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## Form 990-PF

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

2015

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

For ca	endar year 2015, or tax year beginning	, 2015,	and ending					
COME	TIPE COULTERED PARTIE POINTE	TON	^		mber			
	LIEB-SCHWARTZ FAMILY FOUNDAT	B Telephone number (see instructions)						
	COLLFIELD AVE EN ISLAND, NY 10314		[*	relephone number (see ins	aractions)			
DIMI	EN ISLAND, NI 10314		_					
	_		C	If exemption application is	s pending, check here 🟲 🔲			
G Ch	eck all that apply: Initial return	Initial return of a form	ner public charity	1 Foreign organizations, che	ack hore			
	Final return	Amended return	ا ا	roreign organizations, the	ck liefe - [			
	Address change	Name change	1	2 Foreign organizations mee				
H Ch	eck type of organization   X Section 501	(c)(3) exempt private f	oundation	here and attach computati	on -			
[	Section 4947(a)(1) nonexempt charitable to			If private foundation statu	s was terminated			
I Fair		ounting method X C		under section 507(b)(1)(A	), check here.			
	~	Other (specify)		If the foundation is in a 60	O-month termination —			
<b>►</b> \$		column (d) must be or	'	under section 507(b)(1)(B				
Part		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements			
L	Expenses (The total of amounts in	expenses per books	income	income	for charitable			
	columns (b), (c), and (d) may not neces-				purposes			
	sarily equal the amounts in column (a) (see instructions) )				(cash basis only)			
	Contributions, gifts, grants, etc, received (attach schedule)	180,000.						
	2 Ck ► If the foundation is not required to attach Sch B		·		· · ·			
	3 Interest on savings and temporary cash investments			N/A	\			
	4 Dividends and interest from securities	2,525.	2,525		<u> </u>			
	5 a Gross rents b Net rental income							
_	or (loss).							
R	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all							
EV	assets on line 6a				11/1-17			
E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain			REC	#INED 13			
Ü	9 Income modifications		<del></del>		70			
Ě	10 a Gross sales less returns and			MAY	101			
)	returns and allowances.			S MAY	6 2016			
	b Less Cost of goods sold							
	C Gross profit or (loss) (attach schedule)			l ogd	EN, UI			
	11 Other income (attach schedule)							
; •	12 Total Add lines   through 1	182,525.	2,525					
, <del></del>	13 Compensation of officers, directors, trustees, etc	0.						
j	14 Other employee salaries and wages							
Ó	15 Pension plans, employee beriefits.				<u> </u>			
A	16a Legal fees (attach schedule)				<u></u>			
D M	<b>b</b> Accounting fees (attach sch)							
I N	c Other prof fees (attach sch).				<u> </u>			
O I P S E T R R	17 Interest				<u></u>			
E Ť R R	18 Taxes (attach schedule)(see instrs)							
ÂÂ	19 Depreciation (attach schedule) and depletion							
įį	20 Occupancy							
N V G E	21 Travel, conferences, and meetings			<del></del>				
A E	22 Printing and publications							
A E N X D P	23 Other expenses (attach schedule)			<del>-   </del>	<del> </del>			
E N	SEE STATEMENT 1	186.	186	•				
Ş	24 Total operating and administrative							
Š	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid PART XV	186.	186					
		148,870.			148,870.			
	26 Total expenses and disbursements. Add lines 24 and 25	140 056	106		148,870.			
	27 Subtract line 26 from line 12,	149,056.	186	· <del> </del>	140,070.			
	a Excess of revenue over expenses				1			
	and disbursements	33,469.						
	b Net investment income (if negative, enter -0-)		2,339					
	C Adjusted net income (if negative, enter -0 )		· · · · · · · · · · · · · · · · · · ·					

