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DLN: 93491131015005

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

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

For	cale	ndar year 2014, or tax year beginning 01-	01-2014	, aı	nd ending 1	2-31-2014	
		undation			A Employer id	entification numbe	er
		KENWORTHY SARAH H SWIFT FOUNDATION HEN WISE TULIN			13-6140940		
		EN WISE TULIN I street (or P O box number if mail is not delivered to street address	Room/suite		B Telephone nu	mber (see instructior	s)
BC		CHAMPLIN HILL ROAD	, , , , , , , , , , , , , , , , , , , ,				
		n, state or province, country, and ZIP or foreign postal code			C If exemption	application is pendin	ı, check here ►
		RISBURG, VT 05473			• If exemption	аррисацоп із репапі	y, check here 📮 j
		<u> </u>					_
GC	песк а	Il that apply Initial return Initial return of a	former public charity	′		ganızatıons, check he	•
		Address change Name change				rganizations meeting k here and attach co	
		ype of organization Section 501(c)(3) exempt priva				ındatıon status was t n 507(b)(1)(A), chec	
		4947(a)(1) nonexempt charitable trust Other taxa				,,,,,,,	
		ket value of all assets at end from Part II, col. (c),	I Cash I Acci	ual		ation is in a 60-month n 507(b)(1)(B), chec	_
		from Part II, col. (c), Other (specify) \$ 10,184,308 (Part I, column (d) must	be on cash basis.)		ander section	1 307(B)(1)(B), clice	K Here
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per	(b) N	let investment	(c) Adjusted net	(d) Disbursements for chantable
		necessarily equal the amounts in column (a) (see instructions))	books		income	income	purposes (cash basıs only)
	1	Contributions, gifts, grants, etc , received (attach					
		schedule)	0				
	2	Check 🟲 🦵 if the foundation is not required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	538,960		538,960	538,960	
	5a	Gross rents					
Ф	b	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	346,035				
2	6a b	Gross sales price for all assets on line 6a					
Revenue		2,986,616					
	7	Capital gain net income (from Part IV, line 2)			346,035		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	Ь	Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other Income (attach schedule)					
	12	Total. Add lines 1 through 11	884,995		884,995	538,960	
	13	Compensation of officers, directors, trustees, etc	21,000		5,500	5,500	15,500
. 6	14	Other employee salaries and wages					
Š	15	Pension plans, employee benefits					
Expenses	16a	Legal fees (attach schedule)	5,750		E 7E0	5,750	0
Ë		Accounting fees (attach schedule) Other professional fees (attach schedule)	5,750		5,750	5,750	
₽	17	Interest					
rat	18	Taxes (attach schedule) (see instructions)					
S	19	Depreciation (attach schedule) and depletion					
토	20	Occupancy					
and Administrative	21	Travel, conferences, and meetings	5,500		2,000	2,000	3,500
anc	22	Printing and publications					
	23	Other expenses (attach schedule)	34,709		19,709	19,709	15,000
Operating	24	Total operating and administrative expenses.	66.050		22.050	22.050	24.022
<u>ā</u>		Add lines 13 through 23	66,959 465,000		32,959	32,959	34,000
0	25	Contributions, gifts, grants paid	465,000				465,000
	26	Total expenses and disbursements. Add lines 24 and 25	531,959		32,959	32,959	499,000
	27	Subtract line 26 from line 12	,		·	•	·
	a	Excess of revenue over expenses and disbursements	353,036				
	ь	Net investment income (if negative, enter -0-)			852,036		
	c	Adjusted net income (If negative, enter -0 -)				506,001	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	170,834	191,374	191,374
	2	Savings and temporary cash investments	29,892	20,963	20,963
		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			
sets	9	Prepaid expenses and deferred charges			
АSS		Investments—U S and state government obligations (attach schedule)			
_		Investments—corporate stock (attach schedule)	6,651,320	6,992,745	9,971,971
		Investments—corporate bonds (attach schedule)	0,031,320	0,532,713	3,371,371
	_	Investments—land, buildings, and equipment basis			
	11	Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
		Investments—other (attach schedule)			
		- I was a second of the second			
	14	Less accumulated depreciation (attach schedule)			
	4-	-			
		Other assets (describe)			
	16	Total assets (to be completed by all filers—see the	6,852,046	7,205,082	10,184,308
	17	Instructions Also, see page 1, item I) Accounts payable and accrued expenses	0,032,040	7,203,002	10,104,300
	18	Grants payable			
φŞ	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
abiliti	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)		0	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
шĊ	24	Unrestricted			
or Fund Balances		Temporarily restricted			
	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here			
ı̈́F		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
AS	29	Retained earnings, accumulated income, endowment, or other funds	6,852,046	7,205,082	
Net	30	Total net assets or fund balances (see instructions)	6,852,046	7,205,082	
_	31	Total liabilities and net assets/fund balances (see instructions)	6,852,046	7,205,082	
Pa	rt II				
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must ad	ree	_
•					6,852,046
2				2	353,036
3		Other increases not included in line 2 (itemize)		_ 3	
4		Add lines 1, 2, and 3		4	7,205,082
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)—P		ne 30 . 6	7,205,082

