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

OMB No 1545 0052

2014

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

For cal	endar year 2014, or tax year beginning	, 2014,	and ending		<u>, , , , , , , , , , , , , , , , , , , </u>	
	JESS & SHEILA SCHWARTZ	-		Α	Employer identification nur 86-0942313	
15 B	LY FOUNDATION ILTMORE ESTATES DRIVE			В	Telephone number (see inst (602) 274-795	
PHOE	NIX, AZ 85016-2821			С	If exemption application is	pending, check here
G Che	eck all that apply Initial return	Initial return of a form Amended return	er public charity	D	1 Foreign organizations, chec	k here
	Address change	Name change			2 Foreign organizations meet here and attach computation	ing the 85% test, check
H Che	eck type of organization X Section 50 Section 4947(a)(1) nonexempt charitable	1(c)(3) exempt private fo trust Other taxable pr		E	If private foundation status	Ļ
	market value of all assets at end of year J Acc	counting method X Ca		_	under section 507(b)(1)(A)	
(troi ►\$	n Part II, column (c), line 16) 352 . (Part I	Other (specify) , column (d) must be on	cash hasis	F	If the foundation is in a 60 under section 507(b)(1)(B)	
Part	Analysis of Revenue and	r				<u> </u>
المنتدا	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investmen income	ıt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc, received (attach schedule)	235,990.				
Ø	2 Ck I if the foundn is not required to attach Sch 8					
SCANNED S	3 Interest on savings and temporary cash investments					
<u>z</u>	4 Dividends and interest from securities 5 a Gross rents					
fi	b Net rental income					
Ö,	6 a Net gain or (loss) from sale of assets not on line 10					
₹.	b Gross sales price for all	 				
ĒŽ	assets on line 6a 7 Capital gain net income (from Part IV, line 2)					
v≫N	8 Net short term capital gain	·· ·				
∞E U	9 Income modifications					
2	10 a Gross sales less returns and					
2015	allowances b Less Cost of goods sold					
	© Gross profit or (loss) (attach schedule).					
	11 Other income (attach schedule)					
	12 Total Add lines 1 through 11	235,990.		0.	0.	
	13 Compensation of officers, directors, trustees, etc	235, 990.	· · · · · · · · · · · · · · · · · · ·	<u>U.</u>	<u> </u>	
	14 Other employee salaries and wages		· · · · · · · · · · · · · · · · · · ·			
	15 Pensidn Dians, amployee benefits					
A	16 a Legat fees (attach schedule) D Accounting fees (attach sch) SEE ST 1	005				
M	Cones & Pees attach 3 chi 5	925.				
O I P S	17 laterest					
ΕŤ	18 Taxes (attach scheduleXsee instrs)					
R R A A T T	19 Deprecion a facility					
1 1	sch) and depletion	ļ				
N V G E	20 Occupancy					
A E	22 Printing and publications.				<u> </u>	_
N X D P	23 Other expenses (attach schedule)					
E N	SEE STATEMENT 2	9,550.				
S E	24 Total operating and administrative	10 475				
S	expenses. Add lines 13 through 23	10,475. 225,515.				225,515.
	26 Total expenses and disbursements.					
	Add lines 24 and 25	235,990.		0.	0.	225,515.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses					
	and disbursements	0.		_		
	b Net investment income (if negative, enter -0-)	<u></u>		0.		
	C Adjusted net income (if negative, enter -0-)	Į l			0.	

David	11	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	Ena o	r year
ran	. 11	Balance Sheets 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	2,637.	352.	352.
	2	Savings and temporary cash investments	, , , , , ,		
	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 sch)			
A		Less allowance for doubtful accounts ▶			
š	8	Inventories for sale or use		 	·
A S E T	9	Prepaid expenses and deferred charges			
Ś	10 a	a Investments — U.S. and state government obligations (attach schedule)			
	t	Investments — corporate stock (attach schedule)			
	(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			· 	
	L	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I).	2,637.	352.	352.
Ļ	17	Accounts payable and accrued expenses			
À	18	Grants payable			1
B	19	Deferred revenue			
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			İ
T	21	Mortgages and other notes payable (attach schedule)			
E	22	Other liabilities (describe			
Š	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			
N F E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds	2,637.	352.	}
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds			,
RS	30	Total net assets or fund balances (see instructions)	2,637.	352.	
	31	Total liabilities and net assets/fund balances (see instructions)	2,637.	352.	
Par	t III	Analysis of Changes in Net Assets or Fund Balance	es		····
1	Tota end-	I net assets or fund balances at beginning of year — Part II, coluit of year figure reported on prior year's return)	mn (a), line 30 (must ag	ree with	2,637.
2	Ente	er amount from Part I, line 27a		2	0.
3	Other	increases not included in line 2 (itemize) • SEE STATEMENT	3	3	352.
4	Add	lines 1, 2, and 3		4	2,989.
5		ases not included in line 2 (itemize) <u>SEE STATEMENT</u>		5	2,637.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), li	ne 30 . 6	352.

