DLN: 93491068005028

OMB No 1545-0052

Return of Private Foundation

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

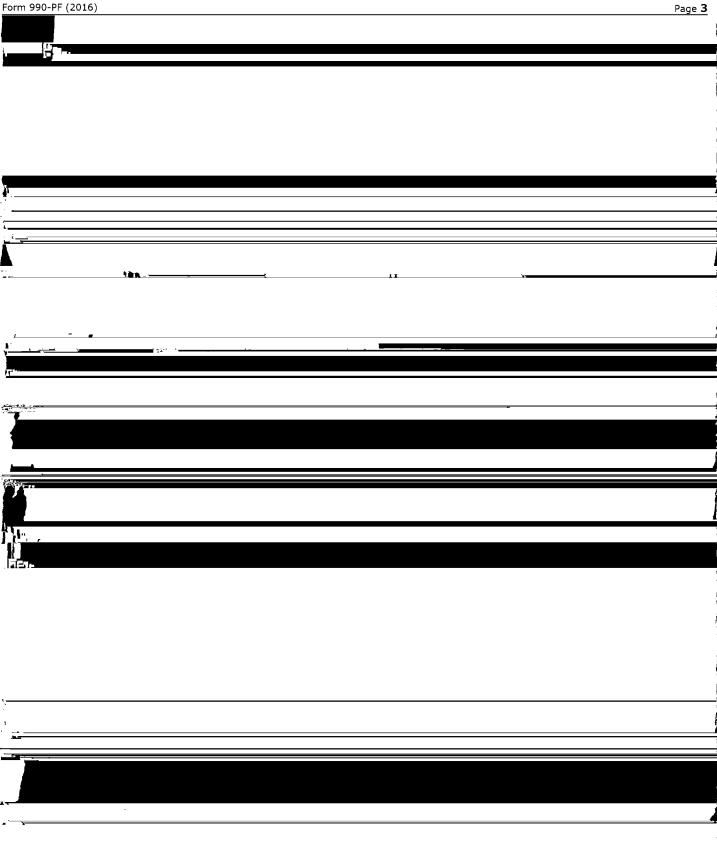
2016 Open to Public

Form 990-PF Department of the Treasury ▶ 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. Internal Revenue Service