Part I	V Capital Gains a	nd Losses	for Tax on Inve	stment Income	<u> </u>			
	(a) List and describe th 2-story brick warehou	ne kınd(s) of	eal estate,	(b) How acquired P—Purchase D—Donation	(c) D	ate acquired o , day, yr)	(d) Date sold (mo , day, yr)	
1 a	SCHEDULE ATTACHE	D 3254-23	21					2014-12-31
b	SCHEDULE ATTACHE	D 3254-23	21					2014-12-31
С	SCHEDULE ATTACHE	D-861-020	165					2014-12-31
d	SCHEDULE ATTACHE	D-861-020	065					2014-12-31
e								
(e) Gross sales price	(1	T) Depreciation allowe (or allowable)	t or other basis opense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
а	388	3,528			479,82	3		-91,350
b	878	3,559			686,77	4		191,785
С	854	1,033			829,18	0		24,853
d		5,496			644,74	9		220,747
<u>е</u>		·			,			•
	mplete only for assets sh	owing dain i	n column (h) and owne	d by the foundation	n on 12/31/69	+ ,	N Cause (Cal	(h) gain minus
		Jowning gain i	(j) Adjusted basis		cess of col (i)			less than -0-) or
(i)	FM V as of 12/31/69		as of 12/31/69		col (j), if any			om col (h))
а								-91,295
b								191,785
С								24,853
d								220,747
e								·
3	Net short-term capital If gain, also enter in Pa in Part I, line 8					. 3		
Part \	V Qualification Un	nder Sect	ion 4940(e) for R	Reduced Tax or	Net Investme		come	
	ional use by domestic pri		•					
	n 4940(d)(2) applies, lea		-	、 ,			,	
	foundation liable for the ' the foundation does not					eriod?		┌ Yes ┌ No
1 Ent	er the appropriate amour	nt in each co	lumn for each year, s	ee instructions bef	ore making any en	tries		
	(a) period years Calendar or tax year beginning in)	Adjusted qu	(b) nalifying distributions	(c) Net value of noncha		ı	(d) Distributioi (col (b) divided	
<u>`</u>	2013		438,026		9,355,026			0 046823
	2012		396,673		8,569,638			0 046288
	2011		433,483		8,212,204			0 052785
	2010		384,508		7,248,897			0 053044
	2009		290,989		5,899,964			0 04932
2	Total of line 1, column	(d)				2		0 24826
3	the number of years the	e foundation	has been in existence	e ıf less than 5 yea	e the total on line 2 by 5, or by less than 5 years			0 049652
4	Enter the net value of r	noncharitabl	e-use assets for 2014	4 from Part X, line!	5	4		10,410,146
5	Multiply line 4 by line 3	3			[5		516,885
6	Enter 1% of net invest	ment incom	e (1% of Part I, line 2	7b)	[6		8,520
7	Add lines 5 and 6					7		525,405

