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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491135024608

2016

OMB No 1545-0052

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 instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2016, or tax yea	r beginning 07-01-20)16 , a	nd ei	nding 06-30		
		undation HWARGER FAMILY FOUNDATION				51-0472033	dentification numbe	er
Num	ber and	d street (or P O box number if mail is r	not delivered to street address) Room/suite				
		WICK AVENUE	B Telephone number (see instructions) (973) 438-4434					
		n, state or province, country, and ZIP o NJ 07666	r foreign postal code			C If exemption	application is pendin	ng, check here
G Cł	neck al	Il that apply \Box Initial return	☐ Initial return of a	former public charity		D 1. Foreign o	rganizations, check h	ere . \square
		Final return	Amended return				organizations meeting ck here and attach co	
		Address char				E If private fo	oundation status was	terminated \Box
_		/pe of organization Section n 4947(a)(1) nonexempt charitabl	$501(c)(3)$ exempt private le trust \Box Other taxable			under section	on 507(b)(1)(A), chec	ck here 🕨 📙
		ket value of all assets at end	J Accounting method	✓ Cash ☐ Accru	ıal	F If the found	lation is in a 60-mont	h termination \Box
		from Part II, col (c), ▶\$ 296,376	Other (specify) (Part I, column (d) must				on 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and equal the amounts in column (a) (se		expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc schedule)	, received (attach	315,339				
	2	Check ▶ ☐ If the foundation is	not required to attach					
	3							
	4	Dividends and interest from seci	·					
	5a	Gross rents						
	ь	Net rental income or (loss)						
<u>9</u>	6a	Net gain or (loss) from sale of a	ssets not on line 10					
Revenue	b	Gross sales price for all assets o	·					
ž	7	Capital gain net income (from Pa	•			()	
	8	Net short-term capital gain .						
	9	Income modifications	l .					
	10a b	Gross sales less returns and allo Less Cost of goods sold	wances	<u></u>				
	c	Gross profit or (loss) (attach sch	nedule)					
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		315,339		(
	13	Compensation of officers, director	ors, trustees, etc	C	1	(0
	14	Other employee salaries and wa	ges					
es G	15	Pension plans, employee benefit						
ens	16a	Legal fees (attach schedule) .						
Expenses	b	Accounting fees (attach schedule	e)					
e	C	Other professional fees (attach s	schedule)					
ati	17	Interest						
Operating and Administrative	18	Taxes (attach schedule) (see ins	•					
<u> </u>	19	Depreciation (attach schedule) a	and depletion					
Act.	20	Occupancy						
þ	21	Travel, conferences, and meetin	_					ļ
<u>a</u>	22	Printing and publications		AP. 1 500			,	_
Sun	23	Other expenses (attach schedule		500			1	0
grat	24	Total operating and administ	•					_
g C		Add lines 13 through 23		500	-	() 	0
_	25	Contributions, gifts, grants paid		40,901				40,901
	26	Total expenses and disburse	ments. Add lines 24 and	41,401		C)	40,901
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expedisbursements		273,938				
	ь	Net investment income (if ne	-			(
	С	Adjusted net income(if negati	•					
For	Paper	work Reduction Act Notice, se	e instructions.			Cat No 11289	X Foi	rm 990-PF (2016)

22,438

0

22,438

22,438

22,438

296,376

296,376

296,376

296,376

2

3

4

5

6

22,438

273,938

296,376

296,376 Form 990-PF (2016)

0

0

296,376

	5
	6
	7
ts	8
Assets	9
A	10a
	b
	С
	11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

28

29

31 Part III

Liabilities

Balances

Fund

ö

Assets 27

Net 30

2

3

Inventories for sale or use

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted . . .

Permanently restricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

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 ▶

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

Foundations that do not follow SFAS 117, check here ▶

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustee and Contractors (continued)	es, Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional se	rvices (see instructions). If none, enter	"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.	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		-1
List the foundation's four largest direct charitable activities during the tax year Include organizations and other beneficiaries served, conferences convened, research papers p	e relevant statistical information such as the number roduced, etc	Expenses
1		
2		
3		
_		
4		
Part IX-B Summary of Program-Related Investments (S	•	
Describe the two largest program-related investments made by the foundation duri	ng the tax year on lines 1 and 2	Amount
1 N/A		0
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		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

2

3a 3h

4

5

40.901

40.901

Form 990-PF (2016)

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.

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

b Total for prior years

d From 2014. . . .

From 2011.

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

e From 2015.

Page 9

3,157

3,157

Form **990-PF** (2016)

0

Form 990-PF (2	016)
Part XIII	U

ndistributed Income (see instructions)

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

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

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). **d** Applied to 2016 distributable amount. . . .

e Remaining amount distributed out of corpus

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

6 Enter the net total of each column as

indicated below:

5 Excess distributions carryover applied to 2016

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

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. .

same amount must be shown in column (a))

Distributable amount for 2016 from Part XI, line 7

78.911 98,010

91 941

81.704 67,078

98.010

91,941

81.704

67.078

37.744

- (a) Corpus

417.644

37.744

455,388

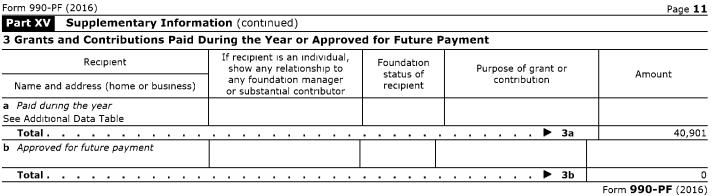
78.911

376,477

0

(b) Years prior to 2015 (c)

2015



er gross	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
е						
_	and contracts from government agencies					
Intere	ship dues and assessments					
	ds and interest from securities					
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property					
	evestment income					
	r (loss) from sales of assets other than					
	ory					
	ome or (loss) from special events rofit or (loss) from sales of inventory					
	evenue a					
b						
		1				
е			0			
е			0	13	3	
e Subtota Total. e worksh	Add Ine 12, columns (b), (d), and (e)	ns)				0
e Subtota Total. , e worksh art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish ncome is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	0
eSubtota Total. A e worksh art XVI ne No.	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to th Explain below how each activity for which it	ns) e Accomplish ncome is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	0
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	=-/
П	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XV	Information Re Exempt Organi		nsfers To a	and Transaction	ns and Relatio	onships With Nonch	naritable		
	organization directly or in ie Code (other than section	directly engage					501	Yes	No
	rs from the reporting four					•			
(1) Ca:	sh						1a(1)		No
(2) Oth	ner assets						1a(2)		No
b Other tr	ansactions								
	les of assets to a nonchar	•	-				1b(1)		No
(2) Pur	rchases of assets from a r	noncharitable ex	empt organiz	zation			. 1b(2)		No
(3) Re	ntal of facilities, equipmei	nt, or other asse	ts				. 1b(3)		No
	ımbursement arrangemer						1b(4)		No
	ans or loan guarantees.						1b(5)		No
	formance of services or m	·	_				1b(6)		No
_	of facilities, equipment, r nswer to any of the above	-	· •				<u>1c</u>		No
of the q	oods, other assets, or ser ransaction or sharing arra (b) Amount involved	vices given by thingement, show	he reporting ın column (c	foundation If the f	oundation receiv goods, other ass	ed less than fair market	value I	ingemen	ts
2a Is the fo	L Jundation directly or indire	ectly affiliated w	uth or relate	d to one or more t	av-evemnt organ	uzations			
	ed in section 501(c) of the	•	•	•			. 🗆 Yes	✓ N	10
	complete the following s	·	all section se)1(c)(3))	1011 327		. 🗆 163	۱۷	
D II 165,	(a) Name of organization		(1	b) Type of organizatio	n	(c) Description of	relationship		
	`,		,			, ,			
of	nder penalties of perjury, my knowledge and belief hich preparer has any kno	, it is true, corre							
Here L	*****			2018-05-15	*****		the IRS discu		
•	Signature of officer or t	rustee		Date	Title		instr)? 🗹		
	Print/Type preparer's	s name Pr	eparer's Sıgr	nature	Date	Check if self-	N P0001	n696	
Paid	BARRY SCHECHTE	R			2018-05-15	employed ▶ ☑	1 3001		
Prepare Use Onl		RY SCHECHTER	СРА		I	Firr	n's EIN ▶11	-29991	.03
	-	NE PENN PLAZA	SUITE 440						
	Ni	EW YORK, NY 1	0119			Pho	one no (212	!) 947-!	5880

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 TIME 1310 48TH STREET NONE PUBLIC **CHARITABLE** 1,000 BROOKLYN, NY 11219 AGUDATH ISRAEL OF AMERICA NONE PUBLIC CHARITABLE 5,076 110 WILLIAMS STREET NEW YORK NY 10004

NEW TORK, NT 10004				
AMERICAN FRIENDS OF SHAALEI TORAH 852 WOODMERE PLACE WOODMERE, NY 11598	NONE	PUBLIC	CHARITABLE	1,700
AMERICAN FRIENDS OF SHAARE ZEDEK HOSPITAL 49 WEST 45TH STREET SUITE 1100 NEW YORK, NY 10036	NONE	PUBLIC	CHARITABLE	2,000
AMERICAN FRIENDS OF YAD ELIEZER	NONE	PUBLIC	CHARITABLE	1,000

AMERICAN FRIENDS OF YAD ELIEZER

1102 EAST 26TH ST

BROOKLYN, NY 11210

Total . 40,901

3a

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 contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMIT WOMEN 817 BOADWAY NONE PUBLIC CHARITABLE 1,800 NEW YORK, NY 10003 BET SHEMESH EDUCATIONAL CENTER NONE PUBLIC CHARITABLE 5,360

JAFFA 61081 IS				
BINYAN YERUSHALAIM 1274 49TH STREET BROOKLYN, NY 11219	NONE	PUBLIC	CHARITABLE	2,000
<u> </u>		I		

BINYAN YERUSHALAIM 1274 49TH STREET BROOKLYN, NY 11219	NONE	PUBLIC	CHARITABLE	2,000
BONEI OLAM 1755 46TH STREET BROOKLYN, NY 11204	NONE	PUBLIC	CHARITABLE	250
BDIS AVEOLOM OLO SALEM AVE	NONE	DUBLIC	CHARITARIE	500

BROOKLYN, NY 11219				
BONEI OLAM 1755 46TH STREET BROOKLYN, NY 11204	NONE	PUBLIC	CHARITABLE	250
BRIS AVROHOM 910 SALEM AVE	NONE	PUBLIC	CHARITABLE	500

				10.001
BRIS AVROHOM 910 SALEM AVE HILLSIDE, NJ 07205	NONE	PUBLIC	CHARITABLE	500
BONEI OLAM 1755 46TH STREET BROOKLYN, NY 11204	NONE	PUBLIC	CHARITABLE	250

				4.0
BRIS AVROHOM 910 SALEM AVE HILLSIDE, NJ 07205	NONE	PUBLIC	CHARITABLE	
,				

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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
CHABAD OF FIVE TOWNS 74 MAPLE AVE CEDARHURST, NY 11516	NONE	PUBLIC	CHARITABLE	465
CHAI LIFELINE 151 WEST 30TH STREET NEW YORK, NY 10001	NONE	PUBLIC	CHARITABLE	360

NEW YORK, NY 10001				
CHAIM VESHALOM TRUST 1736 EAST 3RD STREET BROOKLYN, NY 11223	NONE	PUBLIC	CHARITABLECHARITABLE	180
CHAIYANU 151 WEST 30TH STREET NEW YORK, NY 10001	NONE	PUBLIC	CHARITABLE	500
CONGREGATION MESIFTA ATERETH MORDEC	NONE	PUBLIC	CHARITABLE	370

BROOKLYN, NY 11223				
CHAIYANU 151 WEST 30TH STREET NEW YORK, NY 10001	NONE	PUBLIC	CHARITABLE	500
CONGREGATION MESIFTA ATERETH MORDEC 1455 HEATHWOOD AVENUE LAKEWOOD, NJ 08701	NONE	PUBLIC	CHARITABLE	370
Total				40 901

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
EMUNAH 7 PENN PLAZA NEW YORK, NY 10001	NONE	PUBLIC	CHARITABLE	1,000
EZER MIZION 5225 NEW UTRECHT AVE BROOKLYN, NY 11219	NONE	PUBLIC	CHARITABLE	200
FRIENDS OF YESHIVAS TORAS MOSHE 1145 EAST 21ST STREET BROOKLYN, NY 11210	NONE	PUBLIC	CHARITABLE	180
JEP OF QUEENS 76-01 147TH STREET FLUSHING, NY 11367	NONE	PUBLIC	CHARITABLE	250
KEREN ZECHUS 1919 HOMECREST AVE BROOKLYN, NY 11229	NONE	PUBLIC	CHARITABLE	500

40,901

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Amount Recipient 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 KISHARON 54 PARSON STREET NONE PUBLIC CHARITABLE 500 LONDON, ENGLAND NW4 1TP UK NONE L'MAAN ACHAI 4405 13TH AVENUE PUBLIC CHARITABLE 3,000 BROOKLYN, NY 11219 MOSDOT BOTOSHAN INC NONE PUBLIC CHARITABLE 2,500 1148 49TH STREET BROOKLYN, NY 11219 NCSY 11 BROADWAY NONE PUBLIC **CHARITABLE** 180 NEW YORK, NY 10004 250 OU - YACHAD BINYAN YERU NONE PUBLIC: CHARITABLE 11 BROADWAY

40,901

NEW YORK, NY 10004

3a

Total

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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
PEF BMTL GAD 18 BETH SHEMESH IS	NONE	PUBLIC	CHARITABLE,LISTTOTAL 0	2,180

IS				
RABBINICAL ACADEMY 28-18 147TH STREET FLUSHING, NY 11354	NONE	PUBLIC	CHARITABLE	500

28-18 147TH STREET FLUSHING, NY 11354	HONE	TOBLIC	GIVINATI/IDEE	360
SHALHEVET TORAH VOCHESED 16907 JEWEL AVENUE	NONE	PUBLIC	CHARITABLE	100

SHALHEVET TORAH VOCHESED 16907 JEWEL AVENUE FLUSHING, NY 11365	NONE	PUBLIC	CHARITABLE	100
FLUSHING, NY 11354				

16907 JEWEL AVENUE FLUSHING, NY 11365	NONE	PUBLIC	CHARITABLE	100
SINAI ACADEMY 2025 79TH ST BROOKLYN, NY 11214	NONE	PUBLIC	CHARITABLE	2,300

120011110,111 11000				
SINAI ACADEMY 2025 79TH ST BROOKLYN, NY 11214	NONE	PUBLIC	CHARITABLE	2,300
SINAI SCHOOLS	NONE	PUBLIC	CHARITABLE	1,800

SINAI ACADEMY 2025 79TH ST BROOKLYN, NY 11214	NONE	PUBLIC	CHARITABLE	2,300
SINAI SCHOOLS 1485 TEANECK ROAD SUITE 300	NONE	PUBLIC	CHARITABLE	1,800

BROOKLYN, NY 11214				
SINAI SCHOOLS 1485 TEANECK ROAD SUITE 300 TEANECK, NJ 07666	NONE	PUBLIC	CHARITABLE	1,800
	1			

SINAI SCHOOLS 1485 TEANECK ROAD SUITE 300 TEANECK, NJ 07666	NONE	PUBLIC	CHARITABLE	1,800
Total				40,901

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 STAM GEMILAS CHESED FUND NONE PUBLIC. CHARITABLE 400 **615 FOREST AVENUE**

LAKEWOOD, NJ 08701 TEN YAD 1249 CARROLL ST NONE PUBLIC CHARITABLE BROOKLYN, NY 11213

YEHUDA FUND 114 BENNETT ROAD NONE PUBLIC CHARITABLE TEANECK, NJ 07666 NONE PUBLIC. **CHARITABLE**

YESHIVA DERECH CHAIM

600

1,000

350

550

257 BCH 17TH ST

FAR ROCKAWAY, NY 11691 YTCTE 1025 NE 183RD STREET NONE PUBLIC CHARITABLE

MIAMI, FL 33179

Total 40,901

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efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491135024608		
TY 2016 Other Expenses Schedule						
	THE ROCHWAR(GER FAMILY FOU	NDATION			
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
OFFICE	500	0		0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491135024608		
TY 2016 Substantial Contribut Schedule	cors				
Name: THE ROCHWARGER FAMILY FOUNDATION					
EIN:	51-0472033				
Name			Address		
GEOFF ROCHWARGER			WARWICK AVENUE NECK, NJ 07666		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491135024608					
Schedule B (Form 990, 990-EZ,	0, 990-EZ, F) ► Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at			OMB No 1545-0047	
or 990-PF) Department of the Treasury Internal Revenue Service				2016	
Name of the organizat THE ROCHWARGER FAM:			Employer id	lentification number	
			51-0472033		
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ					
	e foundation				
	☐ 527 political organization				
Form 990-PF	501(c)(3) exempt private fou	ndation			
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation					
Special Rules					
under sections received from a	tion described in section 501(c)(3) filing 509(a)(1) and 170(b)(1)(A)(vi), that chec ny one contributor, during the year, total ne 1h, or (ii) Form 990-EZ, line 1 Comp	ked Schedule A (Form 990 or 99) contributions of the greater of (1	0-EZ), Part II, line 13,	16a, or 16b, and that	
during the year.	tion described in section 501(c)(7), (8), total contributions of more than \$1,000 the prevention of cruelty to children or a	<i>exclusively</i> for religious, charitable	le, scientific, literary, c		
during the year. If this box is che purpose Do no	tion described in section 501(c)(7), (8), contributions exclusively for religious, coked, enter here the total contributions complete any of the parts unless the Gable, etc., contributions totaling \$5,000 colors.	haritable, etc. purposes, but no s that were received during the yea eneral Rule applies to this organ	such contributions tota ir for an <i>exclusively</i> re ization because it rec	iled more than \$1,000 ligious, charitable, etc.,	
990-EZ, or 990-PF), bu	on that is not covered by the General Ru : it must answer "No" on Part IV, line 2, form 990PF, Part I, line 2, to certify that	of its Form 990, or check the box	on line H of its		
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 0-PF	Cat No 30613X	Schedule B (Form 990	, 990-EZ, or 990-PF) (2016)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization **Employer identification number** THE ROCHWARGER FAMILY FOUNDATION 51-0472033 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 GEOFF ROCHWARGER Person **Payroll** 350 WARWICK AVENUE \$ 315,339 Noncash TEANECK, NJ 07666 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) **Total contributions** Name, address, and ZIP + 4 No. Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

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