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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.


OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 07-01-2014 , and ending 06-30-2015

Name of foundation SWORDSPPOINT FOUNDATION INC		A Employer identification number 59-3814672
Number and street (or P O box number if mail is not delivered to street address) 107 CHERRY ST FL 2	Room/suite	B Telephone number (see instructions) (203) 972-4155
City or town, state or province, country, and ZIP or foreign postal code NEW CANAAN, CT 068405521		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)▶\$ 8,510,472	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,840,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	5	5	5	
	4 Dividends and interest from securities.	26,137	26,137	26,137	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-439,088			
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	 2,954	2,954	2,954	
	12 Total. Add lines 1 through 11	1,430,008	29,096	29,096	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	 4,296	0	0	4,296
	b Accounting fees (attach schedule)	 5,807	2,903	0	2,904
	c Other professional fees (attach schedule)				
	17 Interest	20,295	20,295	0	0
	18 Taxes (attach schedule) (see instructions) . . .	 115	115	0	0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	 98,680	68,863	0	29,817
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	129,193	92,176	0	37,017
	25 Contributions, gifts, grants paid	1,485,200			1,485,200
	26 Total expenses and disbursements. Add lines 24 and 25	1,614,393	92,176	0	1,522,217
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-184,385			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)			29,096	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	708,241	8,621	8,621
	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)	500	500	500
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	9,173,460	9,688,695	8,501,351
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	9,882,201	9,697,816	8,510,472	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	9,882,201	9,697,816	
	30	Total net assets or fund balances (see instructions)	9,882,201	9,697,816	
31	Total liabilities and net assets/fund balances (see instructions) . . .	9,882,201	9,697,816		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1 9,882,201
2	Enter amount from Part I, line 27a	2 -184,385
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 9,697,816
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 9,697,816

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table		
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a	See Additional Data Table		
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	<div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div>	2	-439,088
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) <div>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8</div>		3	-122,279

Part V

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	1,004,416	8,677,820	0 115745
2012	804,502	8,660,200	0 092896
2011	1,176,516	7,577,003	0 155275
2010	1,394,115	10,004,108	0 139354
2009	1,192,754	10,186,629	0 117090

2	Total of line 1, column (d).	2	0 620360
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 124072
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	767,207
5	Multiply line 4 by line 3.	5	95,189
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	0
7	Add lines 5 and 6.	7	95,189
8	Enter qualifying distributions from Part XII, line 4.	8	1,522,217

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

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	0
c		All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3		Add lines 1 and 2.		3	0
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	0
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014	6a	3,402	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c		
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments. Add lines 6a through 6d.		7	3,402
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	3,402
11		Enter the amount of line 10 to be Credited to 2015 estimated tax 3,402 Refunded		11	0

Part VII-A

Statements Regarding Activities

1a		During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		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.				
c		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 \$ 0 (2) On foundation managers \$ 0				
e		Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0				
2		Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		No
		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		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				
		• 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	
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)				
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

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		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 N/A				
14	The books are in care of TAXPAYER Telephone no (203) 972-4155 Located at 107 CHERRY STREET FL 2 NEW CANAAN CT ZIP+4 06840			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	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				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)? Yes No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
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 operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	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 Yes No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
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			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No			
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 if the foundation had excess business holdings in 2014.).	3b		No
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 charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

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

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROBERT J BISHOP	PRES /TREAS	0	0	0
503 SILVERMINE ROAD NEW CANAAN, CT 06840	7 00			
SUSAN BISHOP	V P /SEC	0	0	0
503 SILVERMINE ROAD NEW CANAAN, CT 06840	7 00			
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	0

Part X

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	778,890
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	778,890
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	778,890
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	11,683
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	767,207
6	Minimum investment return. Enter 5% of line 5.	6	38,360

Part XI

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

1	Minimum investment return from Part X, line 6.	1	38,360
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	38,360
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	38,360
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	38,360

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	1,522,217
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,522,217
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,522,217
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				38,360
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.				700,258
b From 2010.				919,608
c From 2011.				813,440
d From 2012.				371,492
e From 2013.				570,525
f Total of lines 3a through e.	3,375,323			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 1,522,217				
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.				38,360
e Remaining amount distributed out of corpus	1,483,857			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,859,180			
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).	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . .	700,258			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	4,158,922			
10 Analysis of line 9				
a Excess from 2010. . . .				919,608
b Excess from 2011. . . .				813,440
c Excess from 2012. . . .				371,492
d Excess from 2013. . . .				570,525
e Excess from 2014. . . .				1,483,857