the Part VI instructions

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

499,000

8

	990-PF (2014)			age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here Fand enter "N/A"			
	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		1	7,041
	here Fand enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2		1	7,041
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		1	7,041
6	C redits/P ayments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 9,992			
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		9	9,992
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		-	7,049
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid \rightarrow 10			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	it participate or intervene in any political campaign?	. 1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c		No
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 \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers 🕨 \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?			Na
2		. 2		No
-	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		No
	If "Yes," attach the statement required by General Instruction T.			_
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or	 		l
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6	 Yes	l
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),			
,	and Part XV.	. 7	Yes	
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 .	8b	Yes	
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses.	10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶http://kenworthyswiftfoundation.org/			
14	The books are in care of ▶STEPHEN WISE TULIN Telephone no ▶(802)) 425-	3383	
	Located at BOX 3040 CHAMPLIN HILL ROAD NORTH FERRISBURGH VT ZIP+4 F05473			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			<u> </u>
13	and enter the amount of tax-exempt interest received or accrued during the year			,
				l
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over	۱	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	TT 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.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	for the benefit or use of a disqualified person)?			
	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) Yes V No			
ь	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			
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 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			-110
-	operating foundation defined in section 4942(1)(3) or 4942(1)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years > 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
	(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		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20, 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 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			
	ıf the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		i I	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	1 1	No

Pa	rt VII-B	Statements Rega	rdii	na Activities for	Wŀ	nich Form 4720	Ma	Be Required (cont	inue	<u>d)</u>	
5a		year did the foundation						•			
		on propaganda, or othe				ıslatıon (section 49	45(e))?	No		
		nce the outcome of any		· ·	_	·	-	••			
		rectly or indirectly, any							- No		
		le a grant to an individu		-			-	☐ Yes ☑			
		le a grant to an organiza					scrit				
								┌ Yes ▽	- No		
		le for any purpose other		•			-	,,			
							_		. No		
b								exceptions described in			
_								instructions)?		5b	
_		wer is "Yes" to question									
		•				•			- No		
	tax because it maintained expenditure responsibility for the grant?										
6a		undation, during the yea		-			pror	muumo on			
Va		I benefit contract?	•		-				. No		
b	b Did the foundation, during the year							·		6b	No
b			п, ра	y premiums, unechy	/ 01 1	nunectry, on a perso	ıllal	benefit contract	•		140
7-		6b, file Form 8870.	t	ha farindation a mauti			.	ransaction? TYes F	- N-		
7a 	, , ,					•		·		76	
	b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b The state of the transaction of the transaction?										
Pa	3 38 VA	and Contractors	t Or	ncers, Directors	s, II	rustees, rounda	tio	n Managers, nigniy	Paid	Emp	loyees,
1		icers, directors, trustee	s, fo	undation managers a	nd t	heir compensation (see i	nstructions).			
			(b)	Title, and average	(c) Compensation		(d) Contributions to	(0)	Evnonc	o account
	(a) Nar	ne and address	Ι.	hours per week	(If not paid, enter		mployee benefit plans	(e) Expense account other allowances		
STED	HEN WISE TUL	IN ESO		evoted to position		-0-)		deferred compensation			
		N HILL ROAD	10	CY-TREAS		10,000					
		SBURGH, VT 05473									
	RUDY FESTING		PES	IDENT		11,000					
37 V	VEST 12TH	STREET	0		, l						
NEW	/YORK,NY	10011									
DR A	LICE P LIN		VIC	E PRESI		0					
	BROOKVI		0								
		NC 27514	<u> </u>		L						
	Compensat	ion of five highest-paid	emp	oloyees (other than t	thos	e included on line 1– T	see	instructions). If none, er	nter "I	NONE."	•
(a`	Name and	address of each employ	/ee	(b) Title, and aver				(d) Contributions to employee benefit	(e) f	Expens	e account,
()		nore than \$50,000		hours per week devoted to position		(c) Compensatio	n	plans and deferred			owances
				devoted to positiv	011			compensation			
				1							
				1							
		i athar amplayage paid		+		1		<u> </u>			

