

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED NUV 17 2017

Form **990-PF** Department of the Treasury internal Revenue Service

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

FOL	alen	dar year 2016 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identification	number
T	HE	SILVER FAMILY FOUNDATI	86-1150491			
		nd street (or P O box number if mall is not delivered to street	address)	Room/suite	B Telephone number	
1	<u>05</u>	GROVE STREET		<u></u> j5	(973) 783-	8017
City	or to	own, state or province, country, and ZIP or foreign p	ostal code		C if exemption application is p	ending, check here
M	ON'	TCLAIR, NJ 07042				
G C	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			
_		Address change	Name change		Foreign organizations me check here and attach co	ering the 85% test.
H C	heck	type of organization: X Section 501(c)(3) ex	cempt private foundation		E If private foundation sta	tus was terminated
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1))(A), check here
I Fa	ır ma	rket value of all assets at end of year J Account	- ·	Accruat	F If the foundation is in a	60-month termination
		Part II, col (c), line 16)	ther (specify)		under section 507(b)(1))(B), check here
		169 , 567 . (Part I, colu	mn (d) must be on cash t	oasis)		
Pa	rt I	Analysis of Revenue and Expenses (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	530,048.		N/A	
	2	Check I if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	1,594.	1,594.		STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)				
<u>e</u>	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)	<u> </u>	0.		
æ	8	Net short-term capital gain				
	9	Income modifications				<u> </u>
		Gross sales less returns I		···.		
		Less Cost of goods sold		····		
		Gross profit or (loss)				
	11	Other income	6,254.	6,254.		STATEMENT 2
	12	Total. Add lines 1 through 11	537,896.	7,848.		
_	13	Compensation of officers, directors, trustees, etc	0.	0.	RECEIVE	0.
i	14	Other employee salaries and wages				12
,	15	Pension plans, employee benefits			8 NOV 15 20	17 8
xpenses	16a	Legal fees			B 1107 13 20	11 10
ĕ	b	Accounting fees			OGDEN	- E
		Other professional fees STMT 3	630.	630.	- UGUEN C	0.
Operating and Administrative E	17	Interest		12.		0.
rati	18	Taxes				
ist	19	Depreciation and depletion				
Ē	20	Occupancy				
¥	21	Travel, conferences, and meetings				
and	22	Printing and publications				
ng.	23	Other expenses				
rati	24	Total operating and administrative				
<u> </u>		expenses. Add lines 13 through 23	642.	642.		0.
0		Contributions, gifts, grants paid	563,955.			563,955.
	26	Total expenses and disbursements.		=		
		Add lines 24 and 25	564,597.	642.		563,955.
	27	Subtract line 26 from line 12:				1
		Excess of revenue over expenses and disbursements	<26,701.			
	1	Net investment income (if negative, enter -0-)		7,206.		
	C	Adjusted net income (if negative, enter -0-)			N/A	<u> </u>

Part II Balance Sheets Attached schedules and amounts in the description column should be for end of error amounts and		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	nd of year		
		Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing					
ı	2	Savings and temporary cash investments	76,209.	43,254	43,254.		
	3	Accounts receivable	-		_		
		Less: allowance for doubtful accounts		<u></u>			
-	4	Pledges receivable >			1		
4		Less: allowance for doubtful accounts					
	5	Grants receivable		·	<u> </u>		
-	Ą	Receivables due from officers, directors, trustees, and other					
	_	disqualified persons					
	7	Other notes and loans receivable			_ :		
_	۰	Less: allowance for doubtful accounts					
Assets		Inventories for sale or use					
§ ∣		Prepaid expenses and deferred charges					
Ī		Investments - U.S. and state government obligations	0.		0 117		
		Investments - corporate stock STMT 5 Investments - corporate bonds STMT 6	31,697.	0 31,697	-,		
			31,097.	31,097	. 30,855.		
	"	Investments - land, buildings, and equipment basis					
	10	Less accumulated depreciation					
- 1	13	Investments - mortgage loans Investments - other STMT 7	69,738.	87,344	07 344		
- 1		Land, buildings, and equipment basis	03,730.	07,344	87,344.		
	'7	Less accumulated depreciation			- '		
	15	Other assets (describe					
- 1		Total assets (to be completed by all filers - see the		 			
ĺ		Instructions. Also, see page 1, item I)	177,644.	162,295	. 169,567.		
\dashv	17	Accounts payable and accrued expenses	277,0240	102,233	105,507.		
- 1	18	Grants payable			-		
	19	Deferred revenue			┥ '		
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons			-{ ;		
₹⊓	21	Mortgages and other notes payable			╡		
ڈ		Other liabilities (describe)			4		
					┪ .		
	23	Total liabilities (add lines 17 through 22)	0.	0			
T		Foundations that follow SFAS 117, check here			┫		
		and complete lines 24 through 28 and lines 30 and 31.					
Balances	24	Unrestricted					
a l	25	Temporarily restricted			7		
- 1	26	Permanently restricted			1		
Net Assets or Fund		Foundations that do not follow SFAS 117, check here			7		
ᄄ		and complete lines 27 through 31.					
<u>8</u>	27	Capital stock, trust principal, or current funds	0.	0			
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0	- I		
₹	29	Retained earnings, accumulated income, endowment, or other funds	177,644.	162,295			
Ž	30	Total net assets or fund balances	177,644.	162,295	•		
					7		
	31	Total liabilities and net assets/fund balances	177,644.	162,295	•		
Pa	rt	Analysis of Changes in Net Assets or Fund Ba	alances				
			<u> </u>	<u>.</u>			
		net assets or fund balances at beginning of year - Part II, column (a), line 3	30		1		
		t agree with end-of-year figure reported on prior year's return)		<u> </u>			
		amount from Part I, line 27a	#=== #	2			
		increases not included in line 2 (itemize)	SEE STAT				
		ines 1, 2, and 3		4			
		eases not included in line 2 (itemize)	(h) 1 00	5			
6 T	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	iumin (D), linė 30	6			
					Form 990-PF (2016)		

[Pa	(a) List and describe	the kind(s) of property sold (e.g louse; or common stock, 200 sh	., real estate,	tincome	lΈP	How ac - Purc - Don:	cquired hase ation	(c) Date (mo., c	acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a				_	1					
b	NONI	3								
C										
d										
е_					<u>L</u> ,					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (
a										
<u> </u>										
<u> </u>										· · · · · · · · · · · · · · · · · · ·
d										
<u>e</u>	amplete palu for appete about a	on in column (b) and accord by	Ah a fa dah a	40/04/00						
	omplete only for assets showing o								Col. (h) gain not less thar	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				Losses	(from col. (h))
<u>a</u>										
b		 						_		
C								***		
<u>d</u>										
е	<u> </u>	······································	L							
2 Ca	pital gaın net ıncome or (net capıta	If gain, also enter al loss) { If (loss), enter -0	r in Part I, line - in Part I, line	7 7	}[2				
	t short-term capital gaın or (loss) gain, also enter in Part I, lıne 8, col		nd (6):		Ì					
lf	(loss), enter -0- in Part I, line 8 t V Qualification Unc	ler Section 4940(e) for			Л	3				
Was t	tion 4940(d)(2) applies, leave this the foundation liable for the section to the foundation does not qualify the the appropriate amount in eac	4942 tax on the distributable amunder section 4940(e). Do not co	mplete this pa	rt.						Yes X No
	(a)	(b)	iiou dollono bo	ioro making any c						(d)
Cal	Base periód years endar year (or tax year beginning i	Administration annual Subsection	tributions	Net value of no	(c) nchar	itable-	use assets		Distrib (col. (b) divi	(d) ution ratio ided by col. (c))
	2015	"',	2,346.				1,962		(00.11 (0) 0.11	3.966029
	2014		3,818.				$\frac{1,102}{1,102}$			3.704328
	2013	44	7,329.				7,577			2.384775
	2012	58	1,685.			21	3,096	5.		2.729685
	2011	39	3,695.			29	0,740).		1.354114
2 To	tal of line 1, column (d)		·-					2		14.138931
	erage distribution ratio for the 5-ye e foundation has been in existence		on line 2 by 5,	or by the number	of yea	ars		3		2.827786
4 En	ter the net value of noncharitable-	use assets for 2016 from Part X,	line 5					4		175,474.
5 M	ultiply line 4 by line 3							5		496,203.
6 En	ter 1% of net investment income (1% of Part I, line 27b)						6		72.
7 Ac	ld lines 5 and 6							7		496,275.
8 En	ter qualifying distributions from Pa	art XII, line 4						8		563,955.
	ine 8 is equal to or greater than line the Part VI instructions.	e 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 19	% tax r	rate.			

_	1990-PF (2016) THE SILVER FAMILY FOUNDATION,		86-115			Page 4
	art VI Excise Tax Based on Investment Income (Section 494		or 4948 - see	instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and e	1				_
•	Date of ruling or determination letter: (attach copy of letter if near					- ^
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► LX and enter 1%	1			<u>72.</u>
	of Part I, line 27b		1 1			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%					^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers enter -0-)	2			<u>. 0</u> .
	Add lines 1 and 2	, , , , , , , , , , , , , , , , , , ,	3			<u>72.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -O-)	4			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			72.
	Credits/Payments;	6a 10	ا ا			
	2016 estimated tax payments and 2015 overpayment credited to 2016					
	Exempt foreign organizations - tax withheld at source : Tax paid with application for extension of time to file (Form 8868)	6b				
	Backup withholding erroneously withheld	6c 6d	\dashv \vdash			
	Total credits and payments. Add lines 6a through 6d	ou	- ,		1	06.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	achad	8			•••
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	icheu	9 9			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			34.
	Enter the amount of line 10 to be; Credited to 2017 estimated tax	34. Refunded				0.
	rt VII-A Statements Regarding Activities					
_	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or inter-	vene in	T	Yes	No
	any political campaign?	, ,		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (see instructions for the defin	ition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	and copies of any materials pu	blished or			
	distributed by the foundation in connection with the activities			1		
C	Did the foundation file Form 1120-POL for this year?			10		X
d	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	•				
	(1) On the foundation. > \$ (2) On foundation managers		<u>0.</u>	}		
0	Enter the reimbursement (if any) paid by the foundation during the year for political expend	iture tax imposed on foundation				
	managers. ▶ \$					
2	Has the foundation engaged in any activities that have not previously been reported to the II	RS?		2		<u> </u>
	If "Yes," attach a detailed description of the activities.			1 1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing it		on, or	1 .		
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?	37/3	48		X
	of "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•		5		
	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ithor		1		
0	By language in the governing instrument, or	iulei.				
	By state legislation that effectively amends the governing instrument so that no mandator	ny directions that conflict with the	ctata law	1		
	remain in the governing instrument?	y directions that commet with the	State law	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	molete Part II. col. (c). and Par	t XV	7	X	
•	the foundation have at loads \$65,000 in account at any almo during the year.	inploto rattii, oor (o), and ra		 		
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ▶		1		
	NJ			1		
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)		.		
_	of each state as required by General Instruction G? If "No," attach explanation	, ()		8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ection 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," of			8		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu			10		X

Form **990-PF** (2016)

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) N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

N/A

🗌 Yes 🛣 No

2b

before 2016? If "Yes," list the years

during the year? b If "Yes," May 26, of holding Form 4

statement - see instructions.)

Total number of value employees paid evel 400,000			Form	990-PF (2016			
Total number of other employees paid over \$50,000	 		•				
	 		 				
	1						
				<u></u>			
NONE	dovoted to position		compensation	4			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, othe allowances			
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to	(e) Evnence			
	1						
	-	1	}	1			
MONTCLAIR, NJ 07043	20.00	0.	0.				
330 NORTH MOUNTAIN AVE	1 20 22			_			
JUSTIN P. SILVER	VICE PRESIDEN	r					
MONTCLAIR, NJ 07043	20.00	0.	0.	0			
330 NORTH MOUNTAIN AVE			1				
RHONDA A. SILVER	SECRETARY AND		1	<u> </u>			
MONTCLAIR, NJ 07043	20.00	0.	0.	0			
330 NORTH MOUNTAIN AVE]				
ROBERT H. SILVER	to position PRESIDENT	enter -0-)	and deferred compensation	allowances			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe			
1 List all officers, directors, trustees, foundation managers and their	r compensation.						
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, roundation Ma	inagers, Highl	у				
b If "Yes," did the foundation receive any proceeds or have any net income attrit		magara Listi		7b			
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y	es X No				
If "Yes" to 6b, file Form 8870							
${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b X			
a personal benefit contract?		Y	es 🗶 No				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	· · ·		1] [
If "Yes," attach the statement required by Regulations section 53 49-				{ ¹ -,}			
expenditure responsibility for the grant?			es 🔲 No	ļ. š			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ned		₩ ₩			
section 53.4945 or in a current notice regarding disaster assistance (see instr Organizations relying on a current notice regarding disaster assistance check	*			5b			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify up	•	n Regulations	NT / 3	sh			
the prevention of cruelty to children or animals?							
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for							
4945(d)(4)(A)? (see instructions)							
(4) Provide a grant to an organization other than a charitable, etc., organization described in section							
(3) Provide a grant to an individual for travel, study, or other similar purposes?							
any voter registration drive?	, ,,	· —	es 🗶 No				
(2) Influence the outcome of any specific public election (see section 4955);	,						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e)\?		es 🛣 No	1 2			
5a During the year did the foundation pay or incur any amount to:	TOTAL TIES MAY BE I	required (contin		- , 			
Part VII-B Statements Regarding Activities for Which	Form 4720 May Re I	Required (contin	86-11504	91 Page			

Form 990-PF (2016) THE SILVER FAMILY FOUNDATION, IN	iC. 86-	1150491 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ntion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro-		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

0 . 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 the section

Form **990-PF** (2016)

563

563,955.

3Ь

4

5

6

4

Cash distribution test (attach the required schedule)

4940(e) reduction of tax in those years.

Adjusted qualifying distributions. Subtract line 5 from line 4

income. Enter 1% of Part I, line 27b

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				8,702.
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				·
a From 2011 379,584.				
bFrom 2012 571,362.				
cFrom 2013 438,584.				
dFrom 2014 625,755.				
eFrom 2015 634,248.				
f Total of lines 3a through e	2,649,533.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 563,955.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				8,702.
e Remaining amount distributed out of corpus	555,253.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	1			
& Corpus. Add lines 3f, 4c, and 4e Subtract line 5	3,204,786.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			<u></u>	
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				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	379,584.			
9 Excess distributions carryover to 2017.	0 005 000			
Subtract lines 7 and 8 from line 6a	2,825,202.			
10 Analysis of line 9:	ļ		1	
a Excess from 2012 571,362.	İ			
b Excess from 2013 438,584.	ļ		1	
c Excess from 2014 625,755. dExcess from 2015 634,248.				
	ļ			
e Excess from 2016 555, 253.			<u> </u>	Form 990-PF (2016)

Form 990-PF (2016) THE SII	VER FAMILY	FOUNDATION,	INC.	86-11	50 <u>4</u> 91 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2016, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	dation is a private operatir	ig foundation described i	n section	4942(j)(3) or 494	l2(j)(5)
2 a 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	L				
b 85% of line 2a					
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 , .					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c				Ì	
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	Ì			- {	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return				1	
shown in Part X, line 6 for each year				1	
listed	ļ—————————————————————————————————————		<u> </u>		
c "Support" alternative test - enter:				1	
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on	İ	•		1	
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from				1	
an exempt organization					
(4) Gross investment income	1 /6 /	A - 163 1	7.1. 7 1.41	1 45 000	
Part XV Supplementary Info			it the foundation	on had \$5,000 or mo	re in assets
		uctions.j			
1 Information Regarding Foundation	——————————————————————————————————————	than 00/ of the total conti	ibudana zankund bu	the ferredation before the class	of any toy
a List any managers of the foundation why year (but only if they have contributed r			noutions received by	the toundation before the clos-	or any tax
SEE STATEMENT 8					
b List any managers of the foundation wh	o own 100/, or more of th	a stock of a corporation (or an equally large pe	ortion of the ownership of a ca	thorchin or
other entity) of which the foundation ha			or arrequally large po	Drugit of the ownership of a pa	aleranip or
NONE	•				
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. Pr	oarame:		
Check here ► X if the foundation of				es not accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	<u>`</u>	 			
		ролоси сърги			
		A			
b The form in which applications should l	oe suomitted and informa	uon and materials they st	ioula include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields.	kınds of institutions.	or other factors:	
•			-,		

Page 11

3 Grants and Contributions Pald During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual,]	Purpose of great or	
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		 		
• •		}	}	
		Ī		
SEE SCHEDULE ATTACHED	N/A	N/A	CHARITABLE	
	,,,,	, , , , , , , , , , , , , , , , , , ,	CHARTIADDS	563,955
		1		
		1		
		4		
	- 	 	 	
		1		
	}	}		
	- 	 		
		1	1	
		1	1	
			ļ	
		 		
		ł		
	1	1		
		<u> </u>	<u> </u>	
Total b Approved for future payment			▶ 3a	563,955.
v Approved for fature payment	•			
		1		
NONE		ł		
		 		
		İ		
		1		
		 	 	
	1			
		1	[
	1			
			<u> </u>	
Total			▶ 3b	0.

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

Form 990-PF (2016)

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
8					
b				<u> </u>	
C					
d					
8			 		
•			 		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			\vdash		
3 Interest on savings and temporary cash			┼┈╴		
investments				ļ	
4 Dividends and interest from securities			14	1,594.	
5 Net rental income or (loss) from real estate;				2/3340	*
a Debt-financed property	 	<u> </u>		16	
b Not debt-financed property	<u> </u>			 	
6 Net rental income or (loss) from personal			├		
. , ,	1		1	 	
property 7 Other investment income	ļ		14	6,254.	
			14	0,234.	
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		<u> </u>	├		
11 Other revenue:			ļ	i	
å		<u> </u>	- -		
b					
<u> </u>			<u> </u>		
d	<u> </u>		<u> </u>		
6	# ** - * · · · · · · · · · · · · · · · ·		# T 79	7,848.	
12 Subtotal. Add columns (b), (d), and (e)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7,848.
13 Total. Add line 12, columns (b), (d), and (e)		•	•	. 13	7,040.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI ² B ² Relationship of Activities to	o the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incor	me is reported	in column (e) of Part XVI-A	contril	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than I				, , , , , , , , , , , , , , , , , , , ,	,
N/A					
					
		· · · · · · · · · · · · · · · · · · ·			
		-			
					
					
		· · · · · · · · · · · · · · · · · · ·		 	
		·-···			
					
					
	· · · · · · ·	,	_		
823821 11-23-16					Form 990-PF (2016)

Form 990-PF (2016) THE SILVER FAMILY FOUNDATION, INC. 86-1150491 Page 13 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		rectly engage in any of the followi	• •		501(c) of	Yes No
)(3) organizations) or in section 5		ations?		
a Transfers	s from the reporting founda	ation to a noncharitable exempt o	rganization of:			
(1) Cast	1				•	1a(1) X
(2) Othe	er assets					1a(2) X
b Other tra	nsactions:					
(1) Sale	s of assets to a noncharital	ble exempt organization		_		1b(1) X
(2) Puro	chases of assets from a no	ncharitable exempt organization				1b(2) X
(3) Rent	tal of facilities, equipment,	or other assets	•			1b(3) X
	nbursement arrangements					1b(4) X
	ns or loan guarantees			• •		1b(5) X
	-	embership or fundraising solicitati	ons	• •	• • • • •	1b(6) X
		uling lists, other assets, or paid er		•		1c X
_		"Yes," complete the following sch		we chow the foir man	ket value of the goods is	
		oundation. If the foundation recei				
		other assets, or services received		ill ally ballsaction of	Sharing arrangement, S	HOM III
(a)Line no	(b) Amount involved	(c) Name of noncharitab		(4) 5		
(a)Line no	(b) Athount involved	.L	ie exempt organization	(u) Description of	transfers, transactions, and o	snaring arrangements
		N/A		ļ		
		<u> </u>				
	·			<u> </u>		
				<u> </u>		
				L		
	···					
				 	<u>-</u>	
		 				
				 	·	
				 	·	
				 		
0 1 1 1 1		the office of the second state of		1		
	-	tly affiliated with, or related to, on		ations described	г	ा च्टा
		er than section 501(c)(3)) or in se	ction 52/7		L	Yes X No
b If Yes, c	complete the following sch					
	(a) Name of org	ganization	(b) Type of organization	(C)	Description of relations	hip
	N/A					
	111					
		that I have examined this return, include				y the IHS discuss this
Sign and t	beilef, it is true, correct, and cor	rigiblete Declaration of preparer (other the	han taxpayer) is based on all informa	ation of which preparer h	es any knowledge ret	urn with the preparer own below (see instr)?
Here	·	// / \		PRESIDE		X Yes No
Sid	nature of officer or trustee		Date	Title		163
	Print/Type preparer's na				heck if PTIN	
	Time Type preparer 5 lie	د الرواد المراد	1	1 / 1	elf- employed	
Paid	DODDD m	CACCA (Lande	# Alla CPA	~[[] ~]0]?	, ,	0546524
_	ROBERT T.		1 1. Co. T. (1)	· · · · · · · · · · · · · · · · · · ·		0546524
Preparer	1	OOM HOCHBERG &	CO., P.C. CPA	ີ ຽ	Firm's EIN ► 13-3	010202
Use Only						
		O SEVENTH AVEN		1		
	NE	W YORK, NY 101	23		Phone no. 212-2	
						orm 990-PF (2016)

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

Employer Identification number

	T	HE SILVER FAMILY FOUNDATION, INC.	86-1150491
Organiz	ation type (check	one):	
Filers o	f:	Section:	
Form 99	0 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	nly a section 501(c	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
X		on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special	Rules		
	sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, for, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from
	year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	•
	year, contributions is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled makes the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it rule, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc.,
but it m	ust answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fin Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Forthe 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)

Name of organization

Employer identification number

THE SILVER FAMILY FOUNDATION, INC.

86-1150491

ILVER FAMILI FOUNDATION, INC.	1 00	-1150491
Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RHONDA A. SILVER 330 NORTH MOUNTAIN AVENUE MONTCLAIR, NJ 07043	\$ <u>247,500</u> .	Person X Payroli
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ROBERT H. SILVER 330 NORTH MOUNTAIN AVENUE MONTCLAIR, NJ 07043	\$ <u>247,500</u> .	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
JAMES A. SCHWEPPE 168 WILDWOOD AVENUE UPPER MONTCLAIR, NJ 07043	\$35,048.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	Contributors (See instructions). Use duplicate copies of Part I if additional (b) Name, address, and ZIP+4 RHONDA A. SILVER 330 NORTH MOUNTAIN AVENUE MONTCLAIR, NJ 07043 (b) Name, address, and ZIP+4 ROBERT H. SILVER 330 NORTH MOUNTAIN AVENUE MONTCLAIR, NJ 07043 (b) Name, address, and ZIP+4 JAMES A. SCHWEPPE 168 WILDWOOD AVENUE UPPER MONTCLAIR, NJ 07043 (b) Name, address, and ZIP+4 LOBERT H. SILVER 330 NORTH MOUNTAIN AVENUE (b) Name, address, and ZIP+4 (b) Name, address, and ZIP+4	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (b)

Employer Identification number

THE SILVER FAMILY FOUNDATION, INC.

86-1150491

Part II	Noncash Property (See instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a)			
No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3453 10-18		Schodulo B (Form	 990, 990-EZ, or 990-PF) (20

Name of orgai	nization			Employer identification number
THE SII	LVER FAMILY FOUNDATION	. INC.		86-1150491
Part III	Exclusively religious, charitable, etc., con- the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	tributions to organizations describe columns (a) through (e) and the foll is, charitable, etc., contributions of \$1,000	lowing line entry, For granization	r (10) that total more than \$1,000 for
(a) No. from				
Part i	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-				
				
ł		(e) Transfer of g	ift	
}	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
-			 	
-				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I	(b) a pose of gire	(0) Ose of girt	(d) Desc	
-				
<u> </u>		L	,	
l		(e) Transfer of g	ın	
L	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
-				
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-				
-				
		(e) Transfer of g	π	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
-				
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-				
 -				
{		(e) Transfer of g	ift	
1	Transferee's name, address, a	nd 7IP + 4	Relationship of tra	insferor to transferee
F	i unaloro o name, audress, a		ineration only of the	more, or to a anord de
-				
-				

Page 4

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

FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE BOOKS	(B) NET INVEST MENT INCOM		
UBS FINANCIAL SERVICES	1,594.		0.	1,594.	1,594	1.	
TO PART I, LINE 4	1,594.		0.	1,594.	1,59	1.	_
FORM 990-PF		OTHER I	NCOME			STATEMENT	2
DESCRIPTION			(A) REVENU PER BOO		(B) ET INVEST- ENT INCOME	(C) ADJUSTED NET INCOME	E
SIGULER GUFF CAPITAL	PARTNERS		6	,254.	6,254	, ,	
TOTAL TO FORM 990-PF,	PART I,	LINE 11	6	,254.	6,254	,	_
TOTAL TO FORM 990-PF, FORM 990-PF	· · · · · · · · · · · · · · · · · · ·	LINE 11			6,254	STATEMENT	3
	OT			FEES) VEST-	(C) ADJUSTED NET INCOME	STATEMENT (D) CHARITABI	LE
FORM 990-PF	OT	HER PROFES (A) EXPENSES	SIONAL (B NET IN MENT I	FEES) VEST-	(C) ADJUSTED	STATEMENT (D) CHARITABI PURPOSES	LE
FORM 990-PF DESCRIPTION	OT	(A) EXPENSES PER BOOKS	SIONAL (B NET IN MENT I	FEES) VEST- NCOME	(C) ADJUSTED	STATEMENT (D) CHARITABI PURPOSES	LE S
FORM 990-PF DESCRIPTION INVESTMENT FEES TO FORM 990-PF, PG 1,	OTI	(A) EXPENSES PER BOOKS 630.	SIONAL (B NET IN MENT I	FEES) VEST- NCOME 630.	(C) ADJUSTED NET INCOME	STATEMENT (D) CHARITABI PURPOSES	LE S
FORM 990-PF DESCRIPTION INVESTMENT FEES TO FORM 990-PF, PG 1,	OTI	(A) EXPENSES PER BOOKS 630.	SIONAL (B NET IN MENT I	FEES) VEST- NCOME 630.	(C) ADJUSTED NET INCOME	STATEMENT (D) CHARITABI PURPOSES	LE S
FORM 990-PF DESCRIPTION INVESTMENT FEES TO FORM 990-PF, PG 1, FORM 990-PF OTHER I	LN 16C	(A) EXPENSES PER BOOKS 630. 630.	SIONAL (B NET IN MENT I	FEES) VEST- NCOME 630.	(C) ADJUSTED NET INCOME	STATEMENT (D) CHARITABI PURPOSES (C) (C) STATEMENT	D. 0. 4

FORM 990-PF CORPO	RATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
VERIZON COMMUNICATIONS	·	0.	8,114.
TOTAL TO FORM 990-PF, PART II, LINE 1	.0в	0.	8,114.
FORM 990-PF CORPO	RATE BONDS		STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CABCO SER 2004-102 TR SB 3.450%	•	31,697.	30,855.
TOTAL TO FORM 990-PF, PART II, LINE 1	.0C	31,697.	30,855.
FORM 990-PF OTHER	INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SIGULER GUFF CAPITAL PARTNERS (VLLI 5), LLC	COST	87,344.	87,344.
TOTAL TO FORM 990-PF, PART II, LINE 1	.3	87,344.	87,344.
FORM 990-PF PART XV LIST OF FOUND	- LINE 1A	RS	STATEMENT 8

NAME OF MANAGER

ROBERT H. SILVER RHONDA A. SILVER JUSTIN P. SILVER

STATEMENT(S) 5, 6, 7, 8