Part XIV

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3

Part XV

1

ROBERT J BISHOP

2

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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

c Any submission deadlines

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div><div>a</div><div>Paid during the year</div><div>See Additional Data TableSee Additional Data Table</div></div>				
<div>Total</div>			<div>3a</div>	1,485,200
<div><div>b</div><div>Approved for future payment</div></div>				
<div>Total</div>			<div>3b</div>	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
KINYAN CAPITAL L P	P	2014-01-01	2014-12-31
KINYAN CAPITAL L P	P	2010-01-01	2014-12-31
CHEYNE EXPLORER EQ FD	P	2014-01-01	2014-12-31
SUN VALLEY GOLD	P	2014-01-01	2014-12-31
SUN VALLEY GOLD	P	2010-01-01	2014-12-31
PRIVATE ADVISORS HEDGED EQUITY FD	P	2010-01-01	2014-12-31
FOXHAVEN CAPITAL	P	2010-01-10	2014-12-31


Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
			-2,860
			-1,179
			-47,641
			-71,778
			-341,405
			40,720
			-14,945


Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-2,860
			-1,179
			-47,641
			-71,778
			-341,405
			40,720
			-14,945


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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AFRICAN WILDLIFE PRESERVATION TRUST 25022 MALIBU ROAD MALIBU,CA 90265	N/A	501(C)(3)	PRESERVE ANIMAL HABITATS	250,000
AMERICARES 88 HAMILTON AVENUE STAMFORD,CT 06913	N/A	501(C)(3)	DISASTER RELIEF	2,500
BARNARD FUND 3009 BROADWAY NEW YORK,NY 10027	N/A	501(C)(3)	COLLEGE SCHOLARSHIPS	10,000
CITY CRITTERS INC PO BOX 1345 NEW YORK,NY 10013	N/A	501(C)(3)	RESCUE ABANDONED ANIMALS	20,000
COLUMBIA UNIVERSITY 622 WEST 113TH STREET NEW YORK,NY 10025	N/A	501(C)(3)	EDUCATION	5,000
FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE ROCKVILLE,MD 20850	N/A	501(C)(3)	HOUSING FOR FAMILIES OF SOLDIERS BEING TREATED IN MILITARY HOSPITALS	2,500
FOLDS OF HONOR FOUNDATION 5800 NORTH PATRIOT DRIVE OWASSO,OK 74055	N/A	501(C)(3)	SCHOLARSHIPS FOR MILITARY FAMILIES	10,000
FRIENDS OF ACADIA PO BOX 45 BAR HARBOR,ME 04609	N/A	501(C)(3)	PROTECTING ACADIA NATIONAL PARK	2,500
HORIZONS 545 PONUS RIDGE ROAD NEW CANAAN,CT 06840	N/A	501(C)(3)	EDUCATION GRANTS	10,000
KENYON COLLEGE 101 WEST SCOTT LANE GAMBIER,OH 43022	N/A	501(C)(3)	EDUCATIONAL	2,500
MARTHA'S VINEYARD HOSPITAL PO BOX 1477 OAK BLUFFS,MA 02557	N/A	501(C)(3)	MEDICAL RESEARCH	5,000
MARTHA'S VINEYARD PRESERVATION TRUS 99 MAIN STREET EDGARTOWN,MA 02539	N/A	501(C)(3)	CONSERVATION	2,000
NEW CANAAN COMMUNITY YMCA 564 SOUTH AVENUE NEW CANAAN,CT 06840	N/A	501(C)(3)	PROGRAMS FOR DISADVANTAGED YOUTH	12,500
NEW CANAAN COUNTRY SCHOOL 635 FROGTOWN RD NEW CANAAN,CT 06840	N/A	501(C)(3)	EDUCATION	11,000
NEW CANAAN HISTORICAL SOCIETY 13 OENOK RIDGE NEW CANAAN,CT 06840	N/A	501(C)(3)	LANDMARK PRESERVATION	235,000
Total  3a				1,485,200

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON,IL 60208	N/A	501(C)(3)	EDUCATION	30,000
PATRONS OF THE ARTS IN THE VATICAN 43430 EAST FLORIDA AVENUE HERMET,CA 92544	N/A	501(C)(3)	VATICAN ART PRESERVATION	10,000
RICE UNIVERSITY 6100 MAIN ST HOUSTON,TX 77005	N/A	501(C)(3)	EDUCATION	25,000
ROBIN HOOD FOUNDATION 826 BROADWAY NEW YORK,NY 10003	N/A	501(C)(3)	TO FIND, FUND AND CREATE PROGRAMS AND SCHOOLS THAT GENERATE MEANINGFUL RSLTS FOR NEW YORK'S POOREST NEIGHBORHOODS	2,500
SEAL HARBOR VIS POBOX 171 SEAL HARBOR,ME 04675	N/A	501(C)(3)	CONSERVATION	5,000
ST PAUL'S SCHOOL 325 PLEASANT STREET CONCORD,NH 03301	N/A	501(C)(3)	EDUCATIONAL	25,000
AMERICANS FOR OXFORD INC 500 FIFTH AVENUE 32ND FL NEW YORK,NY 10110	N/A	501(C)(3)	TO SUPPORT OXFORD AND ITS COLLEGES	2,500
AUDUBON 71 W 23RD ST SUIT 1523 NEW YORK,NY 10010	N/A	501(C)(3)	CONSERVATION	2,500
AVON COMUNITY FOUNDATION INC 777 THIRD AVENUE NEW YORK,NY 10017	N/A	501(C)(3)	TO PROMOTE OR AID CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND HUMANITARIAN ACTIVITIES WITH A SPECIAL EMPHASIS ON THOSE ACTIVITIES THAT IMPROVE THE LIVES OF WOMEN AND THEIR FAMILIES	2,500
THE NIGERIAN SCHOOL PROJECT INC 57 VAN BUREN AVENUE TEANECK,NJ 07666	N/A	501(C)(3)	EDUCATION	166,500
CITY SQUASH INC 602 E 187TH ST 204 BRONX,NY 10458	N/A	501(C)(3)	HELPS MOTIVATED AND TALENTED YOUNG PEOPLE FROM ECONOMICALLY DISADVANTAGED HOUSEHOLDS FULLFILL THEIR ACADEMIC, ATHLETIC AND PERSONAL POTENTIAL	5,000
THE UVM FOUNDATION 411 MAIN STREET BURLINGTON,VT 05401	N/A	501(C)(3)	EDUCATION	2,500
COUNT BASIE THEATRE 99 MONMOUTH ST RED BANK,NJ 07701	N/A	501(C)(3)	CULTURAL	2,500
TRUSTEES OF THE UNIVERSITY OF PA 3733 SPRUCE STREET PHILADELPHIA,PA 19147	N/A	501(C)(3)	EDUCATION	25,000
UNIVERSITY OF MICHIGAN SCHOOL OF MU EV MOORE BUILDING 1100 BAITS DR ANN ARBOR,MI 481092085	N/A	501(C)(3)	CULTURAL	50,000
Total  3a				1,485,200

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GREENWHICH HOSPITAL FOUNDATION 35 RIVER ROAD COS COB,CT 06807	N/A	501(C)(3)	PROVIDING THE SAFEST AND MOST ADVANCED HEALTH CARE SERVICES	2,500
UNIVERSITY OF VT COLLEGE OF MEDICIN 89 BEAUMONT AVENUE BURLINGTON,VT 05405	N/A	501(C)(3)	MEDICAL STUDIES	2,500
USC COLLEGE OF LETTERS ARTS SCIENCE 3454 TROUSDALE PKWY LOS ANGELES,CA 90089	N/A	501(C)(3)	EDUCATION	25,000
VINEYARD CONSERVATION SOCIETY LAMBERTS COVE RD VINEYARD HAVEN,MA 02568	N/A	501(C)(3)	ENVIRONMENTAL PRESERVATION	1,000
WAVENY CARE CENTER INC 3 FARM ROAD NEW CANAAN,CT 06840	N/A	501(C)(3)	HUMANITARIAN	2,500
WEST TISBURY LIBRARY FOUNDATION PO BOX 1238 WEST TISBURY,MA 02575	N/A	501(C)(3)	CULTURAL	2,000
WHOI DEVELOPMENT OFFICE STOP 40 WOODS HOLE,MA 02543	N/A	501(C)(3)	CONSERVATION	265,000
WILDLIFE IN CRISIS INC PO BOX 1246 WESTON,CT 06883	N/A	501(C)(3)	CONSERVATION	10,000
OHIOGUIDSTONE 202 EAST BAGLEY ROAD BERE A,OH 44017	N/A	501(C)(3)	DEVELOP CUSTOMIZED PROGRAMS DESIGNED TO HELP CHILDREN FAMILIES AND COMMUNITIES THAT ARE IN NEED	100,000
ISRAEL LEZION B'RI NA INSTITUTE 639 EAST 2ND AVENUE SUITE 3R BROOKLYN,NY 11218	N/A	501(C)(3)	PROVIDES AN EDUCATION TO BOYS FROM THE FORMER SOVIET UNION	50,000
THE FOOD BANK OF FAIRFIELD COUNTY 461 GLENBROOK RD STAMFORD,CT 06906	N/A	501(C)(3)	SERVES AS A EFFICIENT AND EFFECTIVE PROVIDER OF NUTRITIOUS FOOD TO NON PROFIT ORGANIZATIONS THAT FEED THE HUNGRY IN LOCAL CONNECTICUT COMMUNITIES, WHILE SEEKING TO RAISE AWARENESS OF, AND PROMOTE ACTION TO COMBAT, HUNGER IN THOSE COMMUNITIES	2,500
PAN MASSACHUSETTS CHALLENGE INC 77 FOURTH AVENUE NEEDHAM,MA 02494	N/A	501(C)(3)	RAISES MONEY FOR LIFE SAVING CANCER RESEARCH AND TREATMENT	2,500
PITCH IT FORWARD 3525 DEL MAR HEIGHTS ROAD SAN DIEGO,CA 92130	N/A	501(C)(3)	TO CHALLENGE HIGH SCHOOL ATHLETES TO BECOME EFFECTIVE LEADERS IN THE COMMUNITIES IN WHICH THEY LIVE LEARN AND PLAY	2,500
SPCA OF WESTCHESTER 590 N STATE RD BRIARCLIFF MANOR,NY 10510	N/A	501(C)(3)	TO PROTECT ANIMAL WELFARE BY PROVIDING SHELTER REHABILITATION ADOPTION SERVICES AND HELP IN LOCATING LOST PETS	1,000
SCRIP P ES RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA,CA 92037	N/A		ENGAGED IN BASIC BIOMEDICAL SCIENCE	2,500
Total  3a				1,485,200

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TRUSTEES OF PRINCETON UNIVERSITY 1 NASSAU ST PRINCETON,NJ 08544	N/A	501(C)(3)	EDUCATIONAL	75,000
WETZEL FOUNDATION 85 BROAD ST 16TH FL NEW YORK,NY 10004	N/A	501(C)(3)	TO FOSTER COMPASSIONATE PALLIATIVE CARE FOR VICTIMS OF ALS AND DEMENTIA RELATED DISEASES,OFFER SUPPORT TO THEIR LOVED ONES AND FUND THE RESEARCH THAT WILL LEAD TO EFFECTIVE TREATMENTS AND ULTIMATELY TO CURES	1,700
Total				3a 1,485,200

TY 2014 Accounting Fees Schedule**Name:** SWORDSPPOINT FOUNDATION INC**EIN:** 59-3814672

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	5,807	2,903	0	2,904

TY 2014 Investments - Other Schedule**Name:** SWORDSPPOINT FOUNDATION INC**EIN:** 59-3814672

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENT-SUN VALLEY GOLD	AT COST	3,161,717	1,010,432
INVESTMENT-PRIVATE ADVISORS EQUITY	AT COST	1,837,366	2,486,093
INVESTMENT-KINYAN CAPITAL	AT COST	1,728,991	2,004,016
INVESTMENT-CHEYNE EXPLORER EQUITY FUND INC	AT COST	0	0
INVESTMENT-FOXHAVEN CAPITAL	AT COST	960,621	1,000,810
INVESTMENT-INTERRITUS LTD	AT COST	2,000,000	2,000,000

TY 2014 Legal Fees Schedule

Name: SWORDSPPOINT FOUNDATION INC

EIN: 59-3814672

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	4,296	0	0	4,296

TY 2014 Other Expenses Schedule**Name:** SWORDSPPOINT FOUNDATION INC**EIN:** 59-3814672

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMINISTRATIVE EXPENSE	884	0	0	884
INCENTIVE FEE	2,790	2,790	0	0
DEDUCTIONS RELATED TO PORTFOLIO INCOME	5,515	5,515	0	0
MANAGEMENT FEES	25,305	25,305	0	0
OTHER EXPENSES	28,933	0	0	28,933
FILING FEE	503	503	0	0
LOSS IN KINYAN CAPITAL	822	822	0	0
LOSS IN SUN VALLEY GOLD	33,928	33,928	0	0

TY 2014 Other Income Schedule

Name: SWORDSPPOINT FOUNDATION INC

EIN: 59-3814672

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CHEYNE EXPLORER EQ FD	2,954	2,954	2,954

TY 2014 Taxes Schedule**Name:** SWORDSPPOINT FOUNDATION INC**EIN:** 59-3814672

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	115	115	0	0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>SWORDSPOINT FOUNDATION INC</div>	<div>Employer identification number</div> <div>59-3814672</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div></div>
<div>Form 990-PF</div>	<div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
59-3814672

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IMPALA ASSET MANAGEMENTLLC 134 MAIN STREET NEW CANAAN, CT 06840 	\$ 1,840,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization SWORDSPPOINT FOUNDATION INC	Employer identification number 59-3814672
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Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(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
_____	_____ _____ _____ _____	_____ \$	_____
(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
_____	_____ _____ _____ _____	_____ \$	_____

Name of organization SWORDSPPOINT FOUNDATION INC	Employer identification number 59-3814672
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(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, address, 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, address, 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, address, 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, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	