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As Filed Data -

DLN: 93491125010447

2016

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury

Form 990-PF

Internal Revenue Service

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

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

Open to Public Inspection

		ndar year 2016, or tax year	beginning 01-01-20)16 , aı	nd ending 12-31		
		Indation Family Foundation			27-4267865	lentification numbe	er
Num	ber and	tion Source I street (or P O box number if mail is n on Source 501 Silverside Rd	ot delivered to street address)	Room/suite	B Telephone no (800) 839-175	umber (see instructio	ns)
		, state or province, country, and ZIP or DE 198091377	foreign postal code		C If exemption	application is pendir	g, check here
¶ Ch □ s	neck ty Section	I that apply Initial return Final return Address chan pe of organization Section ! 4947(a)(1) nonexempt charitable set value of all assets at end from Part II, col (c),	501(c)(3) exempt private e trust Other taxable J Accounting method	foundation	2. Foreign of test, cher tes	rganizations, check h rganizations meeting ck here and attach co undation status was on 507(b)(1)(A), chec ation is in a 60-mont in 507(b)(1)(B), chec	the 85% mputation terminated ck here h termination
line	9 16)▶	\$ 5,646,192	☐ Other (specify) _ (Part I, column (d) must	be on cash basis)			
Pa	rt I	Analysis of Revenue and of amounts in columns (b), (c), and equal the amounts in column (a) (see	(d) may not necessarily	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc ,	received (attach	2,500,000			
	2	schedule) Check if the foundation is Sch B		518	518		
Revenue	4 5a	Dividends and interest from secu	irities				
	6a b	Net rental income or (loss) Net gain or (loss) from sale of as					
	7 8 9	Gross sales price for all assets of Capital gain net income (from Pa Net short-term capital gain . Income modifications	art IV, line 2)		C		
	10a b	Gross sales less returns and allow Less Cost of goods sold	wances				
	11 12	Gross profit or (loss) (attach sch Other income (attach schedule) Total. Add lines 1 through 11		2,500,518	518	3	
	13	Compensation of officers, director		C			
enses	14 15 16a	Other employee salaries and wag Pension plans, employee benefits Legal fees (attach schedule) .	5				
live Exp	b c 17	Accounting fees (attach schedule Other professional fees (attach s Interest	chedule)				
Operating and Administrative Expenses	18 19	Taxes (attach schedule) (see institution (attach schedule) a	nd depletion	430			
	20 21 22	Occupancy	gs				
əratıng	23 24	Other expenses (attach schedule Total operating and administr	rative expenses.	16,301			16,276
ă	25 26	Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disburser		16,731 143,610		1	16,276 143,610
	27 a	25 Subtract line 26 from line 12 Excess of revenue over exper		160,341 2,340,177		;	159,886
	ь	disbursements Net investment income (if negative Adjusted net income)	gative, enter -0-)	2,370,177	493	3	
or	C	work Reduction Act Notice, see	<u> </u>		Cat. No. 11289	<u> </u>	m 990-PF (2016)

1,772,310

2,372,097

2,372,097

2,372,097

2,372,097

1,772,310

4,712,274

4,712,274

4,712,274 4,712,274

2

3 4

5

6

2,372,097

2,340,177

4,712,274

4,712,274 Form 990-PF (2016)

2,706,228

5,646,192

Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Less allowance for doubtful accounts -

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Unrestricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) ▶ _____

Temporarily restricted

	5
	6
	7
2	8
Assets	9
As	10a
	Ь
	С
	11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

133,163

110,077

115,585

98,119

52,500

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

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

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b) .

8 Enter qualifying distributions from Part XII, line 4

Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) Part V

Net value of noncharitable-use assets

2,420,391

1,685,944

1,443,509

318,108

103,533

2

3

4

5

6 7

8

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? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see instructions before making any entries (a) Base period years Calendar Adjusted qualifying distributions

year (or tax year beginning in)

2015

2014

2013

2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

(d) Distribution ratio

(col (b) divided by col (c))

0 055017

0 065291

0 080072

0 308446

0 507085

1 015911

0 203182

3,292,799

669,037

669,042 159,886

Form 990-PF (2016)

Page 3

(d)