Par	IV Capital Gains and I	Losses for Tax on Investmer	nt Income				
	(a) List and describe 2-story brick warehous	e the kind(s) of property sold (e g , se, or common stock, 200 shares M	real estate, LC Company)	(b) How acc P — Purch D — Dona	nase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	N/A						
b							
d							
e				L	_		<u></u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or (e) plus (f) m	
a							
b							
d	*****						
e			11 (11 10/01	150			
	(i) Fair Market Value	ving gain in column (h) and owned (i) Adjusted basis	(k) Excess of column			(I) Gains (Col ain minus column (I	
	as of 12/31/69	as of 12/31/69	over column (j), if a			an -0-) or Losses (f	
a							
b						· ·	
C							
d		***************************************					
е				•		r	
	Capital gain net income or (ne	et capital loss)If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	-	2		
3	Net short-term capital gain or	(loss) as defined in sections 1222(5	o) and (6).				
	ın Part I, line 8	e 8, column (c) (see instructions) if		-	3		
Par	t V Qualification Unde	r Section 4940(e) for Reduce	ed Tax on Net Investn	nent Inco	ome		
(For	optional use by domestic private f	oundations subject to the section 4940	(a) tax on net investment in	come)		N/A	
If se	ction 4940(d)(2) applies, leave	this part blank					
						—	
		ction 4942 tax on the distributable a		pase period	d۶	Yes	∐No
If 'Ye		alify under section 4940(e) Do not o					
_1	Enter the appropriate amount in	each column for each year, see the in	structions before making any	entries			
	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	(col	(d) Distributior umn (b) divided	
	2013						
	2012						
	2011						
	2010						
	2009					· · · · · · · · · · · · · · · · · · ·	
2	Total of line 1, column (d).				2	ļ. <u></u>	
3	Average distribution ratio for t number of years the foundation	he 5-year base period — divide the in has been in existence if less than	total on line 2 by 5, or by to 5 years	the	3		
4	Enter the net value of noncha	ritable-use assets for 2014 from Pa	rt X, line 5		4		
5	Multiply line 4 by line 3				5		
6	Enter 1% of net investment in	come (1% of Part I, line 27b)		•	6		
7	Add lines 5 and 6.				7		
8	Enter qualifying distributions f	rom Part XII, line 4			8		
	If line 8 is equal to or greater the Part VI instructions.	an line 7, check the box in Part VI, line	e 1b, and complete that part	using a 1%	tax r	ate See the	

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instr	ructions	5)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here	T			
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,				0.
	check here ► and 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, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				•
4	foundations only Others enter -0-). Add lines 1 and 2.	+-			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	+-			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	+			0.
6	Credits/Payments	+			- • ·
	2014 estimated tax pmts and 2013 overpayment credited to 2014				-
	Exempt foreign organizations — tax withheld at source 6 b				
С	Tax paid with application for extension of time to file (Form 8868) 6c	1			į
d	Backup withholding erroneously withheld 6 d	}			1
7	Total credits and payments Add lines 6a through 6d 7				0.
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				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax				
Par	VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-		Yes	No
	participate or intervene in any political campaign?	-	1 a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		1 b		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				
	Did the foundation file Form 1120-POL for this year?		1 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 (3)		- 1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	0.	l		
	foundation managers ►\$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If 'Yes,' attach a detailed description of the activities.				
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	-			X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If 'Yes,' attach the statement required by General Instruction T		1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		l		1
	By language in the governing instrument, or	ľ			İ
	 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		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	. [7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	AZ				
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 <i>General Instruction G? If 'No,' attach explanation</i>		8 b	- <u>X</u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942 for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)	²()(5) t X/V	9		
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	<u>. </u>	10		х_
BAA		For	m 990	-PF (2	014)

