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## Form **990-PF**

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

OMB No 1545 0052 2016

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection 2016, and ending For calendar year 2016 or tax year beginning Employer identification number GOTTLIEB-SCHWARTZ FAMILY FOUNDATION 13-3794021 724 COLLFIELD AVE STATEN ISLAND, NY 10314 Telephone number (see instructions) C If exemption application is pending, check here Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Address change 2 Foreign organizations meeting the 85% test, check Name change here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Accounting method: X Cash Fair market value of all assets at end of year Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ▶ \$ under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) 45,209 Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) for charitable expenses per books income income purposes (cash basis only) (see instructions)) Contributions, gifts, grants, etc., received (attach schedule) 195,000 2 Check ► I if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 4 Dividends and interest from securities 246 246 246 5 a Gross rents R **b** Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 8,125 **b** Gross sales price for all assets on line 6a 45,628. Capital gain net income (from Part IV, line 2) 8,125 Net short term capital gain. Income modifications 10 a Gross sales less returns and allowances **b** Less Cost of goods sold C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total Add lines 1 through 11 246. 8.371 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits. 16 a Legg unting fees (attach sch) **c** Othe professional fees (attach sch) 17 Inte æ OCT 31 2017 18 Taxes fetta 19 Depreciation (attach schedule) and depletion En 21 Travel conferences, and meetings 22 Printing and publications EXPEN 23 Other expenses (attach schedule) See Statement 1 112 112 Total operating and administrative 24 expenses, Add lines 13 through 23 112 112 Part XV 25 Contributions, gifts, grants paid 931 281,931 Total expenses and disbursements. Add lines 24 and 25 0 282,043 112 281,931 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements -78,672 8,259. **b** Net investment income (if negative, enter -0 ) C Adjusted net income (if negative, enter 0) 246.

BAA For Paperwork Reduction Act Notice, see instructions.

TEEA0504L 12/16/16

Form 990-PF (2016)



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

38,816.

6

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 1.648054 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 4 143,746. Multiply line 4 by line 3 5 236,901. 6 Enter 1% of net investment income (1% of Part I, line 27b) 83. 7 Add lines 5 and 6 236,984. Enter qualifying distributions from Part XII, line 4 281,931.

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.

Form 990-PF (2016) GOTTLIEB-SCHWARTZ FAMILY FOUNDATION 13-3794021  Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction		Pa
1 a Exempt operating foundations described in section 4940(d)(2), check here		
Date of ruling or determination letter (attach copy of letter if necessary – see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V,		8
check here. ► X 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-)		
3 Add lines 1 and 2		8
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		<del></del>
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		8
6 Credits/Payments		
a 2016 estimated tax pmts and 2015 overpayment credited to 2016  b Exempt foreign organizations — tax withheld at source  6 b		
b Exempt foreign organizations — tax withheld at source c Tax paid with application for extension of time to file (Form 8868).  6 b 6 c		
d Backup withholding erroneously withheld  6 d		
7 Total credits and payments Add lines 6a through 6d		
8 Enter any <b>penalty</b> 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		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<del></del>
1 Enter the amount of line 10 to be. Credited to 2017 estimated tax		
art 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 participate or intervene in any political campaign?	1 a	Yes
<b>b</b> Did it spend more than \$100 during the year (ēither directly or indirectly) for political purposes		
(see Instructions for the definition)?	<u> 16</u>	
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		
c Did the foundation file Form 1120-POL for this year?	1 c	
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.	1 1	
(1) On the foundation  \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	
foundation managers >\$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	
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	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	4 b	N/
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	
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		
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?	7	X
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)	<b>-</b>	X
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</i> ? If 'No,' attach explanation	86	X
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	
O Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names	10	
and addresses	10	