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Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, H	ighly Paid Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Fotal 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 re organizations and other beneficiaries served, conferences convened, research papers pro-		per of Expenses
1 N/A	addedly etc	
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		A mount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		. ▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 10.428.517 1h 140.159 1c 1d 10.568.676 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 10.568.676 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 158.530 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 10.410.146 5 520.507 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 520.507 1 Tax on investment income for 2014 from Part VI, line 5. 2a Income tax for 2014 (This does not include the tax from Part VI). . . 17.041 2c 3 3 503.466 4 4 5 5 503.466 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 503.466 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 499,000 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 Ω 3 Amounts set aside for specific charitable projects that satisfy the O За O 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 499,000 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 499,000 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

Р	undistributed Income (see instr	uctions)			y
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7				503,466
2	Undistributed income, if any, as of the end of 2014				
а	Enter amount for 2013 only			0	
b	Total for prior years 2012, 2011, 2010		0		
3	Excess distributions carryover, if any, to 2014				
а	From 2009				
b	From 2010 10,295				
C	From 2011				
d	From 2012				
	From 2013				
	Total of lines 3a through e	44,202			
4	Qualifying distributions for 2014 from Part				
	XII, line 4 🕨 \$				
	Applied to 2013, but not more than line 2a			0	
	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions)				499,000
	Applied to 2014 distributable amount	0			499,000
	Remaining amount distributed out of corpus	4,466			4,466
5	Excess distributions carryover applied to 2014	4,400			4,400
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	39,736			
b	Prior years' undistributed income Subtract		0		
	line 4b from line 2b		U		
С	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		0		
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see instructions			0	
f	Undistributed income for 2014 Subtract				
•	lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				(
7	A mounts 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)				
R	Excess distributions carryover from 2009 not				
Ŭ	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a	39,736			
	Analysis of line 9				
а	Excess from 2010	1			
b	Excess from 2011	1			
_	Excess from 2012				
d	Excess from 2013				
е	Excess from 2014	1			

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

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

c Any submission deadlines

factors

Form **990-PF** (2014)

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Purpose of grant or substantial contributor Purpose of grant or contribution Purpose of grant or contr	A mount	uture Payment	proved for F	During the Vear or And	3 Grants and Contributions Paid
Name and address (home or business) a Paid during the year See Additional Data Table show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Purpose of grant or contribution Purpose of grant or contribution	A mount				5 Ciulto una Contributiono i ara
a Paid during the year See Additional Data Table Total			status of	show any relationship to	
Total	•		recipient	or substantial contributor	
		Contribution	recipient	or substantial contributor	a Paid during the year
b Approved for future payment	465,000	▶ 3a	<u> </u>		

Form 990-P		na Activitio				Page 12
	Analysis of Income-Producion amounts unless otherwise indicated	_	usiness income	Excluded by section	n 512, 513, or 514	(e)
	service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
с						
е						
g Fees a 2 Member	and contracts from government agencies rship dues and assessments t on savings and temporary cash					
ınvestr	nents			11	F20.060	
5 Net ren	ds and interest from securities lal income or (loss) from real estate			14	538,960	
	financed property ebt-financed property					
	tal income or (loss) from personal					
	nvestment income (loss) from sales of assets other than					
invento	ry . ´			18	346,035	
10 Gross p	ome or (loss) from special events rofit or (loss) from sales of inventory					
	evenue a					
с						
e						
	I Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)				884,995 L 3	
	orksheet in line 13 instructions to verify ca B Relationship of Activities to		plishment of E			
Line No.	Explain below how each activity for whic the accomplishment of the foundation's instructions)					

