SCANNALD JUL : 9 2018

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



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. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

| For cale | ndar year 2017 or tax year beginning | | , and ending | | |
|--|---|-------------------------------|----------------------|--|---|
| Name o | of foundation | | | A Employer identification | number |
| THE | SCHECHTER FAMILY FOU | NDATION | | 04-3339430 | |
| | and street (or P O box number if mail is not delivered to s | treet address) | Room/suite | B Telephone number | |
| | ROBIN ROAD | | | 781-647-98 | 19 |
| | town, state or province, country, and ZIP or foreign | gn postal code | | C if exemption application is p | ending, check here |
| | STON, MA 02493-2436 | | | | |
| G Chec | k all that apply: Initial return | | ormer public charity | D 1. Foreign organizations | s, check here |
| | Final return Address change | Amended return Name change | | Foreign organizations me check here and attach co | eting the 85% test, |
| H Chec | | 3) exempt private foundation | 00 | | |
| | ection 4947(a)(1) nonexempt charitable trust | Other taxable private found | ation 0 V | E If private foundation sta under section 507(b)(1) | |
| | | unting method: X Cash | Accrual | 1 | |
| | Part II, col. (c), line 16) | Other (specify) | 7.00.00. | F If the foundation is in a under section 507(b)(1) | |
| \$ | 740,748. (Part I, c | olumn (d) must be on cash bas | IS.) | | |
| Part | Analysis of Revenue and Expenses | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| | (The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a)) | expenses per books | income | income | for charitable purposes (cash basis only) |
| 1 | Contributions, gifts, grants, etc., received | 27,958. | | N/A | |
| 2 | Check fithe foundation is not required to attach Sch B | | | | |
| 3 | Interest on savings and temporary cash investments | 19. | 19. | | STATEMENT 1 |
| 4 | Dividends and interest from securities | 1,547. | 1,547. | | STATEMENT 2 |
| | a Gross rents | | | <u> </u> | |
| | Net rental income or (loss) | 199,648. | | | |
| | a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 226,517 assets on line 6a | | | | |
| Revenue 7 | | • | 199,648. | | RECEIVED |
| & 8 | | | 155,040. | 1 (| 1,202,720 |
| 9 | Income modifications | | | 8 | MAY 2 1 2018 |
| 10 | Gross sales less returns | | | [4] | WA 2 1 2010 |
| | b Less Cost of goods sold | | | | OCDEN LIT |
| | c Gross profit or (loss) | | | | OGDEN, UT |
| 11 | Other income | | | | |
| 12 | Total. Add lines 1 through 11 | 229,172. | 201,214. | | |
| 13 | | 0. | 0. | | 0. |
| 14 | | | - | | |
| 9 15 9 16 | Pension plans, employee benefits a Legal fees | | | | |
| SI IS | b Accounting fees STMT 3 | 3,730. | 0. | | 0. |
| ğ | c Other professional fees | 3,730. | 0. | | <u> </u> |
| \$ 17 | | | | ı | |
| 華 18 | Taxes STMT 4 | 2,123. | 0. | | 0. |
| [일 19 | | | | | |
| <u>E</u> 20 | Occupancy | | | | |
| ĕ 21 | | | | | |
| [22 | | | | | |
| E 23 | • | 35. | 0. | | 0. |
| Operating and Administrative Expens 11 12 18 19 25 25 25 25 25 25 25 25 25 25 25 25 25 | · • | E 000 | _ | | |
| ٥ ٥ | expenses. Add lines 13 through 23 | 5,888. 158,636. | 0. | | 158,636. |
| 25 26 | Contributions, gifts, grants paid Total expenses and disbursements. | 130,030. | | | 155,636. |
| 20 | Add lines 24 and 25 | 164,524. | 0. | | 158,636. |
| 27 | | 104,324. | 0. | | 130,030. |
| | Excess of revenue over expenses and disbursements | 64,648. | | | |
| - 1 | b Net investment income (if negative, enter -0-) | | 201,214. | | |
| - 1 | C Adjusted net income (if negative, enter -0-) | | | N/A | |