orm 990-PF (2016) GOTTLIEB-SCHWARTZ FAMILY FOUNDATION Part VII-A   Statements Regarding Activities (continued)	13-3	<u>379402</u>	1	F	age
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	Yes	No X
Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified perso advisory privileges? If 'Yes,' attach statement (see instructions).	n had		12		Х
Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address  N/A	applicat	ion?	13	Х	
14 The books are in care of ► TAXPAYER Telephone	no ► 103:	718-58	<u>85-2</u>	<u>853</u>	
Located at 724 COLLFIELD AVE, STATEN ISLAND, NY STATEN ZIP + 4 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	N/A		N/
At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority or bank, securities, or other financial account in a foreign country?	ver a		16	Yes	No X
See the instructions for exceptions and filing requirements for FinCEN Form 114. 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.			<u></u>	Yes	No
1a During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Tvee	X No	]		ļ
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	Yes	VINO			
disqualified person?	Yes	X No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	_ Yes	X No			
(5) Transfer any income or assets to a disqualified person (or make any of either availablefor_the_benefit or_use_of_a_disqualified_person)?	Yes	X 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	XNo			
<b>b</b> If any answer is 'Yes' to 1a(1)—(6), did <b>any</b> 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)?			1 5		/3
Organizations relying on a current notice regarding disaster assistance (see instructions) or Organizations relying on a current notice regarding disaster assistance check here	-	П	1 b	N	/A
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 2016?		]	1 c		Х
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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	Yes	X No			
If 'Yes,' list the years ► 20 _ , 20 _ , 20 , 20	_				
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a <b>all</b> years listed, answer 'No' and attach statement — see instructions)			2 b	N	/A
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years he 20 , 20 , 20 , 20	ere		20	IN	A
3a Did the foundation hold more than a 2% direct or indirect interest in any business					
enterprise at any time during the year?	Yes	X No			
b If 'Yes,' did it have excess business holdings in 2016 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 2016)  4a Did the foundation invest during the year any amount in a manner that would jeopardize its			3b	N	/A
charitable purposes?			4a		X
<b>b</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 2016?			4 b		Х
the tax year beginning in 2016?			rm <b>99</b>		

Form 990-PF (2016) GOTTLIEB-SCHWARTZ	FAMILY FOUNDAT	ION		13-379	4021_	F	age 6
Part VII-B   Statements Regarding Activit		1 4720 May Be Req	uired (c	ontinued)			
5a During the year did the foundation pay or incu	•			m @		ļ	1
(1) Carry on propaganda, or otherwise attem	_			Yes X	No		
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?				No		
(3) Provide a grant to an individual for travel,	• '	•		Yes X	No		i
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions	s)			Yes X	No		
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific on of cruelty to children	c, literary, or or animals?		Yes X	No		
<b>b</b> If any answer is 'Yes' to 5a(1)–(5), did <b>any</b> or described in Regulations section 53 4945 or in (see instructions)?	<b>b</b> If any answer is 'Yes' to 5a(1)—(5), did <b>any</b> 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)?						/A
Organizations relying on a current notice rega	irding disaster assistan	ce check here		▶ []		1	T
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim exsibility for the grant?	cemption from the	N/A	Yes	No		
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5–5(d)			1		
6 a Did the foundation, during the year, receive a on a personal benefit contract?					No		
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene	fit contrac	ct?	6	b	X
If 'Yes' to 6b, file Form 8870  7a At any time during the tax year, was the found	dation a party to a prob	uhited tax shelter transa	action?	☐Yes 🏻	No	İ	
<b>b</b> If 'Yes,' did the foundation receive any proces					I/A 7	b	-
Part VIII Information About Officers, D					.,	es,	
and Contractors							
1 List all officers, directors, trustees, foundation	T	T					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	emplo plans	ributions to byee benefit and deferred pensation	(e) Expe	nse acc allowa	count, nces
MICHAEL GOTTLIEB	President	0.		0.			0
_724_COLLFIELD_AVE	0						
STATEN ISLAND, NY 10314							
STEVEN_SCHWARTZ	Treasurer	0.		0.			0
_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 non	e, enter 'NONE	,		
(a) Name and address of each employee	(b) Title, and average		(d)Cont	ributions to byee benefit	<b>(e)</b> Expe	nse acc	count.
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans a	and deferred pensation	other	allowa	nces
None							
			<u></u>				
					ļ		
Total number of other employees paid over \$50,000	) 						0

Page 6

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High	13-3/94021 Fage /
and Contractors (continued)	gilly Pald Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, ente	r 'NONE.'
(a) Name and address of each person paid more than \$50,000 (b) Type of serving	ce (c) Compensation
None	
	j
	ļ
	1
Table and the second of the se	
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	or of
organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
2	·
3	
<u> </u>	
4	
	<u> </u>
Part IX-B   Summary of Program-Related Investments (see instructions)	<del></del>
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> (2016)

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

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

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

BAA

**b** Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

Enter 1% of Part I, line 27b (see instructions).