Form 990-PI	(2014) Information Roncharitable					actio	ns and I	Relationsh	ips With		Рa	ge 1 3
	rganization directly or i	ndırectly e	engage	ın any of	the following wit						Yes	No
organızat	cions?											
a Transfers	s from the reporting four	ndatıon to	a nonc	harıtable (exempt organiza	ition of						
(1) Cas	h									1a(1)		No
(2) Oth	erassets									1a(2)		No
b O ther tra	nsactions											
	s of assets to a noncha											No
(2) Purc	hases of assets from a	noncharit	able ex	empt orga	anızatıon					1b(2)		No
	al of facilities, equipme									1b(3)		No
	nbursement arrangemer									1b(4)		No
(5) Loar	ns or loan guarantees.									1b(5)		No
(6) Perfo	rmance of services or n	nembershı	p or fu	ndraising :	solicitations					1b(6)		No
c Sharing o	of facilities, equipment,	mailing lis	ts, oth	er assets,	, or paid employ	ees				1c		No
of the go	swer to any of the above ods, other assets, or se ansaction or sharing arr	ervices giv angement,	en by t , show	he reporti in column	ng foundation I (d) the value of	the fou the god	undation r ods, other	eceived less assets, or se	than fair marke ervices receive	et value ed	:	
(a) Line No	(b) Amount involved	(c) Name	or nonci	паптаріе ехе	empt organization	(a)	Description	or transfers, trai	nsactions, and sha	iring arra	ngemer	ıts
describe	undation directly or indidin section 501(c) of the complete the following (a) Name of organization	he Code (o schedule		nan sectioi	•	ın sectı				.FY€	es F	₹ _{No}
				·				•	·	•		
the	der penalties of perjury, best of my knowledge a irmation of which prepai	and belief,	ıt ıs tru	ue, correct					than taxpaye	r) is bas	sed on	all
Here	****				2015-05-15	- k	*****		return	IRS disc		
	Signature of officer or t	rustee			Date	<u> </u>	Title		below	preparei tr)? 🔽 <u>\</u>		
	Print/Type preparer's DAVID DORFMAN	name	Prepa	ırer's Sıgn	ature	Date		Check if sel employed ▶		013502	299	
Paid Preparer Use	Firm's name ► DORFMAN MIZRACH	I & THALE	R LLP					Firm's EIN	<u> </u>			
Only	Firm's address •	UTU 755		1 00000				Dharra '	777\404.45			
-	Phone no (732)404-1							/32)404-186	υ			

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
	or substantial contributor			
a Paid during the year				
COVENANT HOUSE 4618TH AVENUE NEWYORK,NY 10001	NONE	PC	GENERAL SUPPORT	10,000
COUNCIL ON ADOPTABLE CHILDREN 666 BROADWAY NEW YORK,NY 10012	NONE	PC	ADOPTIVE FAMILY RECRUITMENT FOR OLDER CHILDREN	10,000
ASSOCIATION TO BENEFIT CHILDREN 419 EAST 86TH ST NEW YORK,NY 10028	NONE	PC	ERASE PROGRAM	10,000
GOOD SHEPARD SERVICES 305 7TH AVE NEW YORK,NY 10001	NONE	PC	IMPLEMENTATION OF THE SANCTUARY MODEL INTO ITS FAMILY FOSTER CARE PROGRAM	10,000
GETTING OUT AND STAYING OUT 91 E 116TH ST NEW YORK,NY 10029	NONE	PC	SERVICES FOR 16 & 17 YEAR OLD INMATES	15,000
CREATIVE ARTS TEAM 101 W 31ST ST 6TH FLOOR NEW YORK,NY 10001	NONE	PC	PROBLEM SOLVERS PROGRAM	15,000
SAFE HORIZON INC 2 LAFAYETTE ST 3 NEW YORK, NY 10007	NONE	PC	CHILD AND FAMILY TRAUMATIC STRESS INTERVENTION CENTERS	15,000
COMMUNITY WORD PROJECT 11 BROADWAY 508 NEW YORK,NY 10004	NONE	PC	COMMUNITY POETRY AND SKILLS IN VISUAL DRAMA PROGRAM	10,000
NEW YORK CENTER FOR CHILDREN 333 E 70TH STREET 1 NEW YORK, NY 10021	NONE	PC	GENERAL SUPPORT	10,000
RIVERDALE MENTAL HEALTH ASSOCIATION 5676 RIVERDALE AVENUE BRONX,NY 10471	NONE	PC	CHANCES FOR CHILDREN PROGRAM	10,000
SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN 161 WILLIAM ST 9 NEW YORK, NY 10038	NONE	PC	TRAUMA RECOVERY PROGRAM	15,000
ROOM TO GROW 54 WEST 21ST STREET 401 NEW YORK, NY 10010	NONE	PC	GENERAL SUPPORT	10,000
CASA ESSEX COUNTY 212 WASHINGTON ST 912 NEWARK,NJ 07102	NONE	PC	HEALTH CARE ADVOCACY PROGRAM	10,000
THE NEW YORK FOUNDLING 590 AVENUE OF THE AMERICAS NEW YORK,NY 10011	NONE	PC	MENTAL HEALTH SERVICES	15,000
BIG BROTHERS BIG SISTERS OF NYC 40 RECTOR ST NEW YORK,NY 10006	NONE	PC	TRADITIONAL MENTORING PROGRAM	10,000
Total			3a	465,000