Date sold

7a At any time during the tax year, to b If yes, did the foundation receive Part VIII Information About and Contractors 1 List all officers, directors, trus	any pro	oceeds or have any net in ers, Directors, Trust	come attributable to the cees, Foundation Mand their compensation	transaction?	7b
(a) Name and address	`	Title, and average hours per week b) devoted to position	(c) Compensation (If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Jordan Hymowitz Foundation Source 501 Silverside Rd Wilmington, DE 198091377		Pres / Dır / Sec	0	0	0
		Pres / Dir	0	0	0
2 Compensation of five highest-	oaid er	nployees (other than ti	nose included on line 1	—see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee more than \$50,000	paid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
Total number of other employees paid	over \$5	50,000			Form 990-PF (2016)
					10mm 330-FF (2016)

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services	<u> </u>	<u> </u>
Part IX-A Summary of Direct Charitable Activities	to be held to be a second to the second to t	
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1		
2		
		
3		
4		
Part IX-B Summary of Program-Related Investments (see Describe the two largest program-related investments made by the foundation during the		Amount
1	ile tax year on lines I and 2	Amount
2		
All ables and are walled investments. Can inchinate and		
All other program-related investments See instructions 3		
-		
Total. Add lines 1 through 3		•
		Form 990-PF (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

1b

2

За 3b

4

5

159.886

159.886

Form 990-PF (2016)

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

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Page 9

164.630

159.886

Form **990-PF** (2016)

4,744

b Total for prior years

From 2011.

b From 2012. c From 2013. . .

d From 2014. e From 2015.

XII, line 4 > \$

indicated below:

1 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.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

d Excess from 2015. . . e Excess from 2016. . .

b Excess from 2013. .

6 Enter the net total of each column as

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

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

2014, 2013, 2012

47,238 82,214

43,410 26,459

12,573

82.214 43,410

26.459

12.573

(a)

Corpus

211,894

4.744

207,150

42,494

164,656

(b)

Years prior to 2015

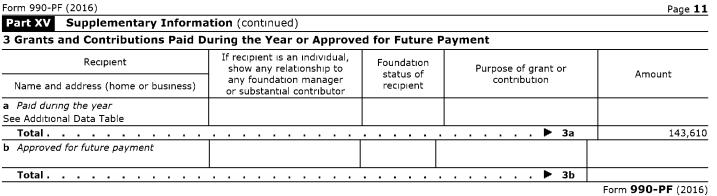
(c)

2015

1 990-PF (20	016)	
art XIII	Undistributed Income	(see instructions)

Form

Pa



Part XVI-A Analysis of Income-Producing	Activities				rage ==
Enter gross amounts unless otherwise indicated		usiness income	Excluded by section		(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a b					
с					
d					
e					
f					
2 Membership dues and assessments 3 Interest on savings and temporary cash					
 investments Dividends and interest from securities Net rental income or (loss) from real estate 			14	518	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e).				518	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations			1	3	518
Part XVI-B Relationship of Activities to th		hment of Exem	pt Purposes		
Line No. Explain below how each activity for which the accomplishment of the foundation's explain instructions (instructions)					

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Part	XVII	Exempt Organiz						.c und i					
		ganization directly or in- Code (other than sectio	directly enga								501	Yes	No
a Trar	nsfers f	rom the reporting foun	dation to a n	oncha	ırıtable ex	empt organization	on c	of		-			
(1)	Cash.										1a(1)		No
(2)	Other	assets									. 1a(2)		No
b Oth	er tran	sactions											
(1)	Sales	of assets to a nonchari	table exemp	t orga	nızatıon.						. 1b(1)		No
(2)	Purch	ases of assets from a n	oncharitable	exem	pt organiz	zation					. 1b(2)		No
(3)	Renta	il of facilities, equipmen	nt, or other a	ssets.							. 1b(3)	_	No
		oursement arrangemen									1b(4)		No
		or loan guarantees.									. 1b(5)	_	No
	(6) Performance of services or membership or fundraising solicitations								1b(6)		No		
	_				•								No
		ver to any of the above ds, other assets, or serv											
		saction or sharing arra											
(-)	No. 1	(1.) A	L (-) N					(4) 5					
(a) Line	INO	(b) Amount involved	(c) Name of	noncna	aritable exe	mpt organization	\vdash	(a) Desc	ription or	transfers, transactions, a	ind snaring arra	ingemen	its
							_						
	_						-						
	_						\vdash						
	+						\vdash						
		idation directly or indire	•		•	•			_				
desc	cribed i	n section 501(c) of the	Code (other	than	section 50	O1(c)(3)) or in so	ecti	on 527?.			. ☐ Yes	✓ N	lo
b If "Y	es," co	omplete the following so						1					
		(a) Name of organization	n		(1	b) Type of organiza	atıor	ı		(c) Description o	f relationship		
		er penalties of perjury,											
<u> </u>		y knowledge and belief h preparer has any kno		orrect,	, and com	plete Declaratio	on o	f prepare	r (other	than taxpayer) is bas	ed on all info	rmation	n of
Sign		n preparer nas any kno ******	wieuge			1 2017 05 02			****	Ма	y the IRS discu	cc thic r	oturn
Here						2017-05-02		_ \ _	****		th the preparer		
	/ 9	Signature of officer or ti	rustee			Date		Tit	:le	(se	ee instr)? 🗹	Yes 🗆 N	ło
	·	Descript/Transcription		Descri	- u-ule C					<u> </u>			
		Print/Type preparer's	name	Prepa	arer's Sıgı	nature		Date		Check if self-	ΓIN		
										employed ▶ 🔲	P0134	5770	
Paid		Jeffrey D Haskell											
Prep	arer	Europe name h	dation C	<u> </u>									
Use (Firm's name ► Foun	idation Sourc	.e						Fi	rm's EIN ▶		
(~ - • • y	Firm's address ▶ Or	ne Hollow Ln	Ste 2:	12								
			lea Corre	NIX 44	1043					Ph	none no (800) 839-:	1754
		La	ke Success,	INY 1]	1042						,	•	

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

Sarah Hymowitz

Jordan Hymowitz

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	Foundation status of recipient	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient					
a Paid during the year							
AGAHOZO-SHALOM YOUTH VILLAGE INC 498 7TH AVE 15TH FL NEW YORK, NY 10018	N/A	PC	General & Unrestricted	2,500			
ALUMNI ASSOCIATION OF THE UNIVERSITY OF MICHIGAN 200 FLETCHER ST ANN ARBOR, MI 48109	N/A	PC	General & Unrestricted	11,000			
AMERICAN CONSERVATORY THEATRE FOUNDATION 30 GRANT AVE 7TH FL SAN FRANCISCO, CA 94108	N/A	PC	Charitable Event	2,525			
AMERICAN CONSERVATORY THEATRE FOUNDATION 30 GRANT AVE 7TH FL SAN FRANCISCO, CA 94108	N/A	PC	Charitable Event	3,175			
BIRMINGHAM JEWISH FEDERATION 3966 MONTCLAIR RD MOUNTAIN BRK, AL 35213	N/A	PC	General & Unrestricted	2,000			
CAPES4HEROES INC 32 PRIMROSE WAY SAN RAMON, CA 94582	N/A	PC	General & Unrestricted	1,080			
CHESTER CHARTER SCHOOL FOR THE ARTS 200 COMMERCE DR ASTON, PA 19014	N/A	PC	General & Unrestricted	500			
CONGREGATION BETH TOVIM 1504 VON STEUBEN DR WEST CHESTER, PA 19380	N/A	PC	General & Unrestricted	1,800			
CONGREGATION EMANU-EL 2 LAKE ST SAN FRANCISCO, CA 94118	N/A	PC	Pre-School Division	750			
CONGREGATION EMANU-EL 2 LAKE ST SAN FRANCISCO, CA 94118	N/A	PC	Rabbi's Discretionary (Israel Action Committee) Fund	3,000			
CONGREGATION EMANU-EL 2 LAKE ST SAN FRANCISCO, CA 94118	N/A	PC	High Holiday Prayer Books Program	1,000			
CONQUER CANCER FDN OF THE AMERICAN SOCIETY OF CLIN 2318 MILL RD STE 800 ALEXANDRIA, VA 22314	N/A	PC	Women Conquering Cancer Program	1,000			
FAMILY HOUSE INC 540 MISSION BAY BLVD N SAN FRANCISCO, CA 94158	N/A	PC	General & Unrestricted	500			
HARPER FOR KIDS 2920 BUCHANAN ST APT 9 SAN FRANCISCO, CA 94123	N/A	PC	General & Unrestricted	2,500			
HEBREW UNION COLLEGE-JEWISH INSTITUTE OF RELIGION 3101 CLIFTON AVE CINCINNATI, OH 45220	N/A	PC	American Jewish Archives Program	3,600			

Total .

143,610

Form 990PF Part XV Line 3 - Grant	Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount				
a Paid during the year								
HEDGE FUNDS CARE INC 70 W 36TH ST 11TH FLR NEW YORK, NY 10018	N/A	PC	Charitable Event	1,000				
IGNATIAN CORPORATION SAINT IGNATIUS HIGH SCHOOL 2001 37TH AVE SAN FRANCISCO, CA 94116	N/A	PC	Father's Club 2016 Broadway Program	2,500				
IGNATIAN CORPORATION SAINT IGNATIUS HIGH SCHOOL 2001 37TH AVE SAN FRANCISCO, CA 94116	N/A	PC	Learning Center and Robotics Program	25,000				
ISRAAID US INC 10580 WILSHIRE BLVD APT 14NE LOS ANGELES, CA 90024	N/A	PC	General & Unrestricted	7,500				
ISRAEL EMERGENCY ALLIANCE 6505 WILSHIRE BLVD LOS ANGLELES, CA 90048	N/A	PC	General & Unrestricted	540				
JEWISH COMMUNITY FEDERATION OF S F MARIN PENINSULA 121 STEUART ST SAN FRANCISCO, CA 94105	N/A	PC	General & Unrestricted	1,000				
JEWISH COMMUNITY RELATIONS COUNCIL OF SAN FRANCISC 121 STEUART ST STE 301 SAN FRANCISCO, CA 94105	N/A	PC	General & Unrestricted	1,000				
JEWISH FAMILY & CHILDRENS SERVICES 2150 POST ST SAN FRANCISCO, CA 94115	N/A	PC	General & Unrestricted	1,800				
KINDERHAVEN INC PO BOX 2097 SANDPOINT, ID 83864	N/A	PC	General & Unrestricted	10,000				
POLICE ATHLETIC LEAGUE OF PHILADELPHIA 2524 E CLEARFIELD ST PHILADELPHIA, PA 19134	N/A	PC	General & Unrestricted	10,000				
POMEROY RECREATION AND REHABILITATION CENTER 207 SKYLINE BLVD SAN FRANCISCO, CA 94132	N/A	PC	General & Unrestricted	10,000				
PRAGER UNIVERSITY FOUNDATION 10045 RED RUN BLVD STE 250 OWINGS MILLS, MD 21117	N/A	PC	General & Unrestricted	540				
SAN FRANCISCO BAY AREA SPORTS HALL OF FAME INC 465 CALIFORNIA ST STE 806 SAN FRANCISCO, CA 94104	N/A	PC	General & Unrestricted	1,300				
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION PO BOX 410836 SAN FRANCISCO, CA 94141	N/A	PC	General & Unrestricted	1,000				
SHEPPARD AND ENOCH PRATT FOUNDATION INC PO BOX 6815 BALTIMORE, MD 21285	N/A	PC	Neuropsychiatry Program	2,500				

143,610

Total .

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
SPECIAL OLYMPICS IDAHO INC 199 E 52ND ST GARDEN CITY, ID 83714	N/A	PC	Bonner County Division	1,000			
ST THOMAS MORE CHURCH 1300 JUNIPERO SERRA BLVD SAN FRANCISCO, CA 94132	N/A	PC	sports at St Thomas More School Program	600			
SWARTHMORE COLLEGE 500 COLLEGE AVE PEARSON RM 015 SWARTHMORE, PA 19081	N/A	PC	Annual Fund	2,500			
THE BRANDEIS SCHOOL OF SAN FRANCISCO 655 BROTHERHOOD WAY SAN FRANCISCO, CA 94132	N/A	PC	Annual Fund	360			
THE WILMER EYE INSTITUTE AT JOHNS HOPKINS UNIVERSI 600 N Wolfe Street BALTIMORE, MD 21287	N/A	PC	Fight RP Proposal of Dr Peter Campochiaro Project	1,000			
TREATMENT ADVOCACY CENTER 200 N GLEBE RD STE 801 ARLINGTON, VA 22203	N/A	PC	General & Unrestricted	17,500			
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION PO BOX 45339 SAN FRANCISCO, CA 94145	N/A	PC	Discovery Fellows Program	2,500			
UNIVERSITY SCHOOL OF NASHVILLE 2000 EDGEHILL AVE NASHVILLE, TN 37212	N/A	PC	General & Unrestricted	5,000			
ZIONIST ORGANIZATION OF AMERICA 633 3RD AVE STE 31-B NEW YORK, NY 10017	N/A	PC	West Coast Division	540			
Total				143,610			

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Name: Hymowitz Family Foundation EIN: 27-4267865

TY 2016 Investments - Other	Schedule
Name:	Hymowitz Family Foundation

DLN: 93491125010447

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EIN: 27-4267865			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BOATHOUSE ROW OFFSHORE LTD		1,772,310	2,706,228

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TY 2016 Other Expenses Schedule					
Name:	Hymowitz Famıl	ly Foundation			
EIN: 27-4267865					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Administrative Fees	16,251			16,251	
Bank Charges	25	25			
State or Local Filing Fees	25			25	

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TY 2016 Taxes Schedule					
Name: Hymowitz Family Foundation EIN: 27-4267865					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
990-PF Excise Tax for 2015	430				

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Schedule B	Schedule of Contri	Schedule of Contributors		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at 2016					
Name of the organizat Hymowitz Family Founda		E	mployer iden	tification number		
· ·		2	7-4267865			
Organization type (che	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not trea	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 political organization					
Form 990-PF	✓ 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated	4947(a)(1) nonexempt charitable trust treated as a private foundation				
501(c)(3) taxable private foundation						
•	ation filing Form 990, 990-EZ, or 990-PF that received, d r property) from any one contributor. Complete Parts I an	•	•	,		
Special Rules						
under sections a received from a	tion described in section 501(c)(3) filing Form 990 or 990 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (by one contributor, during the year, total contributions of the 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	(Form 990 or 990-EZ), Part the greater of (1) \$5,000 or	II, line 13, 16	a, or 16b, and that		
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						
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form contributions exclusively for religious, charitable, etc., pucked, enter here the total contributions that were receive complete any of the parts unless the General Rule appliable, etc., contributions totaling \$5,000 or more during the	irposes, but no such contrib d during the year for an exc lies to this organization beca	outions totaled clusively religi ause it receive	I more than \$1,000 ous, charitable, etc, ed <i>nonexclusively</i>		
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Spe tit must answer "No" on Part IV, line 2, of its Form 990, of form 990PF, Part I, line 2, to certify that it does not meet	or check the box on line H o	of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions Cat No 3061 0-PF	13X Schedule F	B (Form 990, 99	0-EZ, or 990-PF) (2016)		

No. Name, address, and ZIP + 4 Total contributions Type of contributions Person Payroll San Francisco, CA94118 (Complete Part I contributions) (a) (b) (c) (d)	I for noncash
No. Name, address, and ZIP + 4 Hymowitz Sarah Person Payroll San Francisco, CA94118 San Francisco, CA94118 (Complete Part I contributions) (a) No. Name, address, and ZIP + 4 Total contributions Person Payroll (Complete Part I contributions) (a) No. Name, address, and ZIP + 4 Person Payroll Payroll Payroll Payroll Complete Part I contributions Complete Par	I for noncash
Hymowitz Sarah 28 Presidio Terrace \$2,500,000 Noncash (Complete Part I contributions) (a) No. Name, address, and ZIP + 4 Payroll Noncash (Complete Part I contributions) (Type of contributions) Payroll	I for noncash
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(Complete Part I contributions) Schedule B (Form 990, 990-EZ.	

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3	
Name of organization Hymowitz Family Foundation		Employer identification number 27-4267865		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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	
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(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
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(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		s		
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)	

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organizat Hymowitz Family Fo			Employer identification number 27-4267865
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, chari ctions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.from Part I	(b) Fullpose of gift		(u) Description of now gift is field
	Transferee's name, address, and	(e) Transfer of gift	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, and	(e) Transfer of gift	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, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)