSHIP FEES

NYS ANNUAL FEE

CONSULTING FEES

GIFT EXPENSES

INSURANCE

OFFICE

MEALS

Description

Revenue and Expenses per Books

Revenue and Expenses per Income Income Purposes

Adjusted Net Disbursements for Charitable Purposes

2,752

2.161

2,752

| PORTFOLIO DEDUCTIONS | 41,821 | 41,821 | |
|----------------------------|--------|--------|--|
| OTHER PORTFOLIO DEDUCTIONS | 41,328 | 41,328 | |

Other Expenses Schedule

FOREIGN TAX PAID

CORPORATE TAXES

| efile GRAPHIC print - D | O NOT PROCESS As Fi | iled Data - | | | | DLN: 93491317009518 | | |
|--|---|--|---|---|---|---|--|--|
| Schedule B | | Schedule | of Contributo | rs | | OMB No 1545-0047 | | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | P90-PF) ► Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions | | | | | 2017 | | |
| Name of the organizati SWIECA FAMILY FOUNDA | | | | | Employer id | lentification number | | |
| Organization type (che | ck one) | | | | 13-7437179 | | | |
| | , | | | | | | | |
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | ☐ 501(c)() (enter | 501(c)() (enter number) organization | | | | | | |
| | 4947(a)(1) none. | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | ☐ 527 political orga | anızatıon | | | | | | |
| Form 990-PF | ☑ 501(c)(3) exemp | ✓ 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) none | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | ☐ 501(c)(3) taxable | 501(c)(3) taxable private foundation | | | | | | |
| | ation filing Form 990, 990-E property) from any one col | | | | | | | |
| Special Rules | | | | | | | | |
| under sections 5 received from ar | ion described in section 50 09(a)(1) and 170(b)(1)(A)(v y one contributor, during th e 1h, or (ii) Form 990-EZ, li | n), that checked be year, total co | Schedule A (Form 9 on the great stributions of the great stributions) | 990 or 990-EZ), P | art II, line 13, | 16a, or 16b, and that | | |
| during the year, | ion described in section 50 total contributions of more t the prevention of cruelty to | han \$1,000 <i>exc</i> | clusively for religious, | charitable, scien | | | | |
| during the year, If this box is che purpose Don't c | ion described in section 50 contributions exclusively for cked, enter here the total complete any of the parts unble, etc., contributions total | r religious, char ontributions that iless the Gener | itable, etc , purposes twere received durin al Rule applies to thi | , but no such cor g the year for an s organization be | tributions tota exclusively re cause it recei | led more than \$1,000 ligious, charitable, etc , | | |
| 990-EZ, or 990-PF), but | n that isn't covered by the 0 it must answer "No" on Pa orm 990PF, Part I, line 2, to | rt IV, line 2, of i | ts Form 990, or chec | k the box on line | H of its | | | |
| For Paperwork Reduction A for Form 990, 990-EZ, or 99 | ct Notice, see the Instructions J-PF | | Cat No 30613X | Schedu | ıle B (Form 990 | , 990-EZ, or 990-PF) (2017) | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization Employer identification number SWIECA FAMILY FOUNDATION 13-7437179 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (b) (d) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 HENRY SWIECA 2001 CHARITABLE LEAD TRUST Person **Payroll** 950 3RD AVENUE 23RD FLOOR \$ 132,000 Noncash NEW YORK, NY10022 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution HENRY SWIECA 2002 CHARITABLE LEAD TRUST Person **Payroll** 950 3RD AVENUE 23RD FLOOR \$ 174,000 Noncash NEW YORK, NY10022 (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution HENRY SWIECA 2003 CHARITABLE LEAD TRUST Person **Payroll** 950 3RD AVENUE 23RD FLOOR \$ 182,400 Noncash NEW YORK, NY 10022 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

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