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

		<i>-</i>	ine real of Approved for the	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
COMMUNITY IMPACT 2980 BROADWAY NEW YORK, NY 10027	NONE	PC	GENERAL SUPPORT	10,000
EXALT YOUTH 175 REMSEN STREET BROOKYLN,NY 11201	NONE	PC	INTERNSHIP PROGRAM	15,000
THE OSBORNE ASSOCIATION INC 175 REMSEN STREET BROOKLYN,NY 11201	NONE	PC	SERVICES FOR CHILDREN OF INCARCERATED PARENTS	10,000
GAY MEN'S HEALTH CRISIS 446 W 33RD STREET NEW YORK, NY 10001	NONE	PC	REALNESS PRO GRAM	10,000
LIVE LIGHT LOVE RIGHT 1 BROOKDALE PLAZA BROOKLYN,NY 11212	NONE	PC	THERAPY PROGRAM	10,000
PEER HEALTH EXCHANGE OF NY 55 EXCHANGE PLACE NEW YORK, NY 10005	NONE	PC	GENERAL SUPPORT	10,000
THE CITY KIDS FOUNDATION 57 LEONARD ST NEW YORK, NY 10013	NONE	PC	CITY KIDS UNIVERSITY PROGRAM	10,000
FAMILY FOCUS ADOPTION SERVICES 54-40 LITTLE NECK PARKWAY 4 LITTLE NECK,NY 11362	NONE	PC	WAITING CHILD PROGRAM	15,000
ENACT 630 NINTH AVENUE SUITE 305 NEW YORK, NY 10036	NONE	PC	THERAPEUTIC DRAMA WORKSHOPS	15,000
BROOKLYN DEFENDER SERVICES 177 LIVINGSTON STREET 5 BROOKLYN,NY 11201	NONE	PC	LEGAL AND SOCIAL WORK TO YOUNG JUVENILES IN CRIMINAL COURT	20,000
CYPRESS HILLS CHILD CARE CORP 3295 FULTON ST BROOKLYN,NY 11208	NONE	PC	COMMUNITY HEALTH INTIATIVE	15,000
KOREAN AMERICAN FAMILY SERVICE CENTER 29-50 UNION ST FLUSHING,NY 11354	NONE	PC	GENERAL SUPPORT	10,000
PAL 34 1/2 East 12th Street NEW YORK, NY 10003	NONE	PC	YOUTH LINK PROGRAM	10,000
COMUNLIFE 214 W 29th Street 8th Floor NEW YORK, NY 10001	NONE	PC	LIFE IS PRECIOUS PROGRAM	10,000
EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX,NY 10461	NONE	PC	INFANT-PARENT COURT PROJECT	15,000
Total				465,000

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	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CHILDREN'S HEALTH FUND 215 WEST 125TH STREET SUITE 301 NEW YORK,NY 10027	NONE	PC	PEDIATRIC MENTAL HEALTH SERVICES	10,000
GRAHAM WINDHAM 1 S Broadway HASTINGS ON HUDSOB, NY 10706	NONE	PC	TRAUMA FOCUSED COGNITIVE BEHAVORIAL THERAPY	10,000
FORESTDALE 6735 112th St FLUSHING, NY 11375	NONE	PC	GENERAL CHARITABLE PURPOSES	20,000
GEMS ADDRESS NOT ALLOWED PER CHARITIES R NEW YORK,NY 10001	NONE	PC	GENERAL CHARITABLE PURPOSES	10,000
HENRY STREET SETTLEMENT 265 HENRY ST NEW YORK,NY 10002	NONE	PC	GENERAL CHARITABLE PURPOSES	10,000
NORTHSIDE CENTER FOR CHILD DEVELOPMENT 1301 5TH AVENUE NEW YORK,NY 10029	NONE	PC	GENERAL CHARITABLE PURPOSES	10,000
UNIVERSITY OF ORANGE 400 SOUTH ORANGE AVE ORANGE,NJ 07050	NONE	PC	GENERAL CHARITABLE PURPOSES	10,000
YOUTH COMMUNICATION 224 W 29th St NEW YORK,NY 10001	NONE	PC	GENERAL CHARITABLE PURPOSES	10,000
FAMILY FOCUS 54-40 Little Neck Pkwy LITTLE NECK,NY 11362	NONE	PC	GENERAL SUPPORT	15,000
Total				465,000