Form **990-PF** (2016)

281,931

83

3 b

4

5

### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2015	<b>(c)</b> 2015	<b>(d)</b> 2016
Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only				
<b>b</b> Total for prior years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2016.				
<b>a</b> From 2011				
<b>b</b> From 2012				
<b>c</b> From 2013				
<b>d</b> From 2014				
<b>e</b> From 2015			•	
f Total of lines 3a through e.				
4 Qualifying distributions for 2016 from Part				
XII, line 4  \$				
a Applied to 2015, but not more than line 2a				
<ul> <li>b Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>				
c Treated as distributions out of corpus (Election required – see instructions)				
<b>d</b> Applied to 2016 distributable amount				_
_e.Remaining.amount_distributed_out_of_corpus _				
5 Excess distributions carryover applied to 2016				
(If an amount appears in column (d), the same amount must be shown in column (a) )				
Same amount must be shown 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 2015 Subtract line 4a from				
line 2a Taxable amount — see instructions				
f Undistributed income for 2016 Subtract lines		•		
4d and 5 from line 1. This amount must be				
distributed in 2017				
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 2011 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2012				
<b>b</b> Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				
RΛΔ	·	· · · · · · · · · · · · · · · · · · ·	<del></del>	Form 990-PF (2016)

Part XIV   Private Operating Foundate		uctions and Par	t VII-A, guestion	13-379402 19)	N/A
1 a If the foundation has received a ruling or dete	ermination letter that			he ruling	
is effective for 2016, enter the date of the	•	arating farindalis-	docoribod in accti	☐ 4942(1)(3) or	4942(j)(5)
b Check box to indicate whether the foundat 2a Enter the lesser of the adjusted net		erating foundation (	Prior 3 years	4942(J)(3) or	
income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
<b>b</b> 85% of line 2a	<del></del>				
c 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.					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.</li> </ul>					
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			<del> </del>		
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans-(section					
512(a)(5)), or royalties)		<u> </u>	ļ	<u> </u>	
(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 art XV   Supplementary Information					
assets at any time during the Information Regarding Foundation Managers of the foundation who have close of any tax year (but only if they have See Statement 3	gers: e contributed more t	than 2% of the total of	contributions received e section 507(d)(2))	by the foundation bet	ore the
<b>b</b> List any managers of the foundation who owr a partnership or other entity) of which the None	10% or more of the foundation has a	e stock of a corporati 10% or greater inte	on (or an equally larg rest.	e portion of the owner	ship of
2 Information Regarding Contribution, Grant, Check here  X if the foundation only ma requests for funds If the foundation makes g complete items 2a, b, c, and d	akes contributions to ifts, grants, etc (see	preselected charitate instructions) to indi	ole organizations and viduals or organizatio	ns under other condit	
a The name, address, and telephone number o	r e-mail address of t	tne person to whom a	applications should be	e addressed.	
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should inclu	ude	
c Any submission deadlines		··			
<b>d</b> Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other	factors
.A		EEA0310L 12/16/16			form <b>990-PF</b> (201

Page 11

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	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient				
a Paid during the year SEE ATTACHED SCHEDULE SEE ATTACHED NEW YORK NY 11219	N/A	N/A	SEE ATTACHED	281,931.		
,						
Total		т	<u>▶</u> 3	a 281,931.		
b Approved for future payment						
Total			▶ 3	bl		

Enter gross	s amounts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)
_		(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (See instructions)
_	am service revenue			code		
a						
b		<u> </u>				<del></del>
		<del> </del>		+		
d		<del> </del>	<del></del>	<del></del> -		
e				+		
- Fana		<del>                                     </del>		<del> </del>		
•	and contracts from government agencies	<del></del>		+		<del></del>
	pership dues and assessments	<del></del>			<del>-</del>	<del></del>
	it on savings and temporary cash investments ends and interest from securities			+	246	
	ental income or (loss) from real estate	<b>—</b>		14	246.	
	financed property			+		
	ebt-financed property	1		+		
	ntal income or (loss) from personal property			+		
	r investment income	<del></del>		+	<del></del>	<del></del>
	r (loss) from sales of assets other than inventory	<del>                                     </del>				8,125.
	ncome or (loss) from special events	<del> </del>				8,125.
	s profit or (loss) from sales of inventory			+		
	revenue	-		<del> </del> -		
a				+		
. —		<del> </del>				<del></del>
<u></u>		+	<del></del>	+	<del></del>	<del></del>
d	<del></del>	_		+		
	·	<u> </u>		1		
е	otal. Add columns (b), (d), and (e)				2/16	9 125
e	otal. Add columns (b), (d), and (e)				246. 13	
e Subto	. Add line 12, columns (b), (d), and (e)	ons )			246.	
e Subto	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated		shment of Exem	pt Purpe	13	
e Subto	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  B Relationship of Activities to the	Accompl		<del></del>	oses	8,371.
e 12 Subte 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated	Accompl		<del></del>	oses	8,371.
e 12 Subte 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  B Relationship of Activities to the	Accompl		<del></del>	oses	8,371.
e 12 Subte 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  B Relationship of Activities to the	Accompl		<del></del>	oses	8,371.
e 12 Subte 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  B Relationship of Activities to the	Accompl		<del></del>	oses	8,371.
e 12 Subte 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  B Relationship of Activities to the	Accompl		<del></del>	oses	8,371.
e 12 Subte 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  B Relationship of Activities to the	Accompl		<del></del>	oses	8,371.
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# Form 990-PF (2016) GOTTLIEB-SCHWARTZ FAMILY FOUNDATION 13-3794021 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

_							Yes	No
de	d the organization di escribed in section 50 lating to political org	01(c) of the Code (c	engage in any of the following vother than section 501(c)(3) org	vith any other organiz anizations) or in sect	zation ion 527,			
			a noncharitable exempt organ	ization of				
	) Cash	orang roomaadon to	a nonenamasio exempt organ	ization of		1 a (1)		X
	Other assets					1 a (2)		X
	ther transactions					10(2)		
	) Sales of assets to	a noncharitable eve	ampt organization			16(1)		X
• •	•		1 •			1 b (1)	<del></del>	
• •	<u>*</u>		able exempt organization			1 b (2)	$\vdash$	X
• •	Rental of facilities,	, ,	er assets			1 b (3)	<b></b> -	X
•	Reimbursement ar	-				1 b (4)	<b></b> .	X
• •	Loans or loan guar					1 b (5)	<b> </b>	X
1.	•		nip or fundraising solicitations			1 b (6)		X
<b>c</b> St	naring of facilities, ed	quipment, mailing li	sts, other assets, or paid emplo	yees		1 c		X
<b>d</b> If	the answer to any of e goods, other assets,	the above is 'Yes,' or services given by	complete the following schedu the reporting foundation. If the fo show in column (d) the value of	le Column (b) should aundation received less	d always show the fair in than fair market value in	market val	ue of	
(a) Line	<del></del>	<del></del>	of noncharitable exempt organization		f transfers, transactions, and		ngemen'	
<del></del>	no (b) Amount invol	iveu (C) Name	or noncharitable exempt organization	(a) bescription o	i transfers, transactions, and	Sharing arrai	igemeni	.5
N/A	<del></del>				··			
	<del></del>			<del>_</del>				
				<del> </del>				
					·			
				<del> </del>				
				<del> </del>				
		<del></del>		<del></del>				
			d with, or related to, one or more ther than section 501(c)(3)) or	tax-exempt organization section 527?	ons	Yes	<b>X</b>	No
<b>b</b> If	'Yes,' complete the f	ollowing schedule						
	(a) Name of orga	nization	(b) Type of organization	in	(c) Description of rela	ationship		
N/A								
	Under penalties of perjury,	I declare that I have exam	ined this return, including accompanying	schedules and statements, a	and to the best of my knowledg	e and belief, i	t is true	
- 1	correct, and complete Deci	laration of preparer (other	than taxpayer) is based on all information	of which preparer has any	knowledge			
Sign		021.		/		May the I		
Here	I have be	\ Joth	10/26/	7 Presider	nt	preparer (see instr	shown b	pelow
	Signature of officer or tru	stee	Date	Title			Yes	No
	Print/Type prepar	er's name	Preparer's signature	Date	Check If	PTIN		
Doid	Vechooke 1	Mondroudta CDA	Vochoskol Mond	ta CDA	self-employed	P001001	10	
Paid		Mondrowitz, CPA	Yecheskel Mondrowi	LZ, LPA		P001981	TQ	
Prepai			dman & Company		Firm's EIN 11-26	32255		
Use O	nly Firm's address	1333 60th St						
		Brooklyn, NY	11219		Phone no718-2	32-1111		
BAA						Form 990	0-PF (	2016)