Par	t VII-A	Statements Regarding Activities (continued)					
11	At any tir within the	me during the year, did the foundation, directly or indirectly, own a controlled entity emeaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		X
12	Did the fo advisory	undation make a distribution to a donor advised fund over which the foundation or a disqualified pers privileges? If 'Yes,' attach statement (see instructions)	on had		12		х
13		oundation comply with the public inspection requirements for its annual returns and exemption	n applica	tion?	13	Х	
14	Website a			(602)	277		
	Located a	at - 15 BILTMORE ESTATES DRIVE PHOENIX AZ ZIP + 4 -		16-282	<u> </u>		′≚ <u> </u>
15		1947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here if the amount of tax-exempt interest received or accrued during the year	•	15	N/A	•	∐ N/A
16	At any tin	ne during calendar year 2014, did the foundation have an interest in or a signature or other authority curities, or other financial account in a foreign country?	over a	•	16	Yes	No X
	See the	nstructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 name of the foreign country	2 1) If 'Ye	es,'			
Dar	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Required					
гаі		1 4720 if any item is checked in the 'Yes' column, unless an exception applies.		-		Yes	No
1 a		e year did the foundation (either directly or indirectly):					
	_	ge in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo			
		ow money from, lend money to, or otherwise extend credit to (or accept it from) a ialified person?	Yes	XNo			
	(3) Furni	sh goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
		compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfor the	sfer any income or assets to a disqualified person (or make any of either available see benefit or use of a disqualified person)?	Yes	X No			
	found	e to pay money or property to a government official? (Exception. Check 'No' if the lation agreed to make a grant to or to employ the official for a period after termination vernment service, if terminating within 90 days)	Yes	X No			
t	If any an Regulation	swer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in ons section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions))?		1 b	N	/A
	Organiza	tions relying on a current notice regarding disaster assistance check here	•	· 🔲			
Ć	Did the for	oundation engage in a prior year in any of the acts described in 1a, other than excepted acts, and corrected before the first day of the tax year beginning in 2014?			1 c		X
2	Taxes or private o	failure to distribute income (section 4942) (does not apply for years the foundation was a perating foundation defined in section 4942(j)(3) or 4942(j)(5))					
â	and 6e, I	of tax year 2014, did the foundation have any undistributed income (lines 6d Part XIII) for tax year(s) beginning before 2014? Ist the years ▶ 20 , 20 , 20	Yes	XNo			
ŀ	Are there	e any years listed in 2a for which the foundation is not applying the provisions of section 4942 to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 listed, answer 'No' and attach statement — see instructions.)	2(a)(2) (a)(2) to		2 b	 N	/A
		ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	here				
•		, 20 , 20 , 20					
3 8	Did the for enterprise	oundation hold more than a 2% direct or indirect interest in any business e at any time during the year?	Yes	X No			
ŀ	or disqua	did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation alified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approve ommissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or pse of the 10 -, 15 -, or 20 -year first phase holding period? (Use Schedule C, Form 4720, to be if the foundation had excess business holdings in 2014).	ed		3 b	N	/A
4 :	Did the f	oundation invest during the year any amount in a manner that would jeopardize its e purposes?			4 a		х
ı	ieopardiz	oundation make any investment in a prior year (but after December 31, 1969) that could e its charitable purpose that had not been removed from jeopardy before the first day of ear beginning in 2014?			4 b		X
_							

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Part VII-B Statements Regarding Activit	ies for Which Form	1 4720 May Be Req	uired (continued)	
5 a During the year did the foundation pay or incu	r any amount to		- · · · · · · · · · · · · · · · · · · ·	
(1) Carry on propaganda, or otherwise attempt	3	, , , , , , , , , , , , , , , , , , , ,	Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	1 4955), or to carry		No
(3) Provide a grant to an individual for travel,	• •	•	∐ Yes 【X	No
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions	5)		Yes X	No
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a a current notice regard	qualify under the excep ding disaster assistance	tions :	5b N/A
Organizations relying on a current notice rega	rding disaster assistant	ce check here	▶ □	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?	•	N/A Yes	No
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)		
6 a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premium	s Yes X	No
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6b X
If 'Yes' to 6b, file Form 8870				
7 a At any time during the tax year, was the found	· · · · · · · · · · · · · · · · · · ·			No
b If 'Yes,' did the foundation receive any procee				V/A 7b
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	Employees,
and Contractors				
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).	···
(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
SHEILA SCHWARTZ 15 BILTMORE ESTATES DRIVE	PRES/DIR 1.00	0.	0.	0.
PHOENIX, AZ 85016-2821				
LESLEY (SCHWARTZ) HAMMER	DIRECTOR	0.	0.	0
15 BILTMORE ESTATES DRIVE	0			
PHOENIX, AZ 85016				
ABBY I. SCHWARTZ 15 BILTMORE ESTATES DRIVE PHOENIX, AZ 85016	DIRECTOR 1.00	0.	0.	0
FRANK L. SCHWARTZ	TREAS/SEC/DI	0.	0.	0
15 BILTMORE ESTATES DRIVE PHOENIX, AZ 85016	1.00		•	
2 Compensation of five highest-paid employees (or	than those included	on line 1 — see instructio	nc) If none enter 'NONE	<u> </u>
(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	(e) Expense account, other allowances
NOVE			compensation	
NONE				
				J
				
				j
				

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

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Part VIII Information About Officers, Directors, Trustees, Foun and Contractors (continued)	dation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional services (see in	structions). If none, enter 'NONE.	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		P 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics organizations and other beneficiaries served, conferences convened, research papers produced, etc	al information such as the number of	Expenses
1 N/A		
2		
3		
4		
		_
Part IX-B Summary of Program-Related Investments (see instru	ctions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		
N/A		
	·	
2		
All other program related investments. See instructions		