DLN: 93491131015005

OMB No 1545-0123

Sequence No 12A

Department of the Treasury Internal Revenue Service

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sales and Other Dispositions of Capital Assets

Name(s) shown on return

Social security number or taxpayer identification number

13-6140940

Before you check Box A, B, or C below, check whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1 (a)	(b) (c)	(d)	(e) Cost or other basis	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f)		(h) Gain or (loss). Subtract column	
Description of property	Date acquired	Date sold or disposed	Proceeds (sales price)	See the Note below and see <i>Column (e)</i>	See the separate instructions		(e) from column (d)
		(Mo , day, yr)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	and combine the result with column (g)
SCHEDULE ATT		12-31-2014	388,528	(479,823)		-55	-91,350
SCHEDULE ATT		12-31-2014	854,033	(829,180)			24,853
2 Totals Add the amounts in colum (subtract negative amounts) Enter include on your Schedule D, line 1b checked), line 2 (if Box B above is C above is checked)	each total her (if Box A abov	e and e ıs ne 3 (ıf Box	1,242,561	(1,309,003)		-55	-66,497
Note If you shocked Boy A shows I	h		DC	/	-		the IDC and

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

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side MARION E KENWORTHY SARAH H SWIFT FOUNDATION C/O STEPHEN WISE TULIN

Social security number or taxpayer identification number 13-6140940

Before you check Box D, E, or F below, check whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

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

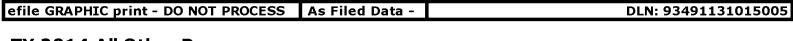
Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

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

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (1) = 1115 111111111111111111111111111111	,						
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	If you enter a enter a See the se	if any, to gain or loss an amount in column (g), code in column (f) eparate instructions	(h) Gain or (loss). Subtract column (e) from column (d)
, ,	(Mo, day, yr)	(Mo , day, yr)	(see instructions)	ın the separate ınstructions	(f) Code(s) from instructions	(g) Amount of adjustment	and combine the result with column (g)
SCHEDULE ATT		12-31-2014	878,559	(686,774)			191,785
SCHEDULE ATT		12-31-2014	865,496				220,747
-							
2 Totals Add the amounts in colum (subtract negative amounts) Enter include on your Schedule D, line 8b checked), line 9 (if Box E above is co	each total her (If Box D abov checked), or lin	e and e 1s e 10 (1f					
Box F above is checked)			1,744,055				412,532
Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and							

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



TY 2014 All Other Program Related Investments Schedule

Name: MARION E KENWORTHY SARAH H SWIFT FOUNDATION

C/O STEPHEN WISE TULIN

Category	Amount
NONE	

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DLN: 93491131015005

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: MARION E KENWORTHY SARAH H SWIFT FOUNDATION

C/O STEPHEN WISE TULIN

TY 2014 Other Expenses Schedule

Name: MARION E KENWORTHY SARAH H SWIFT FOUNDATION

C/O STEPHEN WISE TULIN

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEE	750	750	750	
MANAGEMENT FEES	2,518	2,518	2,518	
OFFICE EXPENSE-OUTSIDE LABOR	15,000			15,000
OFFICE EXPENSES	188	188	188	
ACCOUNT FEES	16,120	16,120	16,120	
BANK CHARGES	133	133	133	

TY 2014 Taxes Schedule

Name: MARION E KENWORTHY SARAH H SWIFT FOUNDATION

C/O STEPHEN WISE TULIN

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX				