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As Filed Data -

DLN: 93491135033578

2016

OMB No 1545-0052

**Return of Private Foundation** 

Department of the Treasury Internal Revenue Service

Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For	caler	ndar year 2016, or tax yea	r beginning 07-01-20	016 , aı	nd en	nding 06-30-	2017	
		indation UB FAMILY FOUNDATION				A Employer Id	entification numbe	r
	INTRA	OB FAMILI FOUNDATION				14-1878788		
		d street (or P O box number if mail is n MERE COURT	ot delivered to street address)	) Room/suite		<b>B</b> Telephone nu	mber (see instructioi	ns)
						(212) 697-1000	)	
		n, state or province, country, and ZIP of N, NJ 07039	foreign postal code			<b>C</b> If exemption	application is pendin	g, check here
G Ch	neck al	I that apply Initial return	Initial return of a	former public charity		<b>D 1.</b> Foreian or	ganizations, check he	ere $\Box$
		Final return	Amended return			_	ganizations meeting	▶ ⊔
		Address chan	ge 🔲 Name change			test, chec	k here and attach co	mputation 🕨 📙
H C	neck ty	pe of organization 🗹 Section	501(c)(3) exempt private	foundation			undation status was t n 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitabl				under seedo	11 307 (3)(1)(1)(1), chee	ik Here
		ket value of all assets at end	J Accounting method	☑ Cash ☐ Accru	ıal		ation is in a 60-month	
		from Part II, col (c), \$ 1,043,092	Other (specify) (Part I, column (d) must	be on cash basis )		under sectio	n 507(b)(1)(B), chec	k here
Da	rt I	Analysis of Revenue and	Evnences (The total	T	I			(d) Disbursements
- (		of amounts in columns (b), (c), and	•	(a) Revenue and expenses per	(b)	Net investment	(c) Adjusted net	for charitable
		equal the amounts in column (a) (se	e instructions) )	books		income	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc ,	received (attach	1,151,518	3			
Revenue	2	schedule) Check ▶ ☐ If the foundation is	<b>not</b> required to attach					
	-		· · · · · · · · · · · · · · · · · · · ·					
	3	Interest on savings and tempora	•	41	-	41		
	4	Dividends and interest from secu	urities	9,395	5	9,395		
	5a	Gross rents		ļ				
	b	Net rental income or (loss)		-				
	6a	Net gain or (loss) from sale of as						
eve	b	Gross sales price for all assets o	-		0			
ã	7   8	Capital gain net income (from Pa Net short-term capital gain .			0			
	9	Income modifications						
	10a	1						
	ь	Less Cost of goods sold	wances	<u></u>				
	c	Gross profit or (loss) (attach sch	edule)					
	11	Other income (attach schedule)						
	12			1,160,954	1	9,436		
	13	Compensation of officers, director	ors, trustees, etc	0	)	0		0
	14	Other employee salaries and wa	ges					
Ş	15	Pension plans, employee benefit	s					
nse	16a	Legal fees (attach schedule) .						
Épe	ь	Accounting fees (attach schedule	e)	6,038	3	6,038		0
e) Ei	c	Other professional fees (attach s	schedule)					
and Administrative Expenses	17	Interest		6	5	0		0
stra	18	Taxes (attach schedule) (see ins	tructions)					
	19	Depreciation (attach schedule) a	nd depletion					
Ē	20	Occupancy						
ďΑ	21	Travel, conferences, and meeting	gs					
a	22	Printing and publications					-	
<u> 6</u> u	23	Other expenses (attach schedule	e)					
Operating	24	Total operating and administ	·					
ed C		Add lines 13 through 23		6,044	1	6,038		0
ی	25	Contributions, gifts, grants paid		555,100	)			555,100
	26	Total expenses and disburser 25	ments. Add lines 24 and	561,144	ı l	6,038		555,100
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expendishursoments	nses and	599,810				
	Ь	disbursements Net investment income (if neg	gative, enter -0-)			3,398		
	c	Adjusted net income(if negative	•					
For	L Paper	work Reduction Act Notice, se	<u> </u>	1		Cat No 11289>	· For	l m <b>990-PF</b> (2016)

0

360,068

n

2

3

4

5

6

166,481

5,947

959,878

249,695

5,947

1,043,092

360,068

599,810

959,878

959,878 Form **990-PF** (2016)

0

0

Other notes and loans receivable (attach schedule) ▶

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

**Analysis of Changes in Net Assets or Fund Balances** 

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

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

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

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

Foundations that follow SFAS 117, check here ▶

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe ▶\_

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . .

Other increases not included in line 2 (itemize) -

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

12

13

14

15

16

17

18

19

20 21

22 23

Liabilities

2

Balances		and complete lines 24 through 26 and lines 30 and 31.		
a E	24	Unrestricted		
E	25	Temporarily restricted		
힑	26	Permanently restricted		
or Fund		Foundations that do not follow SFAS 117, check here  and complete lines 27 through 31.		
<b>≨</b>	27	Capital stock, trust principal, or current funds	0	0
2	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	360,068	959,878
ž	30	Total net assets or fund balances (see instructions)	360,068	959,878
	31	Total liabilities and net assets/fund balances (see instructions) .	360,068	959,878

Form 990-PF (2016)	Page <b>7</b>
Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE".
(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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	<b>D</b>
Iotal. Add lines 1 through 3	Form <b>990-PF</b> (2016)

	Tax of investment income for 2010 from Fair 11, mile of 1								1	
b	Income tax for 2016 (This does not include the tax from Part VI )	2	2b							
С	Add lines 2a and 2b								2c	68
3	Distributable amount before adjustments Subtract line 2c from line 1								3	39,672
4	Recoveries of amounts treated as qualifying distributions								4	0
5	Add lines 3 and 4								5	39,672
6	Deduction from distributable amount (see instructions)								6	0
-	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and			v	/ТТТ	lund	. 1		7	20 672

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

555,100

555.100

555,100

Form 990-PF (2016)

1a

1b

2

3a 3h

4

5

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

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

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

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

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

1

2

3

4

5

Page 9

39,672

39,672

Form **990-PF** (2016)

0

## Part X

90-PF (20	016)	
XIII	Undistributed Income	(see instructions)

**b** Total for prior years

From 2011. . . . .

**b** From 2012. . . . c From 2013. . .

d From 2014. . . . .

e From 2015. . . . .

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. . . . . . . .

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

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2016

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

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

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

**b** Excess from 2013. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not

indicated below:

4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$ a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

Form	990-PF	(2016)

Distributable amount for 2016 from Part XI, line 7

- 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only. . . . . .

196.818 232,046

256 555

371.800 402,735

232.046 256,555

371.800

402,735

515.428

(a) Corpus

1.459.954

515.428

1,975,382

196.818

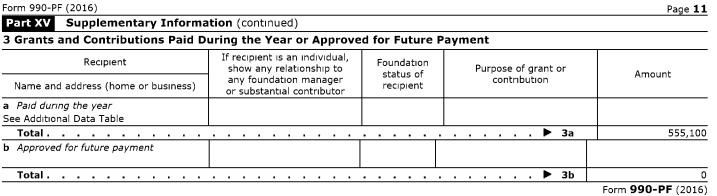
1,778,564

0

- (b) Years prior to 2015

(c)

2015



a		Unrelated bus	iness income	Excluded by section		(e) Related or exemp
	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
b						
_						
_	nd contracts from government agencies					
Interest	hip dues and assessments			14	41	
	s and interest from securities.			14	9,395	
	al income or (loss) from real estate				•	
	nanced property					
	ot-financed property					
	tal income or (loss) from personal property					
	restment income (loss) from sales of assets other than					
	ry					
	ne or (loss) from special events					
Gross pro	ofit or (loss) from sales of inventory					
Otner rev	venue a					
_						
е						
Subtotal	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)		0		9,436	
Total. Ad	dd line 12, columns (b), (d), and (e).     .    eet in line 13 instructions to verify calculatio			13	·	9,43
	B Relationship of Activities to th		nent of Exem <sub>l</sub>	pt Purposes		
ne No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions )					

Page **13** 

Part 2	XVII	Information Re Exempt Organi		ransf	ers To a	and Transacti	ons and	Relation	nships With Nor	ncharitable		
		anization directly or in Code (other than sectio	directly enga							on 501	Yes	No
		rom the reporting foun		_			_		-			
(1) Cash										. 1a(1)		No
		assets								. 1a(2)	<del>                                     </del>	No
<b>b</b> Othe	r trans	sactions										
(1) Sales of assets to a noncharitable exempt organization									.  1b(1)		No	
(2)	Purcha	ases of assets from a r	oncharitable	exem	pt organiz	zation				1b(2)		No
		l of facilities, equipmer								1b(3)		No
(4)	Reımb	oursement arrangemen	ts							. 1b(4)		No
		or loan guarantees.								. 1b(5)		No
(6)	Perforr	mance of services or m	embership or	fundr	aising sol	licitations				. 1b(6)		No
<b>c</b> Shar	ing of	facılıtıes, equipment, n	nailing lists, d	other a	assets, or	paid employees.				. 1c		No
		er to any of the above										
in an	ny tran	ls, other assets, or ser saction or sharing arra  (b) Amount involved	ngement, sho	ow in o	column (c	mpt organization	e goods,	other asse	transfers, transactions,	ved	ngemen	ts
2a Is th	e foun	dation directly or indire	ectly affiliated	with,	or relate	d to, one or more	e tax-exer	mpt organi	zations			
desc	rıbed ı	n section 501(c) of the	Code (other	than s	section 50	01(c)(3)) or in se	ction 527	?		🗆 Yes	<b>✓</b> N	0
		mplete the following s				. , . , ,						
	,	(a) Name of organization	n		(1	<b>b)</b> Type of organizat	ion		(c) Description	of relationship		
Sign	of my which	r penalties of perjury, y knowledge and belief n preparer has any kno	, it is true, co			plete Declaration			than taxpayer) is ba	ased on all info	rmation	of
Here	*	****				2018-05-15	\	*****		May the IRS discu with the preparer		
	s	ignature of officer or t	rustee			Date		Title	(	see instr )? 🗹	res 🗆 N	lo
		Print/Type preparer's	name	Prepa	arer's Sigi	nature	Date		Check if self-	PTIN		
		NILES L CITRIN					2019	8-05-15	employed ▶ □	P01404	4903	
Paid							201					
Prepa Use C		Firm's name ► CITR	IN COOPERM	IAN &	COMPANY	Y LLP	•			Fırm's EIN ▶22	-24289	65
		Firm's address ▶ 52	9 FIFTH AVE	NUE								
		NE	W YORK, NY	W YORK, NY 100174683						Phone no (212	) 697-1	1000
				1								

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year A LEG TO STAND ON **EXEMPT GENERAL OPERATING** 2,500 401 PARK AVENUE SOUTH 10TH FLOOR ORGANIZATION NEW YORK, NY 10016 BARNABAS HEALTH HOSPICE **EXEMPT** GENERAL OPERATING 80,000 95 OLD SHORT HILLS ROAD ORGANIZATION WEST ORANGE, NJ 07052 BIG BROTHERS BIG SISTERS EXEMPT 10,000 GENERAL OPERATING 500 BROAD STREET ORGANIZATION NEWARK, NJ 07102 000

## 000

555,100

За

CANCER SUPPORT COMMUNITY GREATER LEHIGH VALLEY 944 MARCON BLVD 110 ALLENTOWN, PA 18109	EXEMPT ORGANIZATION	GENERAL OPERATING	10,00
CHILDREN'S HOSPITAL OF PHILADEPHIA	EXEMPT ORGANIZATION	RESEARCH STUDY	60,00

3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

25,050

Ц	,			
	CITY MEALS ON WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017	EXEMPT ORGANIZATION	GENERAL OPERATING	
1				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

CONGREGATION BNAI JESHURUN 1025 SOUTH ORANGE AVENUE SHORT HILLS, NJ 07078	EXEMPT ORGANIZATION	GENERAL OPERATING	
CROHN'S & COLITIS	EXEMPT	GENERAL OPERATING	

ORT HILLS, NJ 07078	ORGANIZATION		
OHN'S & COLITIS 3 3RD AVENUE 510 W YORK, NY 10017	EXEMPT ORGANIZATION	GENERAL OPERATING	
			1

CROHN'S & COLITIS 733 3RD AVENUE 510 NEW YORK, NY 10017	EXEMPT ORGANIZATION	GENERAL OPERATING	3,450
FOOD ALLERGY RESEARCH & EDUCATION (FARE) 7925 JONES BRANCH DRIVE	EXEMPT ORGANIZATION	GENERAL OPERATING	7,000

14211 TORRE, 141 10017			
FOOD ALLERGY RESEARCH & EDUCATION (FARE) 7925 JONES BRANCH DRIVE MCLEAN, VA 22102	EXEMPT ORGANIZATION	GENERAL OPERATING	7,00

FOUCATION (FARE) 7925 JONES BRANCH DRIVE 4CLEAN, VA 22102	ORGANIZATION	GENERAL OPERATING	7,000
GIVERGY INC 240 KENT AVENUE	EXEMPT	GENERAL OPERATING	5,000

7925 JONES BRANCH DRIVE MCLEAN, VA 22102			
GIVERGY INC 240 KENT AVENUE	FXFMPT	GENERAL OPERATING	5.0

MCLEAN, VA 22102			
GIVERGY INC 240 KENT AVENUE BROOKLYN, NY 11249	EXEMPT ORGANIZATION	GENERAL OPERATING	5,00

GIVERGY INC. 240 KENT AVENUE BROOKLYN, NY. 11249	ORGANIZATION	GENERAL OPERATING	5,0
Total	 	▶ 3a	555,100

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

HARLEM VILLAGE ACADEMIES 35 W 124TH STREET NEW YORK, NY 10027	EXEMPT ORGANIZATION	GENERAL OPERATING	
HIDE HEDOS LISA	EVEMBT	GENERAL OPERATING	

HIRE HEROS USA 1360 UNION HILL ROAD ALPHARETTA, GA 30004	EXEMPT ORGANIZATION	GENERAL OPERATING	68,000
THN OF ESSEX CO. 46 PARK STREET	EXEMPT	GENERAL OPERATING	5 000

35,000

ALPHARETTA, GA 30004			
IHN OF ESSEX CO 46 PARK STREET MONTCLAIR, NJ 07042	EXEMPT ORGANIZATION	GENERAL OPERATING	5,000
LEHIGH UNIVERSITY 27 MEMORIAL DRIVE WEST	EXEMPT ORGANIZATION	GENERAL OPERATING	10,000

LEHIGH UNIVERSITY 27 MEMORIAL DRIVE WEST BETHLEHEM, PA 18015	EXEMPT ORGANIZATION	GENERAL OPERATING	10,000
MATTS PROMISE FOUNDATION	EXEMPT	GENERAL OPERATING	45,000

27 MEMORIAL DRIVE WEST BETHLEHEM, PA 18015	ORGANIZATION		
MATTS PROMISE FOUNDATION 1177 AVENUE OF THE AMERICAS 41ST FLOOR NEW YORK NY 10036	EXEMPT ORGANIZATION	GENERAL OPERATING	45,00

MATTS PROMISE FOUNDATION 1177 AVENUE OF THE AMERICAS 41ST FLOOR NEW YORK, NY 10036	EXEMPT ORGANIZATION	GENERAL OPERATING	45,00
Total	 	<b>&gt;</b> 3a	555,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MEMORIES LIVE **EXEMPT** GENERAL OPERATING 15,000 765 MOUNTAIN AVENUE BOX 249 ORGANIZATION. SPRINGFIELD, NJ 07081 NATIONAL MULTIPLE COLEDOCIC CVENDE CENERAL OPERATING 200

SOCIETY NYC 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	ORGANIZATION	GENERAL OPERATING	
NEWARK ACADEMY	EXEMPT	GENERAL OPERATING	5

NEW YORK, NY 10017			
NEWARK ACADEMY 91 SOUTH ORANGE AVE LIVINGSTON, NJ 07039	EXEMPT ORGANIZATION	GENERAL OPERATING	5,000
NINJA ACADEMY 5205 VENTNOR AVENUE	EXEMPT ORGANIZATION	SCHOLARSHIP	6,000

LIVINGSTON, NJ 07039			
NINJA ACADEMY 5205 VENTNOR AVENUE VENTNOR CITY, NJ 08406	EXEMPT ORGANIZATION	SCHOLARSHIP	6,000
PENN STATE DANCE MARATHON	EXEMPT	GENERAL OPERATING	250

5205 VENTNOR AVENUE VENTNOR CITY, NJ 08406	ORGANIZATION	SCHOLARSHII	3,000
PENN STATE DANCE MARATHON 227D HETZEL UNION BUILDING	EXEMPT ORGANIZATION	GENERAL OPERATING	250

	VENTNOR CITY, NJ 08406			
	PENN STATE DANCE MARATHON 227D HETZEL UNION BUILDING	EXEMPT ORGANIZATION	GENERAL OPERATING	
ı	LINIT/FRSITY PARK PA 16802			Í

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year			
SAMUEL WAXMAN CANCER 420 LEXINGTON AVENUE	EXEMPT ORGANIZATION	GENERAL OPERATING	10,000
NEW YORK, NY 10170			

NEW YORK, NY 10170	ORGANIZATI	ON	
SBMC FOUNDATION 94 OLD SHORT HILLS ROAD	EXEMPT ORGANIZATI	GENERAL OPERATING	5,250

94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039	ORGANIZATION		
THE VALERIE FUND 2101 MILLBURN AVE MAPLEWOOD, N.J. 07040	EXEMPT ORGANIZATION	SCHOLARSHIP, GENERAL OPERATING	112,900

LIVING510N, N5 07055			
THE VALERIE FUND 2101 MILLBURN AVE MAPLEWOOD, NJ 07040	EXEMPT ORGANIZATION	SCHOLARSHIP, GENERAL OPERATING	112,900
USTA FOUNDATION	EXEMPT	GENERAL OPERATING	10,000

MAPLEWOOD, NJ 07040	ORGANIZATION	OPERATING	
USTA FOUNDATION 70 W RED OAK LN 1 WHITE PLAINS, NY 10604	EXEMPT ORGANIZATION	GENERAL OPERATING	10,000

USTA FOUNDATION 70 W RED OAK LN 1 WHITE PLAINS, NY 10604	EXEMPT ORGANIZATION	GENERAL OPERATING	10,000
VE VIRTUAL ENTERPRISE	EXEMPT	GENERAL OPERATING	5,000

555,100

WHITE PLAINS, NY 10604			i
VE VIRTUAL ENTERPRISE 122 AMSTERDAM AVENUE NEW YORK NY 10023	EXEMPT ORGANIZATION	GENERAL OPERATING	5,00

Total .

Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Name and address (home or business)

WILL AC MICH FOUNDATION		EVENDE	CENERAL OPERATING	0.500
a Paid during the year				
Name and dadress (nome or business)	or substantial contributor			

WILLAS WISH FOUNDATION	EXEMPT	GENERAL OPERATING	9,500
18 SLOPE DRIVE	ORGANIZATION		•
SHORT HILLS, NJ 07078			

Total	 	▶ 3a	555,100
SHORT HILLS, NJ 07078		!	
18 SLOPE DRIVE	ORGANIZATION	!	1

efile GRAPHIC print - DO NOT F	PROCESS	As Filed D	ata -		D	LN: 93491135033578
TY 2016 Accounting Fees Schedule						
_						
	Name:	WEINTRA	AUB FA	AMILY FOUND	ATION	
<b>EIN:</b> 14-1878788						
Catagory	Amo	unt	Not 1	Investment	Adjusted Net	Disbursements
Category	Amo	unt		Income	Income	for Charitable
						Purposes

6,038

ACCOUNTING FEES

TY 2016 Investments Corporate	te Bonds Sched	lule	
		- <del>-</del> <del>-</del>	

Name: WEINTRAUB FAMILY FOUNDATION

**EIN:** 14-1878788

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450,000 SHS OF STARM 2007-2 SER 2007-2 CL 2-A-1

Name of Bond	End of Year Book Value	End of Year Fair Market Value
1,125,000 SHS OF CITIGROUP MORTGAGE LN TR INC	115,624	174,270

DLN: 93491135033578

50,857

75,425

Description

efile GRAPHIC print - DO NOT PROCESS

Name: WEINTRAUB FAMILY FOUNDATION

As Filed Data -

Other Assets Schedule

MISCELLANEOUS

Beginning of Year -

Book Value

**EIN:** 14-1878788

End of Year - Book

Value

5,947

DLN: 93491135033578

End of Year - Fair Market Value

5.947

efile GRAPHIC print -	OO NOT PROCESS		DLN: 93491135033578		
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF  Treasury Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at				
Name of the organizat		Employer id	dentification number		
		14-1878788			
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	dation			
	☐ 527 political organization				
Form 990-PF	✓ 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on			
	501(c)(3) taxable private foundation				
	ration filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib r property) from any one contributor. Complete Parts I and II. See instructions t				
Special Rules					
under sections received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33^13509(a)(1)$ and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form 990 or 990-EZ), ny one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,00 me 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	, Part II, line 13,	, 16a, or 16b, and that		
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that retotal contributions of more than \$1,000 exclusively for religious, charitable, some the prevention of cruelty to children or animals. Complete Parts I, II, and III				
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recontributions exclusively for religious, charitable, etc., purposes, but no such decked, enter here the total contributions that were received during the year for a complete any of the parts unless the <b>General Rule</b> applies to this organization able, etc., contributions totaling \$5,000 or more during the year	ontributions tota an <i>exclusively</i> re n because it rec	aled more than \$1,000 eligious, charitable, etc.,		
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not fil t it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on lin Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements	ne H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9		edule B (Form 990	0, 990-EZ, or 990-PF) (2016)		

Name of organization   Employer identification number   14-1878788	cash
(a) No. Name, address, and ZIP + 4    1	cash
No. Name, address, and ZIP + 4    Total contributions   Type of contributions   Type of contributions	cash
Terror Payroll  AGRASMERE COURT  LIVINGSTON, NJ07039  (a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) Total contributions  (d) Type of contributions  Person Payroll  Noncash  (Complete Part II for no contributions)  (Derson Payroll  Total contributions)  (Complete Part II for no contributions)  (Derson Payroll  Noncash  S Noncash	cash
Section   Sect	tion
(a) No. Name, address, and ZIP + 4 Total contributions Type of contributions Person Payroll No. Name, address, and ZIP + 4 Total contributions  (a) (b) (c) Type of contributions  (complete Part II for no contributions)  (d) No. No. Name, address, and ZIP + 4 Total contributions  (c) (d) Type of contributions  Person Payroll Noncash  (complete Part II for no contributions)  (d) Type of contributions  (complete Part II for no contributions)  (d) Type of contributions  (complete Part II for no contributions)	tion
No.  Name, address, and ZIP + 4  Total contributions  Person Payroll Noncash  (Complete Part II for no contributions)  (a) No.  Name, address, and ZIP + 4  Total contributions  (Complete Part II for no contributions)  Person Payroll Noncash  (Complete Part II for no contributions)  Person Payroll Noncash  (Complete Part II for no contributions)  Person Payroll Noncash  Service Payroll Noncash  Person Payroll Noncash	
S Payroll Noncash  (Complete Part II for no contributions)  (a) No. Name, address, and ZIP + 4  Payroll Total contributions  Person Payroll Noncash  (Complete Part II for no contributions)  (A) No. Name, address, and ZIP + 4  Total contributions  Person Payroll Noncash  Noncash	☐ ☐ ☐
(a) No. Name, address, and ZIP + 4 Total contributions  (b) No. Name, address, and ZIP + 4 Total contributions  Person Payroll Noncash  (Complete Part II for no contributions)  (Complete Part II for no contributions)  (Complete Part II for no contributions)  (Domplete Part II for no contributions)	cash
(a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  Person Payroll Noncash  (c) (d) Type of contributions  Person Payroll Noncash  (complete Part II for no contributions)  (d) No. Name, address, and ZIP + 4  Person Payroll Total contributions  Person Payroll Noncash	
No. Name, address, and ZIP + 4  Total contributions Person Payroll Noncash  (Complete Part II for no contributions)  (a) No. Name, address, and ZIP + 4  Total contributions  (Complete Part II for no contributions)  Type of contributions  Person Payroll Person Payroll Noncash	
\$ Noncash  (Complete Part II for no contributions)  (a) (b) (c) (d)  No. Name, address, and ZIP + 4 Total contributions  Person Payroll Noncash	tion
(Complete Part II for no contributions )  (a) (b) (c) (d) Total contributions  Person Payroll  Noncash	
(a) No. Name, address, and ZIP + 4 Total contributions  Person Payroll Noncash	cash
Payroll Noncash	tion
\$ Noncash	
(Complete Part II for no contributions )	cash
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contrib	tion
Person Payroll	
§ Noncash	
(Complete Part II for no contributions )	cash
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contrib	tion
Person Payroll	
<u>\$</u> Noncash	
(Complete Part II for no contributions )  Schedule B (Form 990, 990-EZ, or 990-	cash

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page <b>3</b>
Name of organization WEINTRAUB FAMILY FO		Employer identification number	
WEINTRADD FAMILITY	SONDATION	14-18	378788
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(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
		Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

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