				<u></u>		<u></u>	Inspection	
or calendar year 20	016, or tax yea	r beginning 12-01-2	2016 , :	and endi	ing 11-30-2017	7		
lame of foundation GREENWALD FAMILY FOUN	NDATION INC			,	A Employer identific	ation number		
SKEEKWALD TANKET TOO	ibilion inc			2	22-2667283			
Number and street (or P O 1 21 FOLLEN STREET	oox number if mail is	not delivered to street addres	s) Room/suite	E	3 Telephone number (see instructions	5)	
City or town, state or provinc CAMBRIDGE, MA 02138	ce, country, and ZIP o	or foreign postal code	1	(C If exemption applica	ation is pending	, check here	
Check all that apply	☐ Initial return ☐ Final return ☐ Address cha	Amended retur	a former public charit n	ty	 Foreign organization Foreign organization check here 	ntions meeting t	he 85%	
I Check type of organiza		501(c)(3) exempt private			If private foundation under section 507(
Fair market value of all of year (from Part II, co line 16)▶\$ 1,706,422	assets at end	J Accounting method Other (specify) (Part I, column (d) must	☑ Cash ☐ Acc		If the foundation is under section 507(
of amounts in		I Expenses (The total (d) may not necessarily ee instructions)	(a) Revenue and expenses per books	(b) Net	t investment (c) A	Adjusted net income	(d) Disbursem for charit purpose	able es
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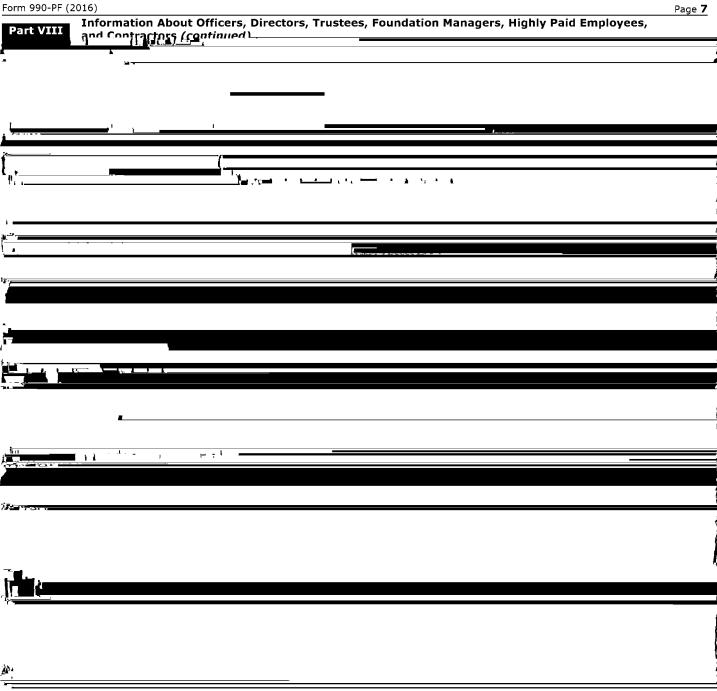
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Form	m 990-PF (2016)			Page 2
Par	Balance Sheets Attached schedules and amounts in the description colur	mn Beginning of year		f year
—	should be for end-of-year amounts only (See Instruction	ns) (a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash—non-interest-bearing		47,495	47,495
	2 Savings and temporary cash investments	•		
	3 Accounts receivable ►			
	Less allowance for doubtful accounts ▶			
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2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable for	undations only Others ente	r -0-) 2	0
3				2,550
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable for	oundations only Others ente	er -0-) 4	0
5	Tax based on investment income. Subtract line 4 from line 3 If zero o	or less, enter -0	. 5	2,550
6	G Credits/Payments			
а	a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a	960	
b	b Exempt foreign organizations—tax withheld at source	. 6b		
С	${f c}$ Tax paid with application for extension of time to file (Form 8868)	. 6c		
d	d Backup withholding erroneously withheld	. 6d		
7	7 Total credits and payments Add lines 6a through 6d		7	960
8	B Enter any penalty for underpayment of estimated tax. Check here \Box if	Form 2220 is attached	8	
9			▶ 9	1 500
10			▶ 10	1,590
		Refunde		
11		Retuilue	EG P 11	
_	art VII-A Statements Regarding Activities		1.1	Van Na
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Form	990-PF (2016)		F	age 5
Pai	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶			
14	The books are in care of ▶C GAIL GREENWALD Telephone no ▶(617) 2	 57-704	19	
	, sopreto to 1, <u>car, s</u>	-,		
	Located at ▶21 FOLLEN STREET CAMBRIDGE MA ZIP+4 ▶021	38		
				$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			Ш
	and enter the amount of tax-exempt interest received or accrued during the year		1	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over	i	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Par	<u> </u>			
-61		Ι	v-	N-
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No. (2) Parrow manage from land manage to an otherwise extend gradit to (or accept it from)			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	∟ Yes ▼ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses or, a disqualified person? Yes No No			
	for the bounds on the demonstrate demonstrate of the demonstrate of th			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period			
ь	after termination of government service, if terminating within 90 days)			
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2016?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$)			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d			
. —	and he Dart YIII) for tay year(s) heavypuba, before 20162.			
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_	Market			
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Form 990-PF (2016)		Page 6
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Req	uired (Continued)	_
5a During the year did the foundation pay or incur any amount to		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No	
(2) Influence the outcome of any specific public election (see section 1955) or to carry	☐ Yes ♥ No	
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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

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

3

4

5

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

3a 3h

4

5

121.350

121,350

Form **990-PF** (2016)

Form 990-PF (2	016)
Part XIII	Und

b Total for prior years

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

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. .

6 Enter the net total of each column as

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

13.092 30,098

2.980

44.015 54,679

30.098 2,980

44.015

54.679

49.666

- istributed Income (see instructions) (a) (b) (c)
- (d) Years prior to 2015 2015 2016 Corpus

144.864

49.666

194,530

13.092

181,438

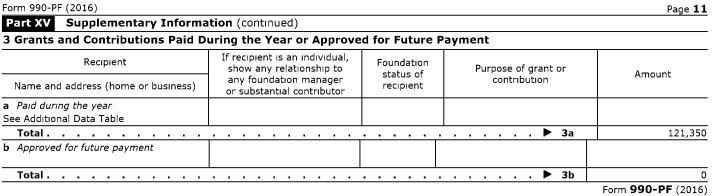
Page 9

71,684

Form **990-PF** (2016)

- 1 Distributable amount for 2016 from Part XI, line 7
- 71,684

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



er gross	amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	512, 513, or 514	(e) Related or exemp
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
	and contracts from government agencies rship dues and assessments.					
Interes	st on savings and temporary cash					
	ments			14		
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property notering in the control of the co					
	evestment income			+		
Gain o	r (loss) from sales of assets other than					
	ory			18		
	ome or (loss) from special events profit or (loss) from sales of inventory					
	evenue a					
b						
		l l				
d						
d e Subtota Total. / e worksh		ns)			3	
d e Subtota Total. / e worksh	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio	ns) e Accomplishr Income is reported	nent of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
d Subtota Total. / worksh rt XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishr Income is reported	nent of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
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Form 990-PF (20	16)	Page 13
Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	
1 Did the organ	przation_directly or indirectly engage in any of the following, with any other organization described in section 501.	
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Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

ROY F GREENWALD

C GAIL GREENWALD

Form 990PF Part XV Line 3 - G	Grants and Contributions Pa	id During the '	Year or Approv	ved for Future Pa	yment
Recipient	If recipient is an individual,	, Foundation	Purpose c	of grant or	Amount
1					
					,
1 a 492 SH PG			D	2004-12-10	2017-02-02
b 8 SHARES PG			D	2012-12-20	2017-02-02
c 160 SHARES CR BARD INC			D	2017-05-12	2017-10-26
d 750 SHARES SPLS			D	2003-12-16	2017-09-13
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or d	(g) other basis ense of sale	Gain o	h) or (loss) f) minus (g)

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	Amount
ame and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
Paid during the year				
ANNED BARENTHOOD FEDERATION	NONE		GENERAL	5 00
				
				<u> </u>
			A ¹	·
				-
			X ² .	
			X ⁷	1
			X ⁻	(
			X -:-	(
			X 7:	·
			X 7:	· <u>-</u>
			X*	(
			X .	(
			X .	
			X ⁻ :-	·
n_				
n			X .	(<u>-</u>
1)			X:	
D.			X .	

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 AMAHORO HEALTH NONE **GENERAL** 3,100

AUSTIN, TX 78727			
ANERA 1111 14TH ST NW WASHINGTON, DC 20005	NONE	GENERAL	
			i

HAFFENFEFFER MUSEUM 800 TOWER STREET BRISTOL, RI 02809	NONE	GENERAL

12138 PECAN STREET

3a

BRISTOL, RI 02809			
HURON RIVER WATERSHED 1100 N MAIN STREET	NONE	GENERAL	

MASS ALIDURON	NONE	CENERAL	
HURON RIVER WATERSHED 1100 N MAIN STREET ANN ARBOR, MI 48104	NONE	GENERAL	

1100 N MAIN STREET ANN ARBOR, MI 48104			
MASS AUDUBON 208 SOUTH GREAT ROAD	NONE	GENERAL	

MASS AUDUBON NONE GENERAL 208 SOUTH GREAT ROAD LINCOLN, MA 01773 GENERAL G	1,000

2,000

2,000

1,000

121,350

Total		•	
208 SOUTH GREAT ROAD LINCOLN, MA 01773			
MASS AUDUDON	NONL	GLINLINAL	

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

CHILDRENS HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	NONE	GENERAL	1,000
OZONE HOUSE 1705 WASHTENAW ANN ARBOR, MI 48104	NONE	GENERAL	1,000

ZONE HOUSE 1705 WASHTENAW NN ARBOR, MI 48104	NONE	GENERAL	
BGH PO BOX 55875 DSTON, MA 02205	NONE	GENERAL	
NITHERET CONSEDVATION	NONE	CENEDAL	

WBGH PO BOX 55875 BOSTON, MA 02205	NONE	GENERAL	1,000
NANTUCKET CONSERVATION FOUNDATION PO BOX 13	NONE	GENERAL	500

1	NANTUCKET COTTAGE HOSPITAL	NONE	GENERAL	500
	PO BOX 13 NANTUCKET, MA 02554			
	NANTUCKET CONSERVATION FOUNDATION	NONE	GENERAL	500

NANTUCKET, MA 02554			
NANTUCKET COTTAGE HOSPITAL 57 S PROSPECT ST	NONE	GENERAL	500
NANTUCKET MA 02554			

NANTUCKET COTTAGE HOSPITAL 57 S PROSPECT ST NANTUCKET, MA 02554	NONE	GENERAL	
			1

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 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 PINE STREET INN 444 HARRISON AVE NONE **GENERAL** 500 BOSTON, MA 02118 ROSIES PLACE 889 HARRISON AVE NONE **GENERAL** 500

BOSTON, MA 02118			
TRUSTEES OF RESERVATIONS LONG HILL 572 ESSEX ST BEVERLY, MA 01915	NONE	GENERAL	500
WORLD WILDLIFE FEDERATION 1250 24TH ST NW WASHINGTON, DC 20077	NONE	GENERAL	500

1250 24TH ST NW WASHINGTON, DC 20077	NONE		GENERAL	300
NATURE CONSERVANCY 4245 NORTH FAIFAX DR STE 100 ARLINGTON, VA 22203	NONE		GENERAL	500
Total		•	•	121 350

За

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

TY 2016 Accounting Fe	Name:		FAMILY FOUNI	DATION INC	
Category	Am	ount Ne	et Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

1,770

ACCOUNTING FEES

TY 2016 General Explanation Attachment

DLN: 93491068005028

Name: GREENWALD FAMILY FOUNDATION INC

EIN: 22-2667283

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

General Explanation Attachment

Identific	r Return Reference	Explanation	
1		Form 990PF-General Explanation Attachment 1	SCHEDULE B LISTING OF NON CASH CONTRIBUTIONS BONDS 54,000 AT&T \$63,90525,000 DUPONT \$31,20015,000 GTE \$15,36730,000 GMAC \$39,07545,000 UNITED TECH \$53,795TOTAL BONDS \$203,342

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	
TV 2016 Investments Cornorat	o Pondo Schodulo	

Name: GREENWALD FAMILY FOUNDATION INC

DLN: 93491068005028

EIN: 22-2667283		
Name of Bond	End of Year Book Value	End of Year Fair Market Value
AT&T BROADBAND 9.455% 11/15/22	13,542	11,815
CITIZENS UTIL 7.05% 10/01/46	67,200	44,000
CONOCO FDG 7.25% 10/15/31	34,325	34,269
AT&T CORP 6.5%	63,905	63,336
DUPONT6.5%	31,200	31,211
GMAC 8%	39,075	39,638
GTE 6.84%	15,367	15,275
UNITED TECHNOLOGIES	53,795	53,334

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DLN: 93491068005028

TY 2016 Investments Corporate Stock Schedule

Name: GREENWALD FAMILY FOUNDATION INC

EIN: 22-2667283

Name of Stock	End of Year Book Value	End of Year Fair Market Value
BCR	49,234	53,750
BAC	38,750	14,085
BIIB	11,994	111,149
ВМҮ	5,354	12,638
EBAY	4,794	6,934
PYPL	0	15,146
F	3,555	3,130
GE	30,558	27,435
IBM	75,183	65,437
INTC	25,235	53,808
JNJ	56,591	111,464
ко	61,942	82,386
BIVV	0	8,603
MRK	17,652	22,108
PFE	41,388	65,268
PG	146,041	205,537
MLS	232	817
SPLS	0	0
SYY	38,868	69,276
WMT	90,176	170,152
YUM	71,342	133,552
ZMH	1,676	2,342
MDT	60,208	65,704
YUMC	31,649	65,328

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TY 2016 Legal Fees Schedule						
_						
	GREENWALD 22-2667283	FAMILY FOUNDA	TION INC			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

STATE FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491068005028				
TY 2016 Other Decreases Schedule							
Name	GPEENWALD I	FAMILY FOUNDATION INC					
Maille.	GRELIVVALD	AMILI TOUNDATION INC					
EIN:	22-2667283						
De	escription		Amount				

ADJ FOR BOOK BASIS ON STOCK SOLD

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TY 2016 Taxes Schedule						
Name: GREENWALD FAMILY FOUNDATION INC EIN: 22-2667283						
				1		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

UNITED STATES TREASURY

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Schedule B (Form 990, 990-EZ,	Schedule of Contribut		OMB No 1545-0047			
or 990-PF) Department of the Treasury Internal Revenue Service	90-PF J-PF) and its instructions is at	2016				
Name of the organizat GREENWALD FAMILY FO		Employer i	dentification number			
		22-2667283	3			
Organization type (ch	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated	as a private foundation				
	☐ 527 political organization					
Form 990-PF	☑ 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation					
money or othe contributions Special Rules For an organiza	ation filing Form 990, 990-EZ, or 990-PF that received, during r property) from any one contributor. Complete Parts I and II close to the contributor of the property of the contributor of the contributor. Complete Parts I and II close to the contributor of the contributor of the contributor. Complete Parts I and II close to the contributor of the contri	See instructions for determining that met the 3313% support test	a contributor's total of the regulations , 16a, or 16b, and that			
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Name of organization Employer identification number GREENWALD FAMILY FOUNDATION INC 22-2667283 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (b) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person ROY F AND C GAIL GREENWALD **Payroll** 21 FOLLEN STREET \$ 98,467 Noncash CAMBRIDGE, MA02138 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person ROY F AND C GAIL GREENWALD Payroll 21 FOLLEN STREET \$ 203,342 Noncash CAMBRIDGE, MA02138 (Complete Part II for noncash contributions) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Type of contribution No. **Total contributions** Name, address, and ZIP + 4 Person Payroll Noncash (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) (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 (Forr	n 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organiz	ation LY FOUNDATION INC	Employer identi	fication number
GREENWALD FAMI	ET FOUNDATION INC	22-26	67283
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
1	320 SHARES BARD CR STOCK	\$ 98 467	2017-05-12
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	SEE ATTACHED BOND SCHEDULE	\$ 203 342	2017-10-20
(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
		s	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organization GREENWALD FAMILY FOUNDATION INC			Employer identification number 22-2667283
than \$1, organiza the year	000 for the year from any one contributo	or. Complete columns (a) thro of exclusively religious, chari actions.) • \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee		
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)