| Fo | rm 99 | 0-PF (2017) THE SCHECHTER FAMILY FO | | 04-3 | 3339430 Page 2 |
|--|----------------|--|---------------------|----------------|-----------------------------|
| P | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | |
| <u>:</u> | - - | totalini should be for end of year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | Cash - non-interest-bearing | 9,489. | 25,541. | 25,541. |
| | | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ► | | | |
| | 1 | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| ţ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ₹ | 10a | Investments - U.S. and state government obligations | | | |
| | b | Investments - corporate stock STMT 6 | 167,069. | 215,665. | 715,207. |
| | C | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | 14 | Land, buildings, and equipment; basis | | | |
| | | Less accumulated depreciation | 1 | | |
| | 15 | Other assets (describe ▶ | | | |
| | 1 | Total assets (to be completed by all filers - see the | | | *** |
| | | instructions. Also, see page 1, item I) | 176,558. | 241,206. | 740,748. |
| _ | 17 | Accounts payable and accrued expenses | 2707000 | 211/2000 | 74077401 |
| - 1 | 18 | Grants payable | | | |
| s | 19 | Deferred revenue | | | |
| Liabilities | | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ğ | | Mortgages and other notes payable | | - | |
| Ë | 1 | Other liabilities (describe) | | | |
| | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | ** | | |
| | | and complete lines 24 through 26, and lines 30 and 31. | | | |
| es | 24 | Unrestricted | 176,558. | 241,206. | |
| Net Assets or Fund Balances | 25 | Temporarily restricted | 170,330. | | |
| Bal | | Permanently restricted | | | |
| 둳 | -" | Foundations that do not follow SFAS 117, check here | - | | |
| Ī | | and complete lines 27 through 31. | | | |
| ò | 27 | Capital stock, trust principal, or current funds | | | |
| ets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| 155 | 29 | Retained earnings, accumulated income, endowment, or other funds | | - | |
| et/ | 1 | Total net assets or fund balances | 176,558. | 241 206 | |
| Ž | 30 | Total net assets of fund datances | 1/0,338. | 241,206. | |
| | 21 | Total liabilities and net assets/fund balances | 176,558. | 241,206. | |
| _ | | | | 241,200. | |
| P | art | Analysis of Changes in Net Assets or Fund B | alances | | |
| _ | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | - |
| • | | t agree with end-of-year figure reported on prior year's return) | JU | | 176 EEO |
| 2 | • | rander with end-or-year rigure reported on prior year's return) | | 1 | 176,558. |
| | | rincreases not included in line 2 (itemize) | | 2 | 64,648. |
| | | ines 1, 2, and 3 | | 3 | 241 206 |
| | | eases not included in line 2 (itemize) | | 4 | 241,206. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | nlumn (h) June 20 | 5 | 0. 241,206. |
| <u>. </u> | ı Uldi | not assets of fund balances at end of year (line 4 minus line 5) - Part II, Co | olumin (D), inte 30 | | Form 990-PF (2017) |
| | | | | | ruini 330-r r (2017) |

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See the Part VI instructions.

| | 990-PF | | SCHECHTER sed on Investme | | | | /), 4940(e), or 4 | <u>04-:</u> 4948 - | 333943 see inst | 0 ructi | Page 4 |
|----|-----------|---|-----------------------------|--------------------|---------------------------|----------------------|------------------------|-----------------------|--------------------|---------------|----------------|
| | | operating foundations | | | | | | | | | |
| | Date of | ruling or determination | etter: | (attach | copy of letter if nec | essary-see instr | uctions) | | | | |
| b | Domest | tic foundations that mee | t the section 4940(e) req | juirements in Pa | rt V, check here 🕨 | · X and enter | 1% | 1 1 | | 2, | 012. |
| | of Part | l, line 27b | | | | | | | | | |
| C | All othe | r domestic foundations | enter 2% of line 27b. Exi | empt foreign org | ganizations, enter 4% | of Part I, line 12 | 2, col. (b). | | | | |
| 2 | Taxuno | der section 511 (domest | ic section 4947(a)(1) tru | sts and taxable | foundations only; otl | ners, enter -0-) | | 2 | | | 0. |
| 3 | Add line | es 1 and 2 | | | | | | 3 | | 2, | 012. |
| 4 | Subtitle | A (income) tax (domes | tic section 4947(a)(1) tri | usts and taxable | foundations only; ot | hers, enter -0-) | | _4 | | | 0. |
| 5 | Taxbas | sed on investment inco | ne. Subtract line 4 from | line 3. If zero or | less, enter -0- | | | 5 | | 2, | 012. |
| 6 | Credits/ | Payments: | | | | | | | | _ | |
| a | 2017 es | stimated tax payments a | nd 2016 overpayment cr | edited to 2017 | | 6a | 0. | .] | | | |
| b | Exempt | foreign organizations - | tax withheld at source | | | 6b | 0. | | | | |
| C | Tax paid | d with application for ext | ension of time to file (Fo | rm 8868) | | 6c | 0 . | | | | |
| d | Backup | withholding erroneously | y withheld | | | 6d | 0 . | .] | | | |
| 7 | Total cr | edits and payments. Ad | d lines 6a through 6d | | | | | 7 | | | 0. |
| 8 | Enter a | ny penalty for underpay | ment of estimated tax. C | heck here 🔲 | ıf Form 2220 ıs attac | hed | | 8 | | | 52. |
| 9 | Tax due | e. If the total of lines 5 a | nd 8 is more than line 7, | enter amount o | wed | | > | 9 | | 2, | <u>064.</u> |
| 10 | Overp a | yment. If line 7 is more | than the total of lines 5 a | ind 8, enter the a | amount overpaid | | ▶ | 10 | | | |
| | | <u>ie amount of line 10 to b</u> | | | | | Refunded ▶ | 11 | | | |
| | | A Statements | | | | | | | | | |
| 1a | During | the tax year, did the foui | idation attempt to influe | nce any national | l, state, or local legisl | ation or did it pa | rticipate or interven | e in | | Ye | s No_ |
| | | itical campaign? | | | | | | | 18 | | X |
| b | | pend more than \$100 du | | | | | | nition | 11 | | X |
| | If the ar | nswer is "Yes" to 1a or 1 | b, attach a detailed desi | cription of the a | ctivities and copies o | f any materials p | ublished or | | | | |
| | | ted by the foundation in | | vities. | | | | | | | |
| | | foundation file Form 11 | | | | | | | 10 | : | X_ |
| | | ie amount (if any) of tax | | | | | _ | | | | |
| | | the foundation. \blacktriangleright \$ | | | | | 0 . | <u>-</u> | | | |
| е | | ie reimbursement (if any | • • • | during the year | for political expendit | ture tax imposed | on foundation | | | | |
| _ | | ers. ▶ \$ | | | | | | | | | |
| 2 | | foundation engaged in | | ot previously be | en reported to the IF | IS? | | | 2 | - | <u> </u> |
| _ | | 'attach a detailed descri | | | | | | | | } | |
| 3 | | foundation made any c | | - | | nstrument, article | es of incorporation, | or | | - | |
| 4. | | or other similar instrum | | | = | • | | | 3 | | X |
| | | foundation have unrelat | | | more during the year | 7 | |).T | /3 4 | | ^ |
| | | has it filed a tax return | | | | | | N | /A 41 | | 177 |
| Ð | | ere a liquidation, termina attach the statement re | | | ion during the year? | | | | 5 | + | X |
| | | | - | | eb 4045) setisfied ou | | | | | | - |
| ь | | requirements of section | | ons 494 i uirou | gn 4945) sausneo en | mer; | | | | | |
| | | nguage in the governing | | una inatrumant i | oo that as mandatan | ı dıraatıana that | aanfligt wiith the ata | la laur | | | |
| | | ate legislation that effect | | ing instrument | so mai no manoatory | directions that | connict with the sta | e iaw | ١, | _v | |
| | | in the governing instrun foundation have at least | | time during the | veer? If "Vee " comp | lote Dort II. col. / | a) and Dart VV | | 7 | | |
| ′ | טוט ווופ | Touridation have at least | φο,υυυ iii assets at any | unie during are | year in res, comp | iele Part II, col. (| c), and Part XV | | ' | ^ | + |
| 8a | Enter th | e states to which the for | undation reports or with | which it is regis | tered. See instruction | ns. ▶ | | | | | |
| | MA | | | | | | | | | | |
| b | If the ar | nswer is "Yes" to line 7, h | as the foundation furnis | hed a copy of Fo | orm 990-PF to the At | torney General (| or designate) | | | | |
| | | state as required by Ge | | | | · ' | - , | | 81 | | x |
| 9 | is the fo | oundation claiming statu | s as a private operating | foundation with | in the meaning of sec | ction 4942(j)(3) | or 4942(j)(5) for cal | endar | | 1 | |
| | | 17 or the tax year begin | | | | | | | _ 9 | \bot | <u> </u> |
| 10 | Did any | nersons hecome subst | antial contributors during | n the tay year? | f "Voc " attach a achadul | a liation their name | | тМП | 7 1 | Y | |

Part VII-A | Statements Regarding Activities (continued) No Yes 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 X 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disgualified person had advisory privileges? If "Yes," attach statement. See instructions 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A Telephone no. $\triangleright 781 - 647 - 9819$ 14 The books are in care of ▶ ROBERT & SUSAN SCHECHTER Located at ▶55 ROBIN ROAD, WESTON, MA ZIP+4 ▶02493 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, Yes No securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes 1a During the year, did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations 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 c 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 2017? X 1c 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)): a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2017? If "Yes." list the years 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 N/A statement - see instructions.) 2b 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 Yes X No during the year? b If "Yes," did it have excess business holdings in 2017 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, N/A Form 4720, to determine if the foundation had excess business holdings in 2017.) 3h X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? Form **990-PF** (2017)

| Part VII-B Statements Regarding Activities for Which | Form 4720 May Re I | Required (contro | 04-33394 | <u>430</u> | ۲ | age <u>6</u> |
|---|--|--------------------------------|--|------------|-------------------|---------------|
| 5a During the year, did the foundation pay or incur any amount to: | 1 01111 4720 Way De I | reduii ed (contin | uea) | 1 | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | no 4045/a\\2 | | es X No | | 103 | 140 |
| (2) Influence the outcome of any specific public election (see section 4955); | ` '' | | ן מאנבטיא | | | |
| any voter registration drive? | or to carry on, directly or mult | | s X No | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purpose | e? | | S X No | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | יוו נאב פי | | l | |
| 4945(d)(4)(A)? See instructions | on accombed in account | | s X No | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | or educational nurnoses, or t | | :5 LAL 110 | | | |
| the prevention of cruelty to children or animals? | , or oddodational purposes, or | | s X No | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur | ider the excentions described | | .8 [25] 140 | | | |
| section 53.4945 or in a current notice regarding disaster assistance? See inst | | iii riogolationo | N/A | 5b | | |
| Organizations relying on a current notice regarding disaster assistance, check | | | | - | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption | | ined | | | | |
| expenditure responsibility for the grant? | | √A | s No | | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | _ | ., | ,, | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | | | |
| a personal benefit contract? | 1 A E | | es 🗓 No | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a | personal benefit contract? | | | 6b | | x |
| If "Yes" to 6b, file Form 8870. | , | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | shelter transaction? | | s X No | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib | | <u> </u> | N/A | 7b | | |
| Part VIII Information About Officers, Directors, Trus | | nagers, Highly | | | | |
| Paid Employees, and Contractors | | | | | | |
| 1 List all officers, directors, trustees, and foundation managers and | T | 1 | 4.8 | -, | | |
| (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 |) (e | e) Expe count, | ense other |
| | to position | enter -0-) | compensation | a | llowan | ices |
| ROBERT P. SCHECHTER | TRUSTEE | | | | | |
| 55 ROBIN ROAD | | | | | | |
| VESTON, MA 02493 | 1.00 | 0. | 0 | • | | <u>0.</u> |
| SUSAN P. SCHECHTER | TRUSTEE | | | | | |
| 55 ROBIN ROAD | ↓ , , , , , , , , , , , , , , , , , , , | | _ | | | _ |
| VESTON, MA 02493 | 1.00 | 0. | 0 . | • | | 0. |
| | _ | | | | | |
| | _ | | | | | |
| | | | | - | | |
| | _ | | | | | |
| | _ | | | | | |
| 2 Compensation of five highest-paid employees (other than those in | cluded on line 1) If none | enter "NONE " | | | | |
| - Osmponouson of the highest paid employees (other than those in | (b) Title, and average | enter NONE. | (d) Contributions to | 16 | e) Expe | ense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred | acc | count, | other |
| NONE | devoted to position | | compensation | - - ª | llowan | ices |
| NOME | _ | | | | | |
| | | | <u>-</u> | | | |
| | 4 | | | | | |
| | | | | +- | | |
| | - | | | | | |
| | | | _ | + | | |
| | 1 | | | | | |
| | | | | + | | |
| | 1 | | | | | |
| Total number of other employees paid over \$50,000 | 1. | <u> </u> | | Ц | | |

