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# EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation 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 separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052

For ca	lendar year 2016 or tax year beginning		, and ending		
Name	e of foundation	A Employer identification number			
	EPHEN C. FREIDHEIM FOUND	80-0116118			
	O BESSEMER TRUST, 630 FIR	B Telephone number 516-508-96	23		
	or town, state or province, country, and ZIP or foreign po	C If exemption application is p			
NE	W YORK, NY 10111				
G Che	eck all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return		2. Foreign organizations me check here and attach co	eting the 85% test.
	Address change	Name change		check here and attach co	mputation
	eck type of organization: X Section 501(c)(3) exe Section 4947(a)(1) nonexempt charitable trust C	empt private foundation Other taxable private founda	tion	E If private foundation star under section 507(b)(1)	
	market value of all assets at end of year J Accounting		Accrual	F If the foundation is in a	
	· 1 ~~~	ner (specify)		under section 507(b)(1)	
<b>&gt;</b> \$		nn (d) must be on cash b	pasis.)		
Par	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(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	142,074.		N/A	702
	2 Check if the foundation is not required to attach Sch B Interest on savings and temporary	· · · · · · · · · · · · · · · · · · ·	,		h in the same of
- {	3 cash investments	560	560		CM3 MEMENTO 2
	4 Dividends and interest from securities	569.	569.		STATEMENT 2
- 1	5a Gross rents b Net rental income or (loss)			-	
	6a Net gain or (loss) from sale of assets not on line 10	<16,172.	>: ,	. ' .	STATEMENT 1
2	b Gross sales price for all 368,986.	7 , , , , , , , , , , , , , , , , , ,		. 4.	少海"粮"。
Revenue	7 Capital gain net income (from Part IV, line 2)		39,331.		NEW PO
	8 Net short-term capital gain	15 to 15 15 15 15 15 15 15 15 15 15 15 15 15	, , , , , , , , , , , , , , , , , , ,	1/6	<u> </u>
	9 Income modifications	÷	. '	S NOV	1 7 2017
'	10a and allowances  b Less Cost of goods sold		<u> </u>	- m	1 / 2011. 00
- }	c Gross profit or (loss)			OG	DEN, UT
1	11 Other income	5,189.	4,349.	<u> </u>	STATEMENT 3
	12 Total. Add lines 1 through 11	131,660.	44,249.		
1.	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages			<del></del>	
	15 Pension plans, employee benefits 16a Legal fees			<u> </u>	
penses	b Accounting fees STMT 4	4,500.	0.		4,500.
Ϋ́	c Other professional fees STMT 5	5,656.	5,656.		0.
<u>  8</u>	17 Interest				
<b>₽</b>	18 Taxes				
i <u>si</u> 1	19 Depreciation and depletion			<del></del>	
E 2	20 Occupancy 21 Travel, conferences, and meetings	20,103.	0.		20,103.
<u>و</u> اج	22 Printing and publications	20,103.			20,103.
g 2	23 Other expenses STMT 6	1,046.	0.		1,046.
1 at 2	24 Total operating and administrative				
ğ	expenses. Add lines 13 through 23	31,305.	5,656.		25,649.
12	25 Contributions, gifts, grants paid	573,100.			573,100.
2	26 Total expenses and disbursements.	604,405.	5,656.		500 740
<del>-</del>	Add lines 24 and 25 27 Subtract line 26 from line 12:	004,405.	5,030.		598,749.
'	Subtract line 20 from line 12.     B Excess of revenue over expenses and disbursements	<472,745.	>		
)	b Net investment income (if negative, enter -0-)		38,593.		
	C Adjusted net income (if negative, enter -0-)			N/A	
623501	11-23-16 LHA For Paperwork Reduction Act Notice	, see instructions			Form <b>990-PF</b> (2016)

#### Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		Т	
	(must agree with end-of-year figure reported on prior year's return)		1	2,731,165.
2	Enter amount from Part I, line 27a		2	<472,745.>
3	Other increases not included in line 2 (itemize)		3	0.
4	Add lines 1, 2, and 3		4	2,258,420.
5	Decreases not included in line 2 (itemize) SEE STATEMENT	7	5	2,894.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30		6	2,255,526.

Form **990-PF** (2016)

31 Total liabilities and net assets/fund balances

3

Form 990-PF (2016)

09201027 791007 FREIDHEIM

Part VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(c), or 4948 - see instructions)	Form	990-PF (2016) STEPHEN C. FREIDHEIM FOUNDATION, INC 80-0116			Page 4
Dates for fulling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic fundations that meet the section 4940(e) requirements in Part V, check here ► IX 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, cot (b).  2 Tax under section 511 (domestic section 4947(a)(1) frusts and taxable foundations only. Others enter-0-) 2 Add lines 1 and 2 3 Add lens 1 and 2 3 Add lens 1 and 2 3 Add shees 1 and 2 4 0. 5 Tax based on investment licome. Subtract line 4 from line 3. If zero or less, enter-0- 5 Tax based on investment licome. Subtract line 4 from line 3. If zero or less, enter-0- 5 Tax based on investment licome. Subtract line 4 from line 3. If zero or less, enter-0- 5 Tax based on investment licome. Subtract line 4 from line 3. If zero or less, enter-0- 5 Tax based on investment licome. Subtract line 6 from 8080 6 6 Tax does. If the population for extension of time to like (From 8080) 6 Echer any penalty for underpsyment of settinged tax. Check here ☐ If from 2220 is attached 7 Total credits and payments. Add lines 6 tartrough 66 8 Echer any penalty for underpsyment of estimated tax. Check here ☐ If from 2220 is attached 9 Tax due. If the load of lines 5 and 8, enter the amount of line to lic but credited to 201 restinated tax 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of line to lic but credited to 201 restinated tax 11 Etiet the amount of line 10 to be. Credited to 201 restinated tax 12 , 5 77 . Retunded ► 12			nstru	ctio	าร)
D Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ X and enter 1% of Part I, line 12, col (b).  2 Tax under section 511 (domestic section 4947(a)(1) housts and taxable foundations only. Others enter -0-)  2 Tax under section 1947(a)(1) housts and taxable foundations only. Others enter -0-)  3 3 386.  4 Subtlet A (morne) tax (domestic section 4947(a)(1) housts and taxable foundations only. Others enter -0-)  5 Tax based on investment income. Subtract line if from line 3. If zero or less, enter -0-  5 Ceredistry byments:  2 2016 estimated tax payments and 2015 overpayment credited to 2016  8 Exempt foreign organizations. Tax withheld at source  7 Tax pasted on extension of time to life (Form 8868)  4 Backup withholding erronecusly withheld  7 Total credits and payments. Add lines 6s through 6d  8 Enter any peralty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached  9 Tax due. If the total of lines 5 and 6 is more than line 7, enter amount of wed  10 Overpayment. If line 7 is more than total of lines 5 and 8, enter the amount of wed 10 to be. Credited to 2017 estimated tax  10 Overpayment. If line 7 is more than total of lines 5 and 8, enter the amount of wed 10 to be. Credited to 2017 estimated tax  10 Din type of more than \$1000 duming the year (either directly) or indirectly) for political purposes (see instructions for the definition)?  If the answer is "Ves" of a or 10, attach a defaulted description of the activities and copies of any maternals published or distributed by the foundation on connection with the activities.  10 Din the foundation. S O . 2 (2) On foundation during the year?  11 Yes, "after a defaulted description of the activities.  12 Burning the tax year, did the foundation during the year for political expenditure tax imposed on foundation managers. S O .  2 Has the foundation may be the productation of the activities.  3 Has the foundation engaged in any activities that have not previously been reported to the RS?  4 But the found	1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1.			1
of Part Line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot (b).  2 Tax under asection 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  3 Add lines 1 and 2  5 Subbliet A (nome) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income, Subtract line 4 from line 3. If zero or less, enter -0-  5 Tax based on investment income, Subtract line 4 from line 3. If zero or less, enter -0-  5 Tax based on investment income, Subtract line 4 from line 3. If zero or less, enter -0-  5 Tax based on investment income, Subtract line 4 from line 3. If zero or less, enter -0-  6 Exempt foreign organizations - tax withheld at source  6 Tax pack with application for retension of line to tile form 868)  6 Exempt foreign organizations - tax withheld at source  7 Tax due, If the total of lines 5 and 8 is more than line 6 is formable to 10 from 220 is attached  8 Enter any pensity for underpayment of estimated tax. Neck here first remain of each total or lines 5 and 8 is more than line 7, enter a menunt owed  9 Tax due, If the total of lines 5 and 8 is more than line 7, enter a menunt owed  9 Tax due, If the total or lines 5 and 8 is more than line 7, enter a menunt owed  10 Overpayment, If line 7 is more than the total or lines 5 and 8, enter the amount overpaid  10 Overpayment, If line 7 is more than 10 the total or lines 5 and 8, enter the amount overpaid  10 Overpayment, If line 7 is more than 10 the total or lines 5 and 8, enter the amount overpaid  10 Overpayment, If line 7 is more than 10 the undation disconsistent of the control of the cont					
a All other domestic foundations enter 2% of tine 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).  2	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%		3	86.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 386. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment lineame. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment lineame. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment lineame. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment lineame. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment lineame. Subtract line 4 from line 3.1 zero or less, enter -0- 6 Beckup more organizations - tax withheld at source 6 Tax paid with application for extension of time to the (form 8868) 6 Ce Tax paid with application for extension of time to the (form 8868) 7 Total credits and payments. Add lines 5a through 6d 8 Enter any penalty for underpayment of estimated tax. Post of Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 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 or lines 5 and 8, enter the amount overpaid 1 Enter the amount of line 10 to be received to 2015 restinated tax. Post of 10 Compayments of		of Part I, line 27b			
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a 2016 estimated tax payments and 2015 overpayment credited to 2016 b Exempt foreign organizations - fax withholding cranactions - fax with application for extension of time to file (Form 8868) d Backup withholding croneously withheld T Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here of Form 2220 is attached Enter any penalty for underpayment of estimated tax. Check here of Form 2220 is attached Enter any penalty for underpayment of estimated tax. Check here of Form 2220 is attached T Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed T Tax payment (I line 7 is more than the total of lines 5 and 8, enter the amount ower paid T Tax payment (I line 7 is more than the total of lines 5 and 8, enter the amount owerpaid T Tax payment (I line 7 is more than the total of lines 5 and 8, enter the amount owerpaid T Tax payment (I line 7 is more than the 100 her. Foreideted to 2017 estimated tax to the mount of line 100 her. Foreideted to 2017 estimated tax to the mount of line 100 her. Foreideted to 2017 estimated tax to the mount of line 100 her. Foreideted to 2017 estimated tax to the mount of line 100 her. Foreideted to 2017 estimated tax to the mount of line 100 her. Foreideted to 2017 estimated tax to the mount of line 100 her. Foreideted to 2017 estimated tax to the mount of line 100 her. Foreideted to 2017 estimated tax to the mount of line 100 her. Foreideted to 2017 estimated tax to the mount of line 100 her. Foreideted to 2017 estimated tax to the mount of line 100 her. Foreideted to 2017 estimated tax to line 100 her. Foreideted to 2017 estimated tax to 100 her. Foreideted to 2017 estimated tax to 100 her. Foreideted tax payment to influence any nationals to the estimated tax to 100 her. Foreideted tax payment to influence any nationals to the estimated tax to 100 her. Foreideted tax payment to influence any nationals to the line 2018 tax payment and tax to 100 her. Foreideted tax payment to influence any nationals t	5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		3	<u>86.</u>
b Exempt foreign organizations - tax withheld at source  1 ax pad with application for extension of time to the (Form 8868)  2 b Sacking withholding erroneously withheld  7 Total credits and payments. Add lines 68 through 64  8 Enter any penalty for underpayment of estimated tax. Check here if form 2220 is attached  9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  9 Tax due. If the total of lines 5 and 8 is more than line 17, enter amount owed  9 Tax due. If the total of lines 5 and 8 is more than line 17, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpald  11 Enter the amount of line 10 to be. Credited to 2017 settimated tax.  12 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?  12 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?  15 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?  15 Dud it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  16 If the answer is "Yes" to 1 a or 1b, attach a defailed description of the activities and copies of any materials published or distributed by the foundation more one-town with the activities.  16 Did it spend more than \$100 during the year?  17 Line answer is "Yes," attach a detailed description of the activities.  18 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.  19 If "Yes," attach a detailed description of the activities.  19 If "Yes," attach a detailed description of the activities.  10 Line for the activities in the detailed description of the year?  10 Line for the submit of the year?  11 Yes, attach	6				}
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withing 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Lenter the amount of line 10 to be: Oredited to 2017 estimated tax ▶ 12,577 • Refunded ▶ 10 12,577. 11 Enter the amount of line 10 to be: Oredited to 2017 estimated tax ▶ 12,577 • Refunded ▶ 11 0 .  Part VII-A   Statements Regarding Activities 10 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? 10 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 11 If the answer is *Yes* to 1a or 1b, attach a defailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 12 Did it spend foundation is the form \$120-POL for this year? 13 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. 14 Enter the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 • (3) On the straight of the foundation engaged in any activities that have not previously been reported to the IRS? 16 Yes, attach a conformed copy of the changes 18 Has the foundation made any changes, not previously reported to the IRS? 18 Yes, attach a conformed copy of the changes 19 Unive	a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 5,963.			
d Backup withholding erroneously withhold 7 Total credits and payments. Add lines as through 6d 8 Total credits and payments. Add lines 6 through 6d 8 Total credits and payments. Add lines 6 through 6d 8 Total credits and payments. If the folial of lines 5 and 8 is more than line 7, enter amount owed 9 Total Company of the state of the credited to 1917 estimated tax 1 to 1 through 10 to 12, 577. 11 Enter the amount of line 10 to be: Credited to 2017 estimated tax 1 to 1 through 11 to 1 to 1 12, 577. 11 Enter the amount of line 10 to be: Credited to 2017 estimated tax 1 to 1 through 11 to 1 through 11 to 1 through 11 through 12 through 11 through 12 through 13 through 12 through 13 thr	b				
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8 Enter any penalty for underpayment of estimated tax. Check here	d	Backup withholding erroneously withheld	· · · · · · · · · · · · · · · · · · ·		
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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 2017 estimated tax ▶ 12,577. Refunded ▶ 11 0.  Part VII-A Statements Regarding Activities  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  c Did the foundation file Form 1120-PDL for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation N S O. (2) On foundation managers. S O.  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.  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  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If 'Yes,' attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  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, 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;  By State legislation that effectively amends the governing instrument account of the conflict of the	8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached			
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ 12,577 . Refunded ▶ 11  O. Part VII-A   Statements Regarding Activities  12 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?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  If the answer is "Yes" to 1a or 1b., attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  c Did the foundation life Form 1120-POL for this year?  (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.  e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.  2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  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  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," attach the statement required by General Instruction 7.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  9 bylanguage in the governing instrument?  • 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, 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.  • DE, NY  b) If the answer is "Yes" to line 7, has the foundation reports or with which it is reg	9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
Part VII-A   Statements Regarding Activities   1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   1a   X   1b   X   1b   1b   1c   1c   1c   1c   1c   1c	10		1.	2,5	77.
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year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
<b></b>	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			
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses STMT . 10 10 X			9		X
	10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses STMT . 10	10	Х	

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had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Form 990-PF (2016) STEPHEN C. FREIDHEIM FOU			80-01161	18 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which F	orm 4/20 May Be F	Required (contin	ued)	<del>- [</del> ;
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		[ TET	
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		. L Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		-	
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned		
expenditure responsibility for the grant?	N	[/A	es No	
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es 🗶 No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.			[	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No	1,15,7
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y	•
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Eyponea
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
GER GMAMBAGNIM 11		0.	0.	0.
SEE STATEMENT 11		0.	0.	0.
		,		
O Comment of the bighest and supplementation them there in	hudad on line 4). If name	anter INONE II		<u> </u>
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account, other
NONE	devoted to position		compensation	allowances
NONE				
		1		
		ļ		<del> </del>
		1		1
		ļ		<b></b>
<del></del>				1
				<b></b>
The second secon		L	<u> </u>	
Total number of other employees paid over \$50,000		<del></del>	<u> </u>	000 DE (0046)
			Form	<b>990-PF</b> (2016)

Form 990-PF (2016) STEPHEN C. FREIDHEIM FOUNDATION		)-0116118 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	iter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del></del>	_	
	- <u> </u>	
	-	
The Laurence of athere accounts one CEO 000 for analogue of any account		<b>D</b> 0
Total number of others receiving over \$50,000 for professional services  [PartiX*A   Summary of Direct Charitable Activities	·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p		Expenses
1 N/A		
		4
2		
- <u></u>	<del></del>	_
3		
	<del>-</del>	
4		
		$\dashv$
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year	on lease 1 and 0	T. Amount
1 N/A	Ull life's 1 and 2.	Amount
2		<del></del>
All other program-related investments. See instructions.		
3	<del></del>	$\dashv$
		$\dashv$
Total. Add lines 1 through 3		0.

P	art X - Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	,, T	
а	Average monthly fair market value of securities	1a	7,883,743.
	Average of monthly cash balances	1b	7,883,743.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	8,497,968.
	Reduction claimed for blockage or other factors reported on lines 1a and	/	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,497,968.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	127,470.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,370,498.
6	Minimum investment return. Enter 5% of line 5	6	418,525.
P	art: XI* Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	1
1	Minimum investment return from Part X, line 6	1	418,525.
2a	Tax on investment income for 2016 from Part VI, line 5	### (P	
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	386.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	418,139.
4	Recoveries of amounts treated as qualifying distributions	4	840.
5	Add lines 3 and 4	5	418,979.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	418,979.
P	art XII Qualifying Distributions (see instructions)		-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	598,749.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	Carrier of	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	598,749.
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	5	386.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	598,363.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (	qualifies 1	for the section

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Part XIII Undistributed Income (s	ee instructions)			
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2015	2015	2016
1 Distributable amount for 2016 from Part XI,				
line 7				418,979.
2 Undistributed income, if any, as of the end of 2016.				
a Enter amount for 2015 only			263,466.	
b Total for prior years:		0.		
Figure distributions correspond if any to 2016:				
3 Excess distributions carryover, if any, to 2016:				
a From 2011 b From 2012	· ·			
c From 2013				*
dFrom 2014	,			
e From 2015	,	•		;
f Total of lines 3a through e	0.	<b>、</b> •		•
4 Qualifying distributions for 2016 from		· · · · · · · · · · · · · · · · · · ·		
Part XII, line 4: ►\$ 598,749.	ς, γ			•
a Applied to 2015, but not more than line 2a	7.		263,466.	
b Applied to undistributed income of prior	-3.5862			,
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	-	,		
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount	, ,			335,283.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )		£		
6 Enter the net total of each column as	Say pagi	<i>;</i>		, , , , ,
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		0.		• ′
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of	•			
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				····
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract			-	
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				83,696.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012	1			
b Excess from 2013	1			
c Excess from 2014 d Excess from 2015	{			
e Excess from 2016	1			
	I		1	

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			IM FOUNDATI			16118 Page 10
	art XIV Private Operating F			-A, question 9)	N/A	
1 a	a If the foundation has received a ruling o					
	foundation, and the ruling is effective for			. ▶	<del></del>	
t	Check box to indicate whether the found	ation is a private operatii	ng foundation described i		4942(j)(3)_or49	942(j)(5)
2 8	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	investment return from Part X for					
	each year listed					ļ
t	85% of line 2a					
(	Qualifying distributions from Part XII,					-
	line 4 for each year listed		J		}	ļ
(	Amounts included in line 2c not				<del> </del>	<u> </u>
	used directly for active conduct of					
	exempt activities					
	Qualifying distributions made directly				<del> </del>	<del></del>
•	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the				+	
	alternative test relied upon:					
ŧ	a "Assets" alternative test - enter:					
	(1) Value of all assets		<del> </del>	<del> </del>	<del></del>	ļ
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
t	"Endowment" alternative test - enter	-				
	2/3 of minimum investment return shown in Part X, line 6 for each year		1			
	listed					
	"Support" alternative test - enter:					
	(1) Total support other than gross		1	ļ		
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)		İ			
	(2) Support from general public	<del></del>				
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from				<u> </u>	
	an exempt organization					
	(4) Gross investment income				<del></del>	
Pa	artiXV Supplementary Info	rmation (Comple	te this part only	f the foundatio	n had \$5.000 or m	ore in assets
	at any time during t					
1	Information Regarding Foundation	n Managers:	<u> </u>			
-	a List any managers of the foundation wh	_	than 2% of the total conti	ributions received by th	e foundation before the clo	se of any tax
	year (but only if they have contributed in			insuliona received by the		oo or any taot
ST	EPHEN C FREIDHEIM	, ,				
	List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation (	or an equally large por	tion of the ownership of a p	artnership or
	other entity) of which the foundation has				,	,
NC	NE					
2	Information Regarding Contributi	on Grant Gift Loan	Scholarship, etc., Pr	ograms:		
	Check here ► X if the foundation o				not accept unsolicited requ	ests for funds. If
	the foundation makes gifts, grants, etc.					
	The name, address, and telephone num	per or e-mail address of	the person to whom apply	cations should be addr	essed	
	,					
- 1	The form in which applications should b	e submitted and informa	tion and materials they sh	ould include:		
	Any submission deadlines:			· ·		<del></del>
				<del></del>		
(	d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kınds of institutions, oi	other factors.	

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	· · · · · · · · · · · · · · · · · · ·			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Maine and address (nome of business)	or substantial contributor	recipient		
CHILDREN'S HOME & AID SOCIETY	NONE	DUDI 7.0	TOWNER AT EVENTOR DIRECTOR	
125 SOUTH WACKER DRIVE, 14TH FLOOR	HOME	PUBLIC	GENERAL EXEMPT PURPOSE	
CHICAGO, IL 60606				10,000
FAMILY CENTERS, INC.	NONE	PUBLIC	GENERAL EXEMPT PURPOSE	
40 ARCH STREET				
GREENWICH, CT 06836	<u></u>			1,000
INCARNATION SCHOOL 570 WEST 175TH STREET	NONE	PUBLIC	GENERAL EXEMPT PURPOSE	
NEW YORK, NY 10033				10,000
INSTITUTE OF INTERNATIONAL EDUCATION	NONE	PUBLIC	GENERAL EXEMPT PURPOSE	
809 UNITED NATIONS PLAZA				
NEW YORK, NY 10017				10,000
JOE DUMPHY MEMORIAL GOLF SCHOLARSHIP	NONE	PUBLIC	GENERAL EXEMPT PURPOSE	
INC				
78 DAWSON VILLAGE WAY N STE 140-23				
DAWSONVILLE, GA 30534				500
LUMEN CHRISTI INSTITUTE	NONE	PUBLIC	GENERAL EXEMPT PURPOSE	
1220 E 58TH STREET CHICAGO, IL 60637				5,000
				<u> </u>
LYCEE FRANCAIS DE NEW YORK	NONE	PUBLIC	GENERAL EXEMPT PURPOSE	
505 E 75TH STREET	AMONA	FUBBIC	SENERAL BABMET FURFUSE	
NEW YORK, NY 10021				11,000
MARIST COLLEGE	NONE	PUBLIC	GENERAL EXEMPT PURPOSE	
3399 NORTH ROAD POUGHKEEPSIE, NY 12601				24,500
POOGRAMMENT, NI 12001				24,500
MUGIC INCRIMUMB OF CUIONGO	NONE	DUDI TO	DENEDAL EVENDE DIFFICÉE	
MUSIC INSTITUTE OF CHICAGO 1702 SHERMAN AVENUE	NONE	PUBLIC	GENERAL EXEMPT PURPOSE	
EVANSTON, IL 60201				5,000
-			T	
NEW YORKERS FOR CHILDREN	NONE	PUBLIC	GENERAL EXEMPT PURPOSE	
450 SEVENTH AVENUE, SUITE 403				
NEW YORK, NY 10123			1	25,000 149,000

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient NORTHWESTERN UNIVERSITY NONE PUBLIC GENERAL EXEMPT PURPOSE 1201 DAVIS STREET 5,000. EVANSTON, IL 60208 PUBLIC GENERAL EXEMPT PURPOSE OPPORTUNITY EARLY LEARNING CENTER NONE 1713 QUAIL DRIVE WEST PALM BEACH, FL 33409 25,000. PUBLIC PENCILS 4 KIDS NONE GENERAL EXEMPT PURPOSE 568 GRAND ST, APT J705 NEW YORK, NY 10002 2,000. THE BRICK CHURCH SCHOOL PUBLIC GENERAL EXEMPT PURPOSE NONE 62 E 92ND STREET NEW YORK, NY 10128 15,000. Total from continuation sheets

#### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	Dusiness income		y section 512, 513, or 514	(e)	
	(a)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue.	Business code	Amount	sion code	Amount	function income	
a.	1		<del></del>			
h	·					
C						
d	·					
e						
1	·					
g Fees and contracts from government agencies	·					
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments	i i					
4 Dividends and interest from securities			14	569.	<del> </del>	
5 Net rental income or (loss) from real estate:	Sec. 1 .	and the same				
a Debt-financed property					·····	
b Not debt-financed property					<del></del>	
6 Net rental income or (loss) from personal	·					
property			l i			
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			18	<16,172.>		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory					·	
I1 Other revenue:						
a PARTNERSHIP INCOME	1		01	4,349.		
b RECOVERY OF PY						
c QUALIFYING DISTRIBUTION			01	840.		
d				-		
e						
12 Subtotal. Add columns (b), (d), and (e)	37. · · ·		0.	<10,414.>	. 0	
13 Total. Add line 12, columns (b), (d), and (e)				13	<10,414	
(See worksheet in line 13 instructions to verify calculations.)	•					

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

▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
NO	NE
	- <u></u>
	<del></del>
	<del></del> <del></del>
	<del></del>
	Form 990-PF

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				FOUNDATION			116118	Page	<u>) 1</u>
Part:	XVIII , Information Re Exempt Organ	egarding nizations	Transfers To a	and Transactions	and Relationship	s With Non	charitable		
1 Dic	the organization directly or indi	rectly engage	in any of the followin	g with any other organiza	ition described in section 5	01(c) of		Yes I	VC
the	Code (other than section 501(c	)(3) organiza	tions) or in section 52	7, relating to political org	anizations?			*	
a Tra	ansfers from the reporting found	lation to a nor	ncharitable exempt org	ganization of:					
(1)	Cash					-	1a(1)		<u>x</u>
(2)	Other assets						. 1a(2)		X
<b>b</b> Oti	ner transactions:								蕊
• •	Sales of assets to a noncharita	-	• • •	<u>.</u>			1b(1)		<u> </u>
(2)	Purchases of assets from a no	incharitable e	xempt organization			-	1b(2)		X
(3)	Rental of facilities, equipment,	or other asse	ets				1b(3)		X
(4)	Reimbursement arrangements	3					1b(4)		X
(5)	Loans or loan guarantees .					-	1b(5)		X
	Performance of services or me	•	-				1b(6)		X
	aring of facilities, equipment, ma					•	1c		X
	he answer to any of the above is		•	· ·	•	•	•	ets,	
	services given by the reporting f			ed less than fair market v	alue in any transaction or s	naring arrangem	ent, show in		
	lumn (d) the value of the goods,				1 40				_
(a)Line r	(b) Amount involved	(6)1	Name of noncharitable	exempt organization	(d) Description of tra	nsfers, transactions	s, and sharing arr	angement	<u>-</u>
		ļ	N/A						
	<del> </del>	<del> </del>	<del></del>						
	<del></del>	<del> </del>							
	<del></del>	<del> </del>							_
	<del></del>	<del> </del>			<del></del>				_
	<del></del>	<del> </del>	<del></del>	<del> </del>					
	<del>- </del>	<del> </del>		<del></del>	<del></del>	<del></del>			_
	<del> </del>	<u> </u>				<del></del>			_
	<del></del>	<del> </del>			<del></del>				
	<del> </del>	<del> </del>	<del></del>						_
		<del>                                       </del>			<del>-  </del>				_
	<del></del>	<u> </u>			<del></del>	<del> </del>			_
	<del> </del>	<del>                                      </del>	<del></del>						_
	<del></del>	<u> </u>		<del></del>	<del></del>				_
	<del> </del>	<del> </del>	<del></del>	<del></del>	<del></del>	<del></del>			_
2a  s1	the foundation directly or indirec	tly affiliated w	vith or related to one	or more tax-exempt orga	inizations described				_
	section 501(c) of the Code (othe	-	•		THE CONTROL OF THE CO		Yes	X	No
	Yes," complete the following sch		1001(0)(0)) 01 111 0001					سعب	
	(a) Name of org			(b) Type of organization	n (c) D	escription of rela	tionship		_
	N/A	<del>-</del>		,,, <u></u>	<del></del>		<del></del>		_
	<del></del>				<del> </del>				_
				<del>-</del> -		<del></del>			_
	<del></del>				<del> </del>				_
		7			<del> </del>				_
	Under penalties of perjury, I declary	that I have exa	mined this return, includin	g accompanying schedules a	nd statements, and to the best	of my knowledge	May the IHS d	iscuse the	<u>_</u>
Sign	and belief, it is true, correct, and cor	mplete Feclara	tion of preparer (other than	n taxpayer) is based on all Info	ormation of which preparer has	iny knowledge	return with the shown below	preparer	
Here		<u> </u>		riloilir	CHAIR		X Yes		,. No
	Signature of officer or trustee	9		Date	Title		<u> </u>		
	Dunt/Tuna propagation		Drana-aria ai		I Data Cho	<u> </u>	- TITL		_

Phone no. 516-508-9623
Form **990-PF** (2016)

P00336359

Paid

**Preparer** 

**Use Only** 

Firm's name BESSEMER TRUST

Firm's address ► 630 FIFTH AVENUE,
NEW YORK, NY 10111-0333

self- employed

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization STEPHEN C. FREIDHEIM FOUNDATION, INC **Employer identification number** 

	TEPHEN C. FREIDHEIM FOUNDATION, INC	80-0116118
Organization type (check	( one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	tule See instructions.
X For an organizati	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 1/3% suppor 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amounts. EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edu f cruelty to children or animals Complete Parts I, II, and III	_
year, contribution is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled refer here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	more than \$1,000 If this box is, charitable, etc ,
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its fit the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA 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)

Employer identification number

#### STEPHEN C. FREIDHEIM FOUNDATION, INC

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MR. STEPHEN C. FRIEDHEIM  C/O BESSEMER TRUST 630 FIFTH AVE.  NEW YORK, NY 10111		Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### STEPHEN C. FREIDHEIM FOUNDATION, INC

80-0116118

05+111	Noncock Property (See instructions) the during the series of Dark W.			1-0110118
Part III	Noncash Property (See instructions). Use duplicate copies of Part II if	additi	onal space is needed.	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	45 SHS AETNA INC NEW AVG FMV PER/SH \$126.215			
		\$_	5,680.	12/27/16
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
_1	75 SHS AMERICAN INTL GROUP INC AVG FMV PER/SH \$66.67			
		\$_	5,000.	12/27/16
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
_1	75 SHS AMERICAN WATER WORKS CO AVG FMV PER/SH \$72.885			
		\$_	5,466.	12/27/16
(a) No. From	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	175 SHS APPLE INC AVG FMV PER/SH \$117.145			
		\$_	20,500.	12/27/16
(a) No. rom Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	55 SHS ATOS AVG FMV PER/SH \$100.27			
		\$_	5,515.	12/27/16
(a) No. rom	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
	45 SHS BROADCOM LTD AVG FMV PER/SH	$\vdash$	<del> </del>	
1	\$182.875			

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

Employer identification number

#### STEPHEN C. FREIDHEIM FOUNDATION, INC

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	addıtic	onal space is needed.	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	25 SHS CDW CORP/DE AVG FMV PER/SH \$53.235		***	
		\$_	1,331.	12/27/16
(a) No. rom Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	25 SHS CDW CORP/DE AVG FMV PER/SH \$53.235			
		\$_	1,331.	12/27/16
(a) No. rom art I	(b)  Description of noncash property given	:	(c) FMV (or estimate) (See instructions)	(d) Date received
1	50 SHS CDW CORP/DE AVG FMV PER/SH \$53.235			
		\$_	2,662.	12/27/16
(a) No. rom	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	50 SHS CHUBB LIMITED AVG FMV PER/SH \$132.96			
		\$_	6,648.	12/27/16
(a) No. rom	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	50 SHS DISCOVER FINANCIAL SVCS AVG FMV PER/SH \$73.025		-	
		\$_	3,651.	12/27/16
(a) No. rom	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	85 SHS DOLLAR GENERAL CORP AVG FMV PER/SH \$74.63			
1		1	6,344.	12/27/16

Employer identification number

#### STEPHEN C. FREIDHEIM FOUNDATION, INC

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if	additic	onal space is needed.	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	25 SHS DOLLAR GENERAL CORP AVG FMV PER/SH \$74.63	<u> </u>		
		\$_	1,866.	12/27/16
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	650 SHS KEYCORP NEW, AVG FMV PER/SH \$18.545			
		\$_	12,054.	12/27/16
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	30 SHS MORGAN STANLEY GRP INC AVG FMV PER/SH \$43.11			
		\$_	1,293.	12/27/16
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	75 SHS MORGAN STANLEY GRP INC AVG FMV PER/SH \$43.11			
		\$_	3,233.	12/27/16
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
_1	75 SHS MORGAN STANLEY GRP INC AVG FMV PER/SH \$43.11			<del></del>
		\$_	3,233.	12/27/16
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	30 SHS NIKE INC CL B AVG FMV PER/SH \$51.725		, .	
_				

Employer identification number

#### STEPHEN C. FREIDHEIM FOUNDATION, INC

STEPH	EN C. FREIDHEIM FOUNDATION, INC		[ 80	-0116118
Part II	Noncash Property (See instructions). Use duplicate copies of Part II if	addıtional sp	ace is needed.	
(a) No. from Part I	(b)  Description of noncash property given		(c) (or estimate) instructions)	(d) Date received
1	70 SHS NXP SEMICONDUCTORS NV AVG FMV PER/SH \$98.80			
		\$	6,916.	12/27/16
(a) No. from Part I	(b) Description of noncash property given		(c) (or estimate) instructions)	(d) Date received
1	200 SHS ORIX CORP AVG FMV PER/SH \$79.035			
		\$	15,807.	12/27/16
(a) No. from Part I	(b) Description of noncash property given	•	(c) (or estimate) instructions)	(d) Date received
1	50 SHS ORIX CORP AVG FMV PER/SH \$79.035			-
		\$	3,952.	12/27/16
(a) No. from Part I	(b)  Description of noncash property given	1	(c) (or estimate) instructions)	(d) Date received
1	150 SHS PANDORA A/S ADR AVG FMV PER/SH \$31.67			
		\$	4,751.	12/27/16
(a) No. from Part I	(b)  Description of noncash property given	1	(c) (or estimate) instructions)	(d) Date received
1	30 SHS RAYTHEON CO NEW AVG FMV PER/SH \$143.43			
		\$	4,303.	12/27/16
(a) No. from Part I	(b) Description of noncash property given	L .	(c) (or estimate) instructions)	(d) Date received
1	75 SHS RAYTHEON CO NEW AVG FMV PER/SH \$143.43		-	
600450 10 1	0.10	\$	10,757.	12/27/16 990, 990-EZ, or 990-PF) (2010
623453 10-1	0-10		ochequie & (Form 9	130, 330-EZ, Of 330-PF) (20`

lame of orga	nization	Employer identification number						
<b>ТЕРНЕ</b>	N C. FREIDHEIM FOUNDAT	ION, INC	80-0116118					
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	completing Part III, enter the total of exclusively religiou	us, charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once) > \$					
a) No. I	Use duplicate copies of Part III if addition	nal space is needed.	<del></del>					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
art i								
-								
<u> </u>								
- 1		(e) Transfer of gift	:					
	Transferee's name, address, a	nd 710 + 4	Relationship of transferor to transferee					
-	Transferee's flame, address, a	III ZIF + 4	neiationship of transfer of to transferee					
1.								
3 No.								
(a) No. from	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held					
Part I		<u> </u>						
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		(e) Transfer of gift	:					
	Transferenia nome address o	nd 710 + 4	Relationship of transferor to transferee					
	Transferee's name, address, a	nu zir + 4	nelationship of transfer to transferee					
] ]								
3) No								
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
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1.								
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	(e) Transfer of gift							
j	Transferee's name, address, a	and 7ID + A	Relationship of transferor to transferee					
	Transierce s marie, address, a	Hu Zii + 4	relationship of dansier of to dansieree					
a) No			<del></del>					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
arti								
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<u> </u> _		<u> </u>						
		(e) Transfer of gift	(					
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee					
 	manare e a name, audress, a	III W MAIL T T	Total delicities of the delicities					
[ ]								
3454 10-18-1	6		Schedule B (Form 990, 990-EZ, or 990-PF) (2					

FORM 990-PF	GAIN OR	(LOSS) F	ROM SAL	E OF ASS	SETS	Sī	PATEMENT	1
(A) DESCRIPTION OF PROF	PERTY				NER JIRED	DATE ACQUIREI	D DATE S	OLD
PUBLICLY TRADED SEC	CURITITES			PURCI	HASED	VARIOUS	VARIO	บร
(B) GROSS SALES PRIC	(C COST CE OTHER	OR	(D) EXPENS SAL	E OF	(E) DEPREC	. GA	(F) IN OR LOS	s
118,9	986. 1	35,158.		0.		0.	<16,1	72.>
(A) DESCRIPTION OF PROF	<del></del>	REDEMPTI	ON			DATE ACQUIREI VARIOUS		
(B) GROSS SALES PRIC		OR	(D) EXPENS SAL	E OF	(E) DEPREC	. GA	(F) IN OR LOS	s
250,0	000. 2	50,000.		0.		0.		0.
CAPITAL GAINS DIVII							<16,1	0. 72.>
FORM 990-PF	DIVIDENDS	AND IŅT	EREST F	ROM SECU	JRITIES	S <sup>r</sup> .	PATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	(A) REVENUE ER BOOKS	NET	(B) INVEST- INCOME	(C) ADJUST NET INC	
BESSEMER TRUST	569.		0.	569	9.	569.		
TO PART I, LINE 4	569.		0.	569	).	569.		

FORM 990-PF	OTHER	INCOME		STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
PARTNERSHIP INCOME RECOVERY OF PY QUALIFYING DISTRIBUTION	_	4,349.	4,349.		
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	5,189.	4,349.		
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
FINANCIAL SERVICES FEE	4,500	. 0	•	4,50	0.
TO FORM 990-PF, PG 1, LN 16B	4,500	. 0	•	4,50	0.
FORM 990-PF C	THER PROFE	SSIONAL FEES		STATEMENT	 5 
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
INVESTMENT SERVICES FEE AGENT FEES - CSC	5,656 0	•		-	0.
TO FORM 990-PF, PG 1, LN 16C	5,656	. 5,656	•		0.

FORM 990-PF OTHER EXPENSES					STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ST- ADJUSTE OME NET INCO			
NY FORM CHAR 500 FILING FEE	250.		0.			50.
DELAWARE FILING FEE	25.		0.			25.
ALM MEDIA PUBLICATION FEE	150.		0.			50.
ANNUAL REPORT FILING FEE	296.		0.			96.
UBS ANNUAL FEE	150.		0.			50.
WIRE FEES / MISC	175.		0.		1	75.
TO FORM 990-PF, PG 1, LN 23	1,046.		0.		1,0	46.
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR FU	ND BALANCE	S i	STATEMENT	7
DESCRIPTION					AMOUNT	
BOOK TO TAX BASIS OF NXP SEM	ICONDUCTORS				2,8	94.
TOTAL TO FORM 990-PF, PART I	II, LINE 5				2,8	94.
				_		
	—-— <del></del>					-
FORM 990-PF	CORPORAT	E STOCK		,	STATEMENT	8
FORM 990-PF DESCRIPTION	CORPORAT	E STOCK	BOOK VALU	]	STATEMENT FAIR MARKE VALUE	
	<del></del>	E STOCK	BOOK VALU	E	FAIR MARKE	T
DESCRIPTION	HARES	E STOCK		E	FAIR MARKE VALUE	T 60.
DESCRIPTION  NXP SEMICONDUCTORS NV - 70 SI	HARES		4,0	E 22. 22.	FAIR MARKE VALUE 6,8	T 60.
DESCRIPTION  NXP SEMICONDUCTORS NV - 70 SI  TOTAL TO FORM 990-PF, PART I	HARES  I, LINE 10B  OTHER INV		4,0	22. 22.	FAIR MARKE VALUE 6,8	60. 60.
DESCRIPTION  NXP SEMICONDUCTORS NV - 70 SI  TOTAL TO FORM 990-PF, PART II  FORM 990-PF  DESCRIPTION	HARES  I, LINE 10B  OTHER INV  VA	ESTMENTS LUATION ETHOD	4,0 4,0 BOOK VALU	E 22.	FAIR MARKE VALUE 6,8 6,8 STATEMENT FAIR MARKE VALUE	60. 60.
DESCRIPTION  NXP SEMICONDUCTORS NV - 70 SI  TOTAL TO FORM 990-PF, PART II  FORM 990-PF  DESCRIPTION  UBS - BLACKSTONE STRATEGIC AND	HARES  I, LINE 10B  OTHER INV  VA  M  LLIANCE	ESTMENTS  LUATION ETHOD COST	4,0 4,0 BOOK VALU 244,3	E 22. E 38.	FAIR MARKE VALUE  6,8  6,8  STATEMENT  FAIR MARKE VALUE  242,2	9 221.
DESCRIPTION  NXP SEMICONDUCTORS NV - 70 SI  TOTAL TO FORM 990-PF, PART I:  FORM 990-PF  DESCRIPTION  UBS - BLACKSTONE STRATEGIC AND CYRUS OPP FUND II LTD CLD II:	HARES I, LINE 10B  OTHER INV  VA  M  LLIANCE -S1	ESTMENTS LUATION ETHOD COST COST	4,0 4,0 BOOK VALU 244,3 191,8	E 22	FAIR MARKE VALUE  6,8  6,8  STATEMENT  FAIR MARKE VALUE  242,2 7,975,7	60. 60.
DESCRIPTION  NXP SEMICONDUCTORS NV - 70 SI  TOTAL TO FORM 990-PF, PART I:  FORM 990-PF  DESCRIPTION  UBS - BLACKSTONE STRATEGIC AI CYRUS OPP FUND II LTD CLD III CYRUS OPP FUND II LTD CLD III	HARES I, LINE 10B  OTHER INV  VA  M  LLIANCE -S1 -SP4	ESTMENTS  LUATION ETHOD  COST COST COST	4,0 4,0 BOOK VALU 244,3 191,8 58,0	E	FAIR MARKE VALUE  6,8  6,8  STATEMENT  FAIR MARKE VALUE  242,2 7,975,7 2,3	60. 60. 21.
DESCRIPTION  NXP SEMICONDUCTORS NV - 70 SI  TOTAL TO FORM 990-PF, PART I:  FORM 990-PF  DESCRIPTION  UBS - BLACKSTONE STRATEGIC AND CYRUS OPP FUND II LTD CLD II:	HARES I, LINE 10B  OTHER INV  VA  M  LLIANCE -S1 -SP4	ESTMENTS LUATION ETHOD COST COST	4,0 4,0 BOOK VALU 244,3 191,8	E	FAIR MARKE VALUE  6,8  6,8  STATEMENT  FAIR MARKE VALUE  242,2 7,975,7	60

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS STATE PART VII-A, LINE 10	MENT 10
NAME OF CONTRIBUTOR	ADDRESS	
STEPHEN C FREIDHEIM	C/O BESSEMER TRUST 630 FIFTH AVE NEW YORK, NY 10111	

	ST OF OFFICERS, D FOUNDATION MANA	STATEMENT 11		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
STEPHEN C FREIDHEIM C/O BESSEMER TRUST, 630 FIFTH AVENUE	CHAIR 5.00	0.	0.	0.
NEW YORK, NY 10111 LYNN WAUNFORD-BROWN	SECRETARY	••		
C/O BESSEMER TRUST, 630 FIFTH AVENUE NEW YORK, NY 10111	5.00	0.	0.	0.
MARGUERITE FREIDHEIM C/O BESSEMER TRUST, 630 FIFTH	PRESIDENT	•		•
AVENUE NEW YORK, NY 10111	5.00	0.	0.	0.
AMANDINE FREIDHEIM C/O BESSEMER TRUST, 630 FIFTH AVENUE NEW YORK, NY 10111	BOARD MEMBER 5.00	0.	0.	0.
CYRUS FREIDHEIM C/O BESSEMER TRUST, 630 FIFTH	ACTING CIO			
AVENUE NEW YORK, NY 10111	5.00	0.	0.	0.
SCOTT FREIDHEIM C/O BESSEMER TRUST, 630 FIFTH	BOARD MEMBER			
AVENUE NEW YORK, NY 10111	5.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	5, PART VIII	0.	0.	0.