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Total. Add lines 1 through 3

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Part X Minimum Investment Return (All domestic foundations must complete this passee instructions.)	art. Foreign foundations,
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.	1 a
b Average of monthly cash balances	1b 2,274.
C Fair market value of all other assets (see instructions)	
d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c	1d 2,274.
(attach detailed explanation)	0.
2 Acquisition indebtedness applicable to line 1 assets	0.
3 Subtract line 2 from line 1d	3 2,274.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4 34.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5 2,240.
6 Minimum investment return. Enter 5% of line 5	6 112.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete this p	
1 Minimum investment return from Part X, line 6	1 112.
2 a Tax on investment income for 2014 from Part VI, line 5	
b Income tax for 2014 (This does not include the tax from Part VI)	
c Add lines 2a and 2b	2 c
3 Distributable amount before adjustments Subtract line 2c from line 1	3 112.
4 Recoveries of amounts treated as qualifying distributions	4
5 Add lines 3 and 4	5 112.
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	7 112.
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 225,515.
b Program-related investments — total from Part IX-B	1 b
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)	3 a
b Cash distribution test (attach the required schedule)	3 b
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line	4 225,515.
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
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6 225,515.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	r the foundation
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				112.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e .	0.			
4 Qualifying distributions for 2014 from Part				
XII, line 4 ► \$ 225,515.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus				
(Election required – see instructions)	0.			
d Applied to 2014 distributable amount				112.
e Remaining amount distributed out of corpus	225,403.			
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))			·	
Same amount must be snown in solution (e)				<u> </u>
6 Enter the net total of each column as				
indicated below:	-			,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	225,403.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 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				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	225,515.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2010 .				
b Excess from 2011				
c Excess from 2012			i	
d Excess from 2013				
e Excess from 2014				
				Form 000 DE (2014)

Form 990-PF (2014) THE JESS & SHEIL				86-0942313			
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A							
1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling							
b Check box to indicate whether the foundat		rating foundation de		4942(j)(3) or	4942(j)(5)		
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years				
investment return from Part X for each year listed	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total		
b 85% of line 2a					 		
 Qualifying distributions from Part XII, line 4 for each year listed 							
d Amounts included in line 2c not used directly for active conduct of exempt activities							
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 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 assets at any time during th	(Complete this	part only if the f	foundation had	\$5,000 or more	in		
1 Information Regarding Foundation Manage		3.1.4.5.1.5.1					
a List any managers of the foundation who have close of any tax year (but only if they have NONE	contributed more th	an 2% of the total contract than \$5,000) (See s	ntributions received t section 507(d)(2))	by the foundation befo	ore the		
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 owner	ship of		
a partnership or other entity) of which the NONE	foundation has a 10	0% or greater intere	st				
2 Information Regarding Contribution, Gran	ıt. Gift. Loan. Scho	larship, etc. Prograi	ms:				
Check here \(\bigcup \) if the foundation only ma requests for funds. If the foundation make complete items 2a, b, c, and d	kes contributions to (preselected charitable	organizations and o				
a The name, address, and telephone number or	e-mail address of th	ne person to whom ap	plications should be	addressed			
			,,				
SEE STATEMENT 5							
b The form in which applications should be s	submitted and infor	mation and material	s they should inclu	de			
COE CTATEMENT FOR LINE 23							
c Any submission deadlines							
ODD CMAMDNAM DOS TING OS							
SEE STATEMENT FOR LINE 2A d Any restrictions or limitations on awards, s	such as by geograp	hical areas, charitab	ole fields, kinds of i	nstitutions, or other	factors:		
CEE CHAMENDEND EOD ITHE OR	- 1						
SEE STATEMENT FOR LINE 2A	TE	FA03101 06/17/14			orm 990-PF (2014)		

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
Name and address (home or business) a Paid during the year SEE STATEMENT 6	foundation manager or substantial contributor	recipient	contribution	Amount
Total			► 3a	225,515.
b Approved for future payment				
Total .	,		▶ 3 b	

Part XVI-A Analysis of Income-Producing Activities

		111-1	d business in a series	Fuglished L.	anation F12 F12 or F14	
Enter gross	s amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion	section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
1 Progr	ram service revenue:	Code		code	 	(occ manactions)
a				<u> </u>		ļ
b	-1					<u> </u>
°.——						
d		ļ				
e						<u> </u>
T	and contracts from government agencies			+		
_	bership dues and assessments	-				
	st on savings and temporary cash investments	<u> </u>	-	 		
	ends and interest from securities	-		+ +		
	ental income or (loss) from real estate					· - · · · · - · · ·
	-financed property		····			
	lebt-financed property					
	ntal income or (loss) from personal property			<u> </u>		
7 Other	r investment income					
8 Gain o	r (loss) from sales of assets other than inventory					
9 Net ii	ncome or (loss) from special events.					
10 Gross	s profit or (loss) from sales of inventory					
11 Other	r revenue					
a						
b						
c						
d						
е						
	otal Add columns (b), (d), and (e)					
	l. Add line 12, columns (b), (d), and (e)				13	0.
(See works	sheet in line 13 instructions to verify calculation	ons)				
Part XVI	-B Relationship of Activities to the	Accompl	ishment of Exem	pt Purpos	es	
Lina Na			arted in column (a) of	Dort VI/I A	antributed imports	atly to the
Line No. ▼	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is repo purposes (o	ther than by providing	funds for su	ch purposes) (See	instructions)
N/A	· · · · · · · · · · · · · · · · · · ·					
N/A						
						
		•				
		·- ·				
						<u></u> .
	-			<u> </u>		
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					 _	
		-				<u> </u>
				·		
			 			
	 					
						
BAA		TEEA	.0502L 06/17/14		-	Form 990-PF (2014)

orm 990-F	PF (2014) THE J	ESS & SHEILA	SCHWARTZ				86-0942	313	Pa	ge 13
Part XVI	Information Re Exempt Organ		ers To and T	ransaction	s and	Relationships	With Noncha	ritable		
				(1)					Yes	No
descr	ne organization direct libed in section 501(c) ng to political organiz) of the Code (other	than section 50	o following wit 01(c)(3) organ	n any ot izations)	ner organization) or in section 527	,			
a Trans	fers from the reporting	ng foundation to a n	oncharitable ex	empt organiza	ation of					
(1) C	ash							1 a (1)		Х
(2) C	ther assets							1 a (2)		Х
b Other	transactions									
(1) S	ales of assets to a no	oncharitable exemp	t organization					1 b (1)		Χ
(2) P	urchases of assets fr	om a noncharitable	exempt organiz	zation				1 b (2)		X
(3) R	ental of facilities, equ	uipment, or other as	sets					1 b (3)		X
(4) R	leimbursement arrang	gements						1 b (4)		X
(5) L	oans or loan guarante	ees						1 b (5)		Х
(6) P	erformance of service	es or membership o	or fundraising so	olicitations				1 b (6)		X
c Sharı	ng of facilities, equipi	ment, mailing lists,	other assets, or	r paid employe	ees			1 c		X
d If the the go any t	answer to any of the oods, other assets, or s ransaction or sharing	arrangement, show	ın column (d)	the value of th	Columr dation re e goods	n (b) should always ceived less than fai , other assets, or	s show the fair n ir market value in services receive	narket val	ue of	
(a) Line no	(b) Amount involved	(c) Name of no	ncharitable exempt	organization	(d)	Description of transfer	s, transactions, and	sharing arrai	ngement	.S
N/A										
										
			· · · · · · · · ·							
		4.								
	<u> </u>		· -	-1						
										
			–							
								· ·		
		-								
desci	I foundation directly or ribed in section 501(c es,' complete the follo	c) of the Code (other owing schedule.	r than section 5	01(c)(3)) or in	x-exemp section	527?		. Yes	X	No
	(a) Name of organiza	ation	(b) Type o	f organization		(c) D	escription of rela	tionship		
N/A								•		
				····			•			
										
Line	der penalties of perjury, I dec	clare that I have examined	this return, including	accompanying sc	nedules an	d statements, and to the	hest of my knowledge	and belief.	it is true	
Sign Corr	Meellac ignature of officer or trustee	Salusary	taxpayer) is based of	on all information of 9/8/8	which pre	PRES/DIR	e	May the this retur preparer (see ipst	IRS disc n with th shown t	uss ne below
	Print/Type preparer's	name	Preparersisign	nature 11		Date	Check If	PTIN		
Paid	LYNN C OL	SON	Thum	Collso	_	8/20/15	self-employed	P00154	4155	

TULL, FORSBERG & OLSON, PLC Firm's EIN • 86-0130568 Preparer 5225 N. CENTRAL AVE. SUITE 220 Use Only Firm's address PHOENIX, AZ 85012 Phone no (602) 277-5447

BAA

Form 990-PF (2014)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name of the organization THE JESS & SHEILA	SCHWARTZ	Employer identification number
FAMILY FOUNDATION	I	86-0942313
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a privi	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the G	eneral Rule or a Special Rule	A
Note. Only a section 501(c)(7), (8), or (10) org	anization can check boxes for both the General Rule and a S	special Rule See instructions
General Rule		•
	Z, or 990 PF that received, during the year, contributions total	aling \$5.000 or more (in money or
property) from any one contributor Comple	ete Parts I and II. See instructions for determining a contribu	tor's total contributions
Special Rules		
For an organization described in section 50	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp	ort test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during the	that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, he year, total contributions of the greater of (1) \$5,000 or (2)	16a, or 16b, and that) 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 99	he year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1 Complete Parts I and II	,
The an execution described in contrar 50	11(a)(7) (9) as (10) films Form 990 or 990 F7 that recoved t	from any one contributor
during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 exclusively for religious, charitable, scientific, little and the scientific of t	terary, or educational
purposes, or for the prevention of cruelty to	o children or animals. Complete Parts I, II, and III	
	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to or religious, charitable, etc., purposes, but no such contributi	
	he total contributions that were received during the year for a	
charitable, etc., purpose. Do not complete	any of the parts unless the General Rule applies to this orga	nization because
it received nonexclusively religious, charita	ble, etc., contributions totaling \$5,000 or more during the year	ar • • •
.		
Caution: An organization that is not covered be 990-PF), but it must answer 'No' on Part IV. In	y the General Rule and/or the Special Rules does not file Sci ne 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	ne filing requirements of Schedule B (Form 990, 990-EZ, or 9	90-PF)
BAA For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part
Name of org	anization CSS & SHEILA SCHWARTZ	' '	942313
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHEILA SCHWARTZ 15 BILTMORE ESTATES DRIVE PHOENIX, AZ 85016	\$235,990.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

Payroll Noncash

(Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

THE JESS & SHEILA SCHWARTZ

Name of organization

Employer identification number 86-0942313

	_						
Description of	Noncash Prope	4					
P3P1411972	I Noncach Drope	Marinton contracts		rata annion of Dai	d II de additional e	anno io mandad	
	a NUILASII ETUUE	TIV ISEE INSTRUCTO	ons). Use ouniii	rate cobies of Fai	t ii ii addididhai s	soace is deeded	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		ş	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
~		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
~		s	
ΔΛ		tule B (Form 990, 990, F7.	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 to

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

of Part III

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

THE JESS & SHEILA SCHWARTZ

Employer identification number

1

86-0942313

	or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribute ompleting Part III, enter the total of (Enter this information once See is space is needed	f exclusively religious, charitable, etc , nstructions) \$\bigs\{\sigma_{	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, addres	Relationship of transferor to transferee		

2014 FEDERAL STATEMENTS PAGE 1 THE JESS & SHEILA SCHWARTZ **CLIENT CS919 FAMILY FOUNDATION** 86-0942313 8/20/15 06·27AM STATEMENT 1 FORM 990-PF, PART I, LINE 16B **ACCOUNTING FEES** (A) (B) NET (C) (D) CHARITABLE **EXPENSES** INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME PURPOSES ACCOUNTING 925. TOTAL \$ <u>0.</u> \$ STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES (B) NET (C) (D) (A) CHARITABLE **EXPENSES** INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME PURPOSES 9,550<u>.</u> INSURANCE 9,550. \$ 0. TOTAL <u>0.</u> § 0.\$ **STATEMENT 3** FORM 990-PF, PART III, LINE 3 OTHER INCRÉASES 2015 CONTRIBUTION-DEDUCT IN 2014 TOTAL \$ 352. **STATEMENT 4**

FORM 990-PF, PART III, LINE 5 **OTHER DECREASES**

2014 CONTRIBUTIONS-DEDUCTED 2013

2,637. 2,637.

STATEMENT 5 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

SHEILA SCHWARTZ

CARE OF:

STREET ADDRESS:

15 BILTMORE ESTATES DRIVE

CITY, STATE, ZIP CODE:

PHOENIX, AZ 85016

TELEPHONE:

(602) 274-7955

E-MAIL ADDRESS: FORM AND CONTENT:

NO PRESCRIBED FORM

SUBMISSION DEADLINES:

NONE

RESTRICTIONS ON AWARDS:

NONE

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FEDERAL STATEMENTS

THE JESS & SHEILA SCHWARTZ FAMILY FOUNDATION

PAGE 2 86-0942313

8/20/15

06 27AM

STATEMENT 6 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
ARIZONA JEWISH HISTORICAL SOCIETY 122 E CULBER STREET PHOENIX, AZ 85004		PC	TO PROVIDE FUNDING FOR PROMOTION OF A POSITIVE VISION OF JEWISH IDENTITY THROUGH HISTORY EDUCATION, ARTS AND CULTURE.	\$ 5,000.
BBYO 800 EIGHTH STREET NW WASHINGTON , DC 20001		PC	TO PROVIDE FUNDING TO HELP JEWISH TEENS ESTABLISH A STRONG AND ENDURING COMMITMENT TO JEWISH LIFE.	5,000.
CHABAD OF MESA 941 S MAPLE MESA, AZ 85206		PC	TO PROVIDE FUNDING FOR PROMOTION OF JEWISH AWARNESS AND PRIDE.	5,000.
CHRYSALIS 2055 W NORTHERN AVE PHOENIX, AZ 85021		PC	TO PROVIDED FUNDING TO HELP PEOPLE DEALING WITH ABUSE.	30,000.
COUNCIL FOR JEWS WITH SPECIAL NEEDS 12701 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85254		PC	TO PROVIDE SERVICES FOR THOSE WITH SPECIAL NEEDS.	10,000.
JEWISH ARIZONANS ON CAMPUS 13039 N 70TH STREET SCOTTSDALE, AZ 85254		PC	TO PROVIDE FUNDING FOR STUDENTS TO EXPLORE THEIR JEWISH HERITAGE AND ALSO TO GET JEWISH PROGRAMS ON CAMPUS.	5,000.
JEWISH COMMUNITY ASSOC OF GREATER PHX 12701 N SCOTTSDALE RD, SUITE 201 SCOTTSDALE, AZ 85254		PC	TO CONTINUE VARIOUS PROGRAMS LOCALLY, NATIONALLY, AND THROUGHOUT THE WORLD.	5,000.

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8/20/15

FEDERAL STATEMENTS

PAGE 3

CLIENT CS919

THE JESS & SHEILA SCHWARTZ FAMILY FOUNDATION

86-0942313

06.27AM

STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMQUNT_	
JEWISH COMMUNITY FOUNDATION 12701 N SCOTTSDALE RD, STE 202 SCOTTSDALE, AZ 85254		PC	TO PROVIDE FUNDING FOR PROGRAMS ENRICHING JEWISH LIFE AND STRENGTHENING THE COMMUNITY.	\$ 5,00	00.
JEWISH NATIONAL FUND 42 E 69TH STREET NEW YORK, NY 10021		PC	TO PROVIDE FUNDING IN ISRAEL FOR THE LAND AND THE PEOPLE.	5,00	00.
PEJE 88 BROAD STREET, 6TH FLOOR BOSTON, MA 02110		PC	TO PROVIDE FUNDING FOR EDUCATIONAL PROGRAMS.	18,00	00.
PHOENIX HEBREW ACADEMY 515 E BETHANY HOME ROAD PHOENIX, AZ 85012		PC	TO PROVIDE FUNDING FOR EDUCATION.	100,00	00.
YESHIVA HIGH SCHOOL 727 E GLENDALE AVE PHOENIX, AZ 85020		PC	TO HELP FUND THE HIGH SCHOOL.	5,00	00.
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158		PC	2013/2014 TORCH OF LIBERTY AND CONTRIBUTION TO THE COMMUNITY PARTNERS GROUP	10,53	15.
			NOTE: \$12,800 DONATION MADE JANUARY 2014, OF WHICH \$2,637 WAS CONSIDERED A 2013 DONATION AND \$12,800 DONATION MADE JANUARY 2015, OF WHICH \$352 WAS CONSIDERED A 2014 DONATION.		

2014

FEDERAL STATEMENTS

PAGE 4

CLIENT CS919

THE JESS & SHEILA SCHWARTZ FAMILY FOUNDATION

86-0942313

8/20/15

06 27AM

STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
JEWISH FAMILY & CHILDREN'S SERVICES 4747 N 7TH STREET, STE 100 PHOENIX, AZ 85014		PC	TO PROVIDE FUNDING FOR THE ORTHODOX JEWISH COMMUNITY AND TO HELP PROVIDE ANSWERS TO THEM REGARDING COMPLEX PSYCHO-SOCIAL ISSUES AND PREVENT MENTAL HEALTH PROBLEMS.	\$ 10,000.
JEWISH GENETIC DISEASES CENTER 12701 N SCOTTSDALE ROAD, STE 201 SCOTTSDALE, AZ 85254		PC	TO PROVIDE FUNDING TO HEIGHTEN AWARENESS OF GENETIC DISEASES THAT IMPACT JEWISH FAMILIES.	7,000.
			TOTAL	\$ 225,515.

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you ar	re filing for an Automatic 3-Month Extension, con	nplete only	Part I and check this box		► [X]
If you are	re filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of th	nis form)	
Do not com	plete Part II unless you have already been grante	d an autom	atic 3-month extension on a previously	filed Form 8868	
Electronic f corporation request an e Associated	illing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not xtension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which m ling of this form, visit www irs gov/efile and click of	If you need automatic) For Part II would be sent	d a 3-month automatic extension of time 3-month extension of time. You can el- with the exception of Form 8870, Information to the IRS in paper format (see instruct	e to file (6 months for ectronically file Forn n Return for Transfers	n 8868 to
Part I	Automatic 3-Month Extension of Time	Only sub	omit original (no copies needed)		
	on required to file Form 990-T and requesting an	<u> </u>			<u>, ▶ □</u>
income tax	rporations (including 1120-C filers), partnerships, returns	REMICS, al			
			Enter filer's identi	fying number, see i	
Time	Name of exempt organization or other filer, see instructions			Employer identification r	number (EIN) or
Type or print	THE JESS & SHEILA SCHWARTZ			1	
•	FAMILY FOUNDATION Number, street, and room or suite number If a P O box, see in	etructions		86-0942313 Social security number ((MPP
File by the due date for		Stractions		Social security number ((3311)
filing your return See	15 BILTMORE ESTATES DRIVE City, town or post office, state, and ZIP code For a foreign add	ress, see instru	ctions		
instructions	PHOENIX, AZ 85016-2821	,			
	FROENIX, AZ 83010-2021				
Enter the R	eturn code for the return that this application is fo	r (file a sep	parate application for each return)		04
Application Is For		Return Code	Application Is For	······································	Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-B	L	02	Form 1041-A		08
Form 4720 (individual)	03	Form 4720 (other than individual)		09
Form 990-P	F	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephon If the or If this is check the external	ension is for	digit Group theck this b	e United States, check this box Exemption Number (GEN) ox I and attach a list with the na	f this is for the whol ames and EINs of al	•
until The e ► [∑	est an automatic 3-month (6 months for a corporation 8/15 , 20 15 , to file the exempt organization's return for. calendar year 20 14	, and endir	turn for the organization named above.	nal return	
	nange in accounting period application is for Forms 990-BL, 990-PF, 990-T, 4			 	
nonre	fundable credits See instructions .		·	3 a \$	0.
tax pa	application is for Forms 990-PF, 990-T, 4720, or ayments made include any prior year overpayments.	nt allowed a	as a credit	3 ь \$	0.
EFTP:	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System) See	instructions	<u> </u>	3c \$	0.
Caution. If payment in	you are going to make an electronic funds withdra structions	awal (direct	debit) with this Form 8868, see Form 8	453-EO and Form &	879-EO for

Form 8868	8 (Rev 1-2014)					Page 2
	are filing for an Additional (Not Automatic) 3-Montl	h Extension	complete only Part II and check th	ns box		► X
-	y complete Part II if you have already been granted				n 8868	Δ
	are filing for an Automatic 3-Month Extension, con				0000	
Part II	Additional (Not Automatic) 3-Month E			(no copi	es need	ded).
			Enter filer's ic			
	Name of exempt organization or other filer, see instructions			Employer iden	tification nui	mber (EIN) or
T	THE JESS & SHEILA SCHWARTZ					
Type or print				86-0942313		
		ber, street, and room or suite number. If a P.O. box, see instructions.			Social security number (SSN)	
File by the due date for filing your return See instructions	TULL, FORSBERG & OLSON, PLC 5225 N. CENTRAL AVE. SUITE 220					
	City, town or post office, state, and ZIP code For a foreign address, see instructions					
	PHOENIX, AZ 85012					
	TENOENIA, AZ 03012					
Enter the	Return code for the return that this application is for	or (file a sep	parate application for each return)			04
Application Is For		Return Code	Application Is For	Application s For		
Form 990 or Form 990-EZ		01				
Form 990-BL		02	Form 1041-A		08	
Form 4720 (individual)		03	Form 4720 (other than individual)		09	
Form 990-PF		04	Form 5227			
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069		11	
Form 990-T (trust other than above)		06	Form 8870	n 8870		
TelephIf theIf this	poks are in the care of FRANK SCHWARTZ none No (602) 274-7955 organization does not have an office or place of but is for a Group Return, enter the organization's found the group, check this box If it is for part of the group.	r digit Group	ne United States, check this box be Exemption Number (GEN)	th the name		► ☐ f this is for the Ns of all
members	the extension is for					
5 For6 If th7 Stat	quest an additional 3-month extension of time until calendar year 2014, or other tax year beginning tax year entered in line 5 is for less than 12 mon Change in accounting period the in detail why you need the extension ALL. TURN HAS NOT BEEN RECEIVED BY THE	of THE		Final re	turn	20 MPLETE
8 a If this application is for Forms 990-BL, 990-PF, 990-T, 4 nonrefundable credits. See instructions			69, enter the tentative tax, less any	8 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.					0.	
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$					\$	0.
	Signature and Verific	ation mu	st be completed for Part II or	ıly.		
Under penalt correct, and	ties of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	companying sch	nedules and statements, and to the best of my ki			
Signature - CPA Title - PRES/DIR CPA					ate 🕨 8	-15-14
BAA					Form 88	68 (Rev 1-2014)