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

Employer identification number

OMB No 1545-0047

2016 ► 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. Name of the organization

GOTTLIEB-SCHWARTZ FAM	ILY FOUNDATION	
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number)	) organization
	4947(a)(1) nonexempt charital	ble trust <b>not</b> treated as a private foundation
	527 political organization	or a section we are produced to a constant of
Form 990-PF	X 501(c)(3) exempt private found	dation
	$\overline{}$	ble trust treated as a private foundation
		'
	501(c)(3) taxable private found	dation
Check if your organization is covered	by the General Rule or a Special Rule.	
<b>Note.</b> 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		
Transparent	i 990, 990-EZ, or 990-PF that received, during th autor. Complete Parts I and II. See instructions f	ne year, contributions totaling \$5,000 or more (in money or or determining a contributor's total contributions
Special Rules		
under sections 509(a)(1) and 170 received from any one contribution	in section 501(c)(3) filing Form 990 or 990 EZ the 20(b)(1)(A)(vi), that checked Schedule A (Form 990 cutor, during the year, total contributions of the group form 990-EZ, line 1 Complete Parts I and	nat met the 33-1/3% support test of the regulations or 990-EZ), Part II, line 13, 16a, or 16b, and that reater of (1) \$5,000 or (2) 2% of the amount on (i)
For an organization described during the year, total contribut purposes, or for the prevention	in section 501(c)(7), (8), or (10) filing Form 990 ions of more than \$1,000 <i>exclusively</i> for religiou i of cruelty to children or animals. Complete Par	or 990-EZ that received from any one contributor, is, charitable, scientific, literary, or educational its I, II, and III
during the year, contributions of \$1,000 If this box is checked, charitable, etc., purpose Don't	exclusively for religious, charitable, etc., purpose	erved during the year for an <i>exclusively</i> religious, <b>Rule</b> applies to this organization because

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 1 of Part I
_	EB-SCHWARTZ FAMILY FOUNDATION	' '	r identification number 794021
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL GOTTLIEB 724 COLLFIELD AVE	\$195,000.	Person X  Payroll   Noncash
	STATEN ISLAND, NY 10314	-	(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 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 )
BAA	TEEA0702L 08/09/16	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)

BAA

(a) No. from Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

(c) FMV (or estimate) (see instructions) (d) Date received

(b)
Description of noncash property given

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2016)		Page 1 to 1 of <b>Part III</b>
Name of organ	nization EB-SCHWARTZ FAMILY FOUNDATION		Employer (dentification number 13-3794021
		c., contributions to organiza e year from any one contributo	tions described in section 501(c)(7), (8), r. Complete columns (a) through (e) and
	contributions of \$1,000 or less for the year (I Use duplicate copies of Part III if additional s	Enter this information once See in	structions) \$N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(e)	
	Transferee's name, address	Transfer of gift , 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, address	(e) Transfer of gift , 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, address	(e) Transfer of gift , 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	

Relationship of transferor to transferee

2016	Federal Statements	Page 1
Client GOTSCHWF	GOTTLIEB-SCHWARTZ FAMILY FOUNDATION	13-3794021
10/25/17		04 48PM
Statement 1 Form 990-PF, Part I, Line 23 Other Expenses		
	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income	(d) Charitable <u>Purposes</u>
BANK CHARGES	Total $\frac{\$}{\$}$ $\frac{112}{112}$ $\frac{\$}{\$}$ $\frac{112}{112}$ $\frac{\$}{\$}$ 0.	\$ 0.
Statement 2 Form 990-PF, Part II, Line 10c Investments - Corporate Bond		-
Corporate Bonds	Valuation Book <u>Method</u> Value	Fair Market Value
BANK OF AMERICA	Cost $\frac{\$}{15,000.} \frac{\$}{\$}$	

Statement 3 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More Contributors

MICHAEL GOTTLIEB STEVEN SCHWARTZ