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|--|---------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "N | 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 statistica number of organizations and other beneficiaries served, conferences convened, research papers produce | | Expenses |
| 1 <u>N/A</u> | | |
| 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 line | 1 | Amount |
| 1 N/A | s I and 2. | Amount |
| 2 | | |
| | | |
| All other program-related investments. See instructions. 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | > | 0. |

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| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, | see instructions) |
|----|--|---------------|-------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | · · · · · · |
| a | Average monthly fair market value of securities | 1a | 665,868. |
| b | Average of monthly cash balances | 1b | 18,265. |
| C | Fair market value of all other assets | 1c | |
| đ | Total (add lines 1a, b, and c) | 1d | 684,133. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 684,133. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 10,262. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 673,871. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 33,694. |
| Р | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here in and do not complete this part.) | d certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 33,694. |
| 2a | Tax on investment income for 2017 from Part VI, line 5 | | |
| b | Income tax for 2017. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 2,012. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 31,682. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 31,682. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 31,682. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | (2), | 1a | <u> 158,636.</u> |
| b | | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 158,636. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 2,012. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 156,624. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years. | qualifies for | r the section |

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

| | | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
|---|---|---------------|----------------------------|---------------------|-----------------|
| | Distributable amount for 2017 from Part XI, line 7 | | | | 31,682. |
| 2 | Undistributed income, if any, as of the end of 2017 | | | | |
| а | Enter amount for 2016 only | | | 0. | |
| b | Total for prior years: | | 0. | | |
| 3 | Excess distributions carryover, if any, to 2017: | | 0. | | |
| | From 2012 97, 135. | | | | |
| _ | From 2013 99,720. | | | | |
| C | From 2014 110,803. | | | | |
| d | From 2015 101, 206. | | | | |
| е | From 2016 99, 287. | | | | |
| f | Total of lines 3a through e | 508,151. | | | |
| 4 | Qualifying distributions for 2017 from | | - | - | 2.5. |
| | Part XII, line 4: ►\$ 158,636. | | | | |
| | Applied to 2016, but not more than line 2a | | | 0. | |
| | 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 2017 distributable amount | | 1.20. | | 31,682. |
| е | Remaining amount distributed out of corpus | 126,954. | | | • |
| | Excess distributions carryover applied to 2017 (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: | | | | |
| a | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 635,105. | | | |
| | Prior years' undistributed income. Subtract | | • | ** | 11,2,4 |
| | 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. | | |
| | Subtract line 6c from line 6b. Taxable | | | | |
| | amount - see instructions | | 0. | | |
| | Undistributed income for 2016. Subtract line | | | | |
| | 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| | Undistributed income for 2017, Subtract | | | | |
| | lines 4d and 5 from line 1. This amount must | | i | | |
| | be distributed in 2018 | ! | | | 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 2012 | | | | |
| | not applied on line 5 or line 7 | 97,135. | | | |
| 9 | Excess distributions carryover to 2018 | • | | | |
| | Subtract lines 7 and 8 from line 6a | 537,970. | | | |
| 0 | Analysis of line 9: | | | | |
| а | Excess from 2013 99,720. | | | | |
| | Excess from 2014 110,803. | | | | |
| C | Excess from 2015 101, 206. | | | | |
| d | Excess from 2016 99,287. | | | | |
| е | Excess from 2017 126,954. | | | <u> </u> | <u> </u> |
| | | | | | E 000 DE (0047) |

| Part XIV Private Operating | Foundations (see in | | | N/A | 39430 Page 10 |
|---|------------------------------|--|--|--|---------------------------|
| 1 a If the foundation has received a rulin | | | | | |
| foundation, and the ruling is effective | - | - | | | 1 |
| b Check box to indicate whether the fo | | - | in section | 4942(j)(3) or 49 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | Todilouion described | Prior 3 years | +5+2())(0) GI | 12()/(0) |
| income from Part I or the minimum | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | (e) Total |
| investment return from Part X for | | <u> </u> | 1 | 1-1-1-1 | / |
| each year listed | | | | | |
| b 85% of line 2a | | | | - / | |
| c Qualifying distributions from Part XI | , | | | | |
| line 4 for each year listed | '' | | | | |
| d Amounts included in line 2c not | | | | + | |
| used directly for active conduct of | | | | // | |
| • | | | | X = I | |
| exempt activities | | | | | |
| e Qualifying distributions made directl | · | | | | |
| for active conduct of exempt activities | es. | l | | | |
| Subtract line 2d from line 2c 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon: | | 1 | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | / | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | _ | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year | | | | | |
| listed c "Support" alternative test - enter: | ļ | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section | | | 1 | | |
| 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 an exempt organization | " | | | | |
| (4) Gross investment income | | | | | |
| | nformation (Comple | te this part only | if the foundation | n had \$5,000 or mo | re in assets |
| | g the year-see inst | | ii dio ioziiaalio | | |
| 1 Information Regarding Founda | ation Managers: | | | | |
| a List any managers of the foundation | _ | than 2% of the total cor | ntributions received by th | e foundation before the clos | se of any tax |
| year (but only if they have contribute | | | | | |
| SEE STATEMENT 8 | | | | | |
| b List any managers of the foundation other entity) of which the foundation | | | or an equally large por | tion of the ownership of a pa | artnership or |
| NONE | a 1070 or grouter miters | ~- | | | |
| | hudian Onest Cife I con | Cabalanabia ata 5 | | | |
| 2 Information Regarding Contril Check here ► X if the foundation | | | | not accept unsolicited requ | ests for funds. If |
| the foundation makes gifts, grants, e | | | | | |
| a The name, address, and telephone r | number or email address of t | he person to whom app | ications should be addre | ssed: | |
| | | | | | |
| b The form in which applications shou | uld be submitted and informa | ition and materials they | should include: | | |
| a Any submission deadliness | | | | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on aw | vards, such as by geographic | al areas, charitable field | s, kınds of ınstitutions, o | other factors: | |
| 723601 01-03-18 | | | | | Form 990-PF (2017) |
| 12001 01-00-10 | | | | | 101111 220-F1 (2017) |

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient a Paid during the year PUBLIC NON-RESTRICTED A PLACE TO STAR 41 MAIN STREET KENNEBUNK, ME 04043 1,000. PUBLIC NON-RESTRICTED AMERICAN FRIENDS OF UHN INC. TORONTO ONTARIO CANADA 1,000. ANGELL MSPCA PUBLIC NON-RESTRICTED 350 HUNTINGTON AVENUE BOSTON MA 02130 5,000. A.R.T. PUBLIC NON-RESTRICTED 64 BRATTLE STREET CAMBRIDGE, MA 02138 1,840, BEAU COLLEGE ADVANCEMENT PUBLIC NON-RESTRICTED 99 MAIN STREET FRANKLIN MA 02038 200. SEE CONTINUATION SHEET(S) ▶ 3a Total 158,636. b Approved for future payment NONE **▶** 3b Total

Enter gross amounts unless otherwise indicated.

Excluded by section 512, 513, or 514

Unrelated business income

(e)

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

| Program service revenue: | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | (e) Related or exempt function income |
|---|-------------------------|-----------------|-------------------------------|-------------------------------|---------------------------------------|
| a b | | | | | |
| de | I I | | | | |
| g Fees and contracts from government agencies | - | | 1 | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | ļ | | 14 | 19. | |
| 4 Dividends and interest from securities | | | 14 | 1,547. | |
| 5 Net rental income or (loss) from real estate: | | | | | · · · · · · · · · · · · · · · · · · · |
| a Debt-financed property | | | 1 1 | | |
| b Not debt-financed property | | | + + | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | + + | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 14 | 199,648. | |
| 9 Net income or (loss) from special events | | | 1 - | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | <u> </u> | | |
| b | _ | | 1 1 | | |
| c | _ | | | | |
| d | - - | | | | |
| e | | | | 001 014 | |
| 12 Subtotal. Add columns (b), (d), and (e) | <u> </u> | 0 | • | 201,214. | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) | | | | 13 | 201,214. |
| Part XVI-B Relationship of Activities | to the Accor | nplishment of E | xempt | Purposes | |
| Line No. Explain below how each activity for which in the foundation's exempt purposes (other that | | | A contribut | ted importantly to the accomp | Dishment of |
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| Form 990 | | | LY FOUNDATION | | 339430 | Page 13 |
|--------------|--|---------------------------------|---|---|--------------------|-------------|
| Part | Exempt Organ | | o and Transactions and | d Relationships With Nonc | nantable | |
| 1 Did | | | owing with any other organization | described in section 501(c) | T | es No |
| | ner than section 501(c)(3) organ | | | 4000/1504 III 000110// 00 1(0) | 1 1 | - |
| | nsfers from the reporting founda | | | | | |
| (1) | Cash | | - | | 1a(1) | x |
| (2) | Other assets | | | | 1a(2) | X |
| b Oth | er transactions: | | | | | |
| (1) | Sales of assets to a noncharita | ble exempt organization | | | 1b(1) | X |
| (2) | Purchases of assets from a no | ncharitable exempt organization | on | | 1b(2) | X |
| (3) | Rental of facilities, equipment, | or other assets | | | 1b(3) | <u>_X</u> _ |
| | Reimbursement arrangements | | | | 1b(4) | <u> </u> |
| | Loans or loan guarantees | | | | 1b(5) | X |
| ٠, | Performance of services or me | • | | | 1b(6) | <u> X</u> |
| | aring Of facilities, equipment, ma | | | | <u> 1c </u> | X |
| or s | services given by the reporting fo | oundation. If the foundation re | eceived less than fair market value | ys show the fair market value of the go in any transaction or sharing arrangem | | IS, |
| (a) Line n | umn (d) the value of the goods, (b) Amount involved | | rtable exempt organization | (d) Description of transfers, transactions | ond sharing arra | |
| (a) Lille II | (b) Amount involved | N/ | | (u) Description of transfers, transaction | s, and sharing ara | igements |
| | | <u>_N</u> / | <u> </u> | | | |
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| ın s | ection 501(c) (other than section | n 501(c)(3)) or in section 527 | , one or more tax-exempt organiza ?? | tions described | Yes | X No |
| <u>n</u> ii | es," complete the following sch (a) Name of org | | (b) Type of organization | (c) Description of rela | ationship | |
| | N/A | | (-) -) | (5) 2000, p.10.1 01 101. | | |
| | 24/21 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Sign Here | | penalties of perjury, I declare that I have examined the latest, it is true, context, and complete Declaration of p | | | | r has any knowledge | May the IRS discuss this return with the preparer shown