Par	t III	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing			<del> </del>
		Savings and temporary cash investments	31,516.	64,985	64,985.
	3	Accounts receivable ,:			
	١.	Less allowance for doubtful accounts			
	4	Pledges receivable			
	_	Less allowance for doubtful accounts  Grants receivable			<del> </del>
	5				<del> </del>
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	ľ		İ
	7	Other notes and loans receivable (attach sch)			
A		Less. allowance for doubtful accounts			
S	8	Inventories for sale or use			<del></del>
A S E T	9	Prepaid expenses and deferred charges			1
Ś	10 a	a Investments — U.S. and state government obligations (attach schedule)			
	ŀ	b Investments — corporate stock (attach schedule)			<del> </del>
	,	c Investments — corporate bonds (attach schedule) STATEMENT 2	15,000.	15,000	16,291.
	11	Investments — land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans	**		
	13	Investments – other (attach schedule) STATEMENT 3	37,503.	37,503	45,677.
	14	Land, buildings, and eguipment basis ►			
		Less accumulated depreciation (attach schedule)			
		Other assets (describe )			
		Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	84,019.	117,488	126,953.
Ļ		Accounts payable and accrued expenses			1
À	18	Grants payable			-
B	19	Deferred revenue			, ,
Ļ	20	Loans from officers, directors; trustees, & other disqualified persons			-
Ť	21	Mortgages and other notes payable (attach schedule)			
j	22	Other liabilities (describe		<del></del>	
E S	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.			The state of
ΝĒ	24	Unrestricted	84,019.	117,488	
N F E U T N	25	Temporarily restricted .			
ח	26	Permanently restricted			
A B A L A N C		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ΕL	27	Capital stock, trust principal, or current funds			
SNC	28	Paid-in or capital surplus, or land, bldg , and equipment fund			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
O E R S	29	Retained earnings, accumulated income, endowment, or other funds			
RS	30	Total net assets or fund balances (see instructions)	84,019.	117,488	. '*/
	31	Total liabilities and net assets/fund balances (see instructions)	84,019.	117,488.	
Part	111	Analysis of Change's in Net Assets or Fund Balance			· <del></del>
		net assets or fund balances at beginning of year - Part II, colur		ree with	
	end-	of-year figure reported on prior year's return)	(-), (), as	1	84,019.
		r amount from Part I, line 27a		2	33,469.
		increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	117,488.
		ases not included in line 2 (itemize)		5	
6	ıotal	net assets or fund balances at end of year (line 4 minus line 5)	– Part II, column (b), li	ne 30. <b>6</b>	117,488.

Pai	(a) List and describe	osses for Tax on Investment the kind(s) of property sold (e.g., i.e., or common stock, 200 shares M	real estate,	(b) How acq	ase	(C) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
- <del></del>	1a N/A				ion		l
	) N/A						
	- <u></u>					<del></del>	<del></del>
	3		***			<del></del>	
	9						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa			(h) Gain or (e) plus (f) m	
	3						
t						<del> </del>	<del></del>
							<del> </del>
	<del>'</del>						<del></del>
	(A) CMV	ring gain in column (h) and owned		69		(I) Gains (Col	
_	(i) FMV 3:	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			ain minus col (k), b an -0-) <b>or</b> Losses (fi	
	<u> </u>						
			**·				
							<del></del>
	;					<del></del>	
2	Capital gain net income or (ne	t capital loss).	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	J	-			
3	• •		·	1		]	
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions) I	f (loss), enter -0-	•	3	1	
Pai		r Section 4940(e) for Reduce	d Tay on Net Investm	ent Inco			
		oundations subject to the section 4940					
lf se	ction 4940(d)(2) applies, leave t	his part blank					
		ction 4942 tax on the distributable a	• •	ase period	?	Yes	X No
- T	<del></del>	alify under section 4940(e) Do not o		ontrios			
	Enter the appropriate amount in	each column for each year, see the in	structions before making any	entries			
	Base period years Calendar year (or tax year beginning in)		Net value of noncharitable-use ass	sets	(col	Distribution (b) divided by (	
	2014	164,813.	84	4,571.			1.948812
	2013	178,660.		1,800.	_		2.184108
	2012	194,668.		5,272.			1.849191
	2011	133,195.		5,385.			0.800523
	2010	202,510.	17:	5,578.			1.153391
2	Total of line 1, column (d)				2		7.936025
3	Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the n has been in existence if less than	total on line 2 by 5, or by tl i 5 years	ne [	3		1.587205
4	Enter the net value of nonchar	itable-use assets for 2015 from Par	rt X, line 5		4		102,131.
5	Multiply line 4 by line 3				5		162,103.
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)			6		23.
7	Add lines 5 and 6				7		162,126.
8	Enter qualifying distributions fr				8		148,870.
	If line 8 is equal to or greater that Part VI instructions	n line 7, check the box in Part VI, line	1b, and complete that part u	ising a 1% t	tax ra	ate See the	

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instr	uction	s)		
` 1 a Exempt operating foundations described in section 4940(d)(2), check here   ■ and enter 'N/A' on line 1				
Date of ruling or determination letter (attach copy of letter if necessary — see instrs)	İ			
b Domestic foundations that meet the section 4940(e) requirements in Part V,	ļ			47.
check here. ► ☐ and enter 1% of Part I, line 27b				
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-)	<u> </u>			<u>0.</u>
3 Add lines 1 and 2	ļ			47.
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-	<del> </del>			47.
6 Credits/Payments				
a 2015 estimated tax pmts and 2014 overpayment credited to 2015				
b Exempt foreign organizations — tax withheld at source				
c Tax paid with application for extension of time to file (Form 8868)				
d Backup withholding erroneously withheld				
7 Total credits and payments Add lines 6a through 6d				<u>0.</u>
8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 8	<del>                                     </del>			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				47.
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 2016 estimated tax Refunded 11	<u> </u>			
Part VII-A Statements Regarding Activities		_		<del></del> -
la 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?		1 a	Yes	No X
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 <b>1a</b> or <b>1b</b> , 'attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	j		·	
c 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 \$\\$ 0. (2) On foundation managers \$\\$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	0.			
foundation managers • \$ 0.				- <del></del> -
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities		2		X
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				ļ
		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> 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				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
● By language in the governing instrument, or			:	1
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict     with the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	}			ļ
with the state law remain in the governing instrument?		6 7	X	<del> </del> -
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  8 a Enter the states to which the foundation reports or with which it is registered (see instructions)	ļ			
NY	_			
<b>b</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	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942	2()(5)			
for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Par	t XIV	9		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		10		Х
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'' i'

jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? BAA

charitable purposes?

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N/A

Х

3 b

4 a

4a Did the foundation invest during the year any amount in a manner that would jeopardize its

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could

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Part VII-B Statements Regarding Activit		1 4720 May Be Req	uired (continued)		
<ul> <li>5 a During the year did the foundation pay or incu</li> <li>(1) Carry on propaganda, or otherwise attempt</li> </ul>		n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	1 4955), or to carry	— — ∏Yes X	No	
(3) Provide a grant to an individual for travel,			H H	No	
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions	han a charitable, etc, or s)	ganization described	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific in of cruelty to children	c, literary, or or animals?	Yes X	No	ļ
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 current notice regard	qualify under the excep ding disaster assistance	itions	5 b	N/A
Organizations relying on a current notice rega	irding disaster assistant	ce check here	▶ []		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg	sibility for the grant?		N/A Yes	No	
6 a Did the foundation, during the year, receive as on a personal benefit contract?			Yes X	No .	
<b>b</b> Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870.	iums, directly or indirec	tly, on a personal bene	fit contract?	6 b	X
7a At any time during the tax year, was the found	dation a party to a proh	ıbıted tax shelter transa	action? Yes X	No	
b If 'Yes,' did the foundation receive any procee				V/A 76	
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	.mployee:	5,
1 List all officers, directors, trustees, foundation				T	
(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) Expens other a	se account illowances
MICHAEL GOTTLIEB	PRESIDENT	0.	0.		0
	0				
STEVEN SCHWARTZ	TREASURER	0.	0.		C
29 WALCOTT AVE STATEN ISLAND, NY 10314	0				
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instructio	ns). 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 compensation	(e) Expens	se account Illowances
NONE					
	1			}	
Total number of other employees paid over \$50,000	)		<b>&gt;</b>		
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hi and Contractors, (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter	
(a) Name and address of each person paid more than \$50,000 (b) Type of serv	rice (c) Compensation
NONE	
	<del></del>
<b>Total</b> 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 numb organizations and other beneficiaries served, conferences convened, research papers produced, etc.	er of Expenses
1 N/A "5"	
1,47	
27	
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	
<u>N/A</u>	
2	~
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0.
BAA	Form <b>990-PF</b> (2015)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	148,870.
- 1	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	4	148,870.
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	148.870.

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

Form **990-PF** (2015)

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015.from Part XI,				2013
2 Undistributed income, if any, as of the end of 2015	<del></del>	<del> </del>		
a Enter amount for 2014 only			-	
<b>b</b> Total for prior years 20 , 20 , 20	<del></del>	<del></del>	<u> </u>	
3 Excess distributions carryover, if any, to 2015.				
a From 2010				
<b>b</b> From 2011			1	
<b>c</b> From 2012	4	}	j	j
<b>d</b> From 2013	-			1
e From 2014	4			1
f Total of lines 3a through e	4	_		
4 Qualifying distributions for 2015 from Part XII, line 4 > \$				
a Applied to 2014, but not more than line 2a				
	ļ	ļ		
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				
<ul> <li>Treated as distributions out of corpus (Election required — see instructions)</li> </ul>				
d Applied to 2015 distributable amount	<del></del>	<del></del>		
e Remaining amount distributed out of corpus	<del></del>	<del> </del>		
5 Excess distributions carryover applied to 2015	<del></del>	<del> </del>		
(If an amount appears in column (d), the		<del> </del>		
same amount must be showถู in column (a).)				
6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				. ,
d Subtract line 6c from line 6b Taxable amount — see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount — see instructions.				λ
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from fine 6a				
10 Analysis of line 9.			<del></del>	
a Excess from 2011	1			
b Excess from 2012			Ì	,
c Excess from 2013				
d Excess from 2014				
e Excess from 2015			<b>1</b>	
BAA				

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Part XIV Private Operating Founda					N/A
<ul> <li>1 a If the foundation has received a ruling or det is effective for 2015, enter the date of the</li> </ul>	ermination letter that	it is a private operat	ing foundation, and th	ne ruling	
<b>b</b> Check box to indicate whether the foundation	•	erating foundation of	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	T	Prior 3 years		· <del></del>
income from Part I or the minimum investment return from Part X for	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
each year listed					
<b>b</b> 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets	<u></u>	<b></b>	<u> </u>		
(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 the Information Regarding Foundation Management	ne year — see in gers:	structions.)			
a List any managers of the foundation who have close of any tax year (but only if they have SEE STATEMENT 4.	re contributed more to re contributed more	nan 2% of the total c than \$5,000) (See	ontributions received section 507(d)(2))	by the foundation beto	re tne
b List any managers of the foundation who own	10% or more of the	stock of a corporation	on (or an equally large	e portion of the owners	hip of
<b>b</b> List any managers of the foundation who own a partnership or other entity) of which the NONE ${}^{\mathcal{L}_2}_{i_{g_{i_1}}}$	foundation has a 1	0% or greater inter	est	portion or the owners	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
2 Information Regarding Contribution, Gra	nt, Gift, Loan, Scho	larship, etc. Progra	ams:	<del></del>	
Check here ► X if the foundation only managements for funds. If the foundation make complete items 2a, b, c, and d	akes contributions to	preselected charitab	le organizations and		
a The name, address, and telephone number of	or e-mail address of the	ne person to whom a	applications should be	addressed	
<b>b</b> The form in which applications should be	submitted and infor	mation and materia	als they should inclu	de	
c Any submission deadlines					· · · · · · · · · · · · · · · · · · ·
					·····
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	ible fields, kinds of i	nstitutions, or other t	factors
	TC	EA0310L 10/13/15	<del></del>	Fr	orm <b>990-PF</b> (2015)
	1 -				· · · · · · · · · · · · · · · · · ·

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Part XV | Supplementary Information (continued) ·3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Recipient show any relationship to any Purpose of grant or contribution Amount foundation manager or substantial contributor Name and address (home or business) a Paid during the year SEE ATTACHED 148,870. SEE ATTACHED SCHEDULE N/A N/A NY 11219 1,) 3 a 148,870. Total **b** Approved for future payment 3 b Total

er gross amounts unless otherwise indicated	Unrelated t	ousiness income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exemp function income (See instructions
a					
b	1				
c					
d					···.
e	<u> </u>				
f	<del>                                     </del>				
g Fees and contracts from government agencies					
Membership dues and assessments			<u> </u>		
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	2,525.	
Net rental income or (loss) from real estate					· .
a Debt-financed property					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal property	<u> </u>				
Other investment income					<del></del>
Gain or (loss) from sales of assets other than inventory	<u></u>	<del></del>			
Net income or (loss) from special events	<b></b>				
Gross profit or (loss) from sales of inventory		<del> </del>			<del></del>
Other revenue			<del>                                     </del>		
a	<del>                                     </del>				
b	<del> </del>		<del> </del>		
<u> </u>	<del> </del>		<del></del>		
d	ļ				
Subtotal Add columns (b), (d), and (e)	<del> </del>			0.505	
	<u> </u>	<del></del>		2,525.	0.50
Total. Add line 12, columns (b), (d), and (e)	>			13 _	2,52
e worksheet in line 13 instructions to verify calculation   art XVI-B Relationship of Activities to the		ment of Exem	pt Purpose	es	· · · · · · · · · · · · · · · · · · ·
me No. Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is reported purposes (other	ed in column (e) of r than by providing	Part XVI-A co	ontributed importantly th purposes) (See in	y to the istructions)
N/A			<del></del>		<del></del>
17/11					
				<del></del>	

•	accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
N/A	
	P <sub>D</sub>
	02.
<del></del>	1
	<del></del>
	<u> </u>
	·
	<u> </u>

# Form 990-PF (2015) GOTTLIEB-SCHWARTZ FAMILY FOUNDATION 13-3794021 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								Voc	No
describe	organization directly d in section 501(c) o to political organizat	of the Code (otl	ngage in any of the following her than section 501(c)(3) o	g with any otl irganizations)	her organization or in section 5	27,		Yes	NO
	,		a noncharitable exempt org	anization of:					
(1) Cash	- · · · · · · · · · · · · · · · · · · ·		- · · · · · · · · · · · · · · · · · · ·				1 a (1)	-	X
(2) Othe		•					1 a (2)		<u>X</u>
<b>b</b> Other tra	-								<del></del> -
(1) Sale	s of assets to a non	_ charitable exer	mpt organization				1 b (1)		X
• •		•••	ole exempt organization				1 b (2)		X
	al of facilities, equip	75				Ì	1 b (3)		X
	nbursement arrangei	••					1 b (4)		X
<b>(5)</b> Loan	s or loan guarantee	s				ľ	1 b (5)		X
<b>(6)</b> Perfe	ormance of services	or membership	p or fundraising solicitations	i.			1 b (6)		X
<b>c</b> Sharing	of facilities, equipme	ent, mailing list	ts, other assets, or paid em	ployees			1 c		<u>X</u>
		_				•		,	
<b>d</b> If the and the goods any trans	swer to any of the a s, other assets, or ser saction or sharing ai	bove is 'Yes,' ovices given by the rrangement, sh	complete the following sche he reporting foundation If the low in column (d) the value	dule Column foundation re- of the goods,	( <b>b)</b> should alwa ceived less than , other assets, c	ays show the fair m fair market value in or services received	arket vali d	ue of	
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exempt organization	(d)	Description of trans	fers, transactions, and s	haring arran	igement	s
N/A									
					·				
		7							
		-1							
		·····				·			
		<u>i</u>							
		÷							
		-		<u> </u>					
describe	indation directly or inc d in section 501(c) o complete the followi	of the Code (ot	with, or related to, one or mother than section 501(c)(3))	re tax-exempt or in section	organizations 527?		Yes	X	No
<del></del>	Name of organization		(b) Type of organiza	tion	(c)	Description of rela	tionship		
N/A			(2)						
/					<del></del>	<del></del>			
<del></del>	<u>.</u>								
			<del></del>			<del></del>	_ <del>.</del>		
			····						
Under pe	enalties of perjury, I declare	e that I have examin	ned this return, including accompanyinan taxpayer) is based on all informa	ng schedules and	statements, and to t	he best of my knowledge	and belief, if	t is true,	
Sign Correct,	and complete Declaration	01	han taxpayer) is based on all information $\frac{1}{2}$	011 N	Parer has any knowle	dge	May the II this return preparer (see instr	RS discu n with the shown b	uss e elow
Signat	ture of officer or trustee		Date	Titl	е			Yes	No
	Print/Type preparer's nan	ne	Preparer's signature		Date	Check if	PTIN		
Paid	YECHESKEL MONDE	OWITZ, CPA	YECHESKEL MONDRO	WITZ, CPA	]	self-employed	P001981	18	
Preparer			DMAN & COMPANY	·	1	Firm's EIN ► 11-263	2255		
Use Only	_	333 60TH STF							
<del>_</del> ,		ROOKLYN, NY				Phone no 718-23	32-1111		
BAA	·	-					Form <b>99</b> 0	0-PF (	2015)
		17						•	-

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

<u>ili</u> 112

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

2015

Name of the organization		Employer identification number
GOTTLIEB-SCHWARTZ FAMILY FOUN	DATION	13-3794021
Organization type (check one).		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated	as a private foundation
	527 political organization	
	Ferman a germana	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8). or (10) orga	nization can check boxes for both the General Rule and	d a Special Rule See instructions
General Rule		
X For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, contributions te Parts I and II. See instructions for determining a con	s totaling \$5,000 or more (in money or htributor's total contributions
Į.		
Special Rules		
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), to received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 990	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% that checked Schedule A (Form 990 or 990-EZ), Part II, line ie year, total contributions of the greater of (1) \$5,000 or D-EZ, line 1 Complete Parts I and II	support test of the regulations at 13, 16a, or 16b, and that or (2) 2% of the amount on (i)
during the year, total contributions of more	I (c)(7), (8), or (10) filing Form 990 or 990-EZ that receithan \$1,000 <i>exclusively</i> for religious, charitable, scientic children or animals. Complete Parts I, II, and III	ived from any one contributor, fic, literary, or educational
during the year, contributions exclusively for \$1,000 If this box is checked, enter here the charitable, etc., purpose. Do not complete a	I (c)(7), (8), or (10) filing Form 990 or 990-EZ that received religious, charitable, etc., purposes, but no such continuous to total contributions that were received during the yearing of the parts unless the <b>General Rule</b> applies to this lie, etc., contributions totaling \$5,000 or more during the	ributions totaled more than r for an <i>exclusively</i> religious, organization because
Caution. An organization that is not covered by 990-PF), but it must answer 'No' on Part IV. In	the General Rule and/or the Special Rules does not file 2, of its Form 990, or check the box on line H of its Fertiling requirements of Schedule B (Form 990, 990-EZ,	e Schedule B (Form 990, 990-EZ, or Form 990-EZ or on its Form 990-PF,

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Schedule	B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1 of 1 of <b>Part</b> l
Name of org		Employe	r identification number 794021
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	<u></u>	771021
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL GOTTLIEB  724 COLLFIELD AVE  STATEN ISLAND, "NY 10314	\$180,000.	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 Oncash 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	contributions  Person Payroll Noncash  (Complete Part II for noncash contributions)  (b) me, address, and ZIP + 4  (c) Total contributions  Person Payroll Payroll Noncash  (Complete Part II for noncash contribution  Person Payroll Noncash  (Complete Part II for noncash contributions)	
<b>-</b>		\$	Payroll Noncash Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- <b></b>		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution

Number | Name, address, and ZIP + 4 | Total contributions | Type of contribution |

Person | Payroll | Noncash | (Complete Part II for noncash contributions)

Page

l to

of Part II

Name of organization

Employer identification number 13-3794021

GOTTLIEB-SCHWARTZ FAMILY FOUNDATION

Partill Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (b)
Description of noncash property given (a) No. from Part I (d) Date received (c) FMV (or estimate) (see instructions) N/A (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (a) No. from (c) FMV (or estimate) (see instructions) (b) (d) Date received Description of noncash property given Part ! (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from (d) Date received (b)
- Description of noncash property given (c) FMV (or estimate) (see instructions) Part I

BAA

1 of Part III

Name of organization
GOTTLIEB-SCHWARTZ FAMILY FOUNDATION
Part III Exclusively religious, charitable, etc

Employer identification number 13-3794021

Part III	or (10) that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contrib ompleting Part III, enter the tota (Enter this information once. Se	utor. Comple	te columns <b>(a)</b> through <b>(e) and</b> ely religious, charitable, etc ,			
(a) No. from Part I	(b) (c) Purpose of gift Use of gift			(d) Description of how gift is held			
Farti	N/A						
:							
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship 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	(b)	(c)	Insunformation once. See instructions )  Insunformation once. See instructions of ineeded  (c)  Use of gift  (d)  Description of how gift is  Transfer of gift  Use of gift  P + 4  Relationship of transferor to transfer  (e)  Transfer of gift  Relationship of transferor to transfer  (b)  Use of gift  Description of how gift is  (c)  Use of gift  Description of how gift is  (d)  Description of how gift is  (e)  Transfer of gift  Relationship of transferor to transfer  (e)  Transfer of gift  Description of how gift is  Description of how gift is  (e)  Use of gift  Description of how gift is	(d)			
Part I	Purpose of gift			Description of now gift is neid			
	<u></u>						
	(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			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee				

## **Gottlieb - Schwartz Family Foundation**

## Employer ID # 13-3794021 Charitable Contributions Year ending December 31, 2015 PART XV

Purpose of Contribution - Legend:

A = Educational assistance

B = Assistanee for the sick and needy

C = Educational Scholarships

D = Synagogue operating expenses

Payments from Merrill Lynch Account # 833-04011	Amount	Purpose
AHAVAS ACHIM	800	В
AMERICAN FRIENDS OF TORAH	6,500	Α
BIKUR CHOLIM OF SI	5,500	В
BNOS BAIS YAAKOV	1,000	C
BONAI OLAM	1,000	В
CONGREGATION AGUDAS SHOMREI HADAAS	1,000	D
CONGREGATION AHAVAS YISROEL	4,000	۵
CONGREGATION YESHIVA OF MONSEY	400	D
GATEWAYS	6,100	C
HAKSHIVA	1,500	Α
HATZOLO &	1,500	Α
HEBREW ACADEMY	32,200	С
JEWISH FOUNDATION SCHOOL	47,250	С
KEREN ANIYÁI YISROEL	180	В
MERCAZ HATORAH	180	С
MESIVTA SHHAREI ARAZIM	100	Α_
NACHAS UNLIMITED	6,100	В
NEVAI ZION	5,000	Α
OHEL	1,000	В
RASHIT YERUSHALAYIM	3,600	Α
SHOR YOSHUV YESHIVA	180	С
SHULAMITH ,	7,000	Α
YESHIVA OF SOUTH SHORE	100	Α
YOUNG ISRAEL OF SI	16,680	D
	148,870	

2015		FEDER/	AL STAT	EME	ENTS				PAGE 1	
•	- GOT	GOTTLIEB-SCHWARTZ FAMILY FOUNDATION						13-3794021		
5/05/16  STATEMENT 1 FORM 990-PF, PART OTHER EXPENSES	I, LINE 23								12:55PN	
BANK CHARGES	.`	TOTAL \$	(A) EXPENSES PER BOOKS 186.	\$ \$	(B) NE' VESTME INCOM 18	T	(C) ADJUSTED NET INCOM		(D) CHARITABLE PURPOSES  0.	
STATEMENT 2 FORM 990-PF, PART INVESTMENTS - COF	II, LINE 10C RPORATE BOI	NDS								
CORPORATE BONDS	,				ATION THOD		BOOK VALUE	FA	IR MARKET VALUE	
BANK OF AMERICA			C	COST	TOTAL	\$ \$	15,000. 15,000.	\$ \$	16,291. 16,291.	
· · · · · · · · · · · · · · · · · · ·		·								
STATEMENT 3 FORM 990-PF, PART INVESTMENTS - OTH	II, LINE 13									
	•		_		ATION THOD		BOOK VALUE	FA]	R MARKET VALUE	
OTHER PUBLICLY TR		ITIES	<del></del>							
MUTUAL FUNDS- SEE	E STATEMENT		(	COST		\$	37,503.	\$	45,677.	
	•				TOTAL	\$	37,503.	\$	45,677.	
STATEMENT 4 FORM 990-PF, PART FOUNDATION MANA MICHAEL GOTTLIEB STEVEN SCHWARTZ	XV, LINE 1A GERS - 2% OI	R MORE CO	NTRIBUTOR	s						
	***									
	dend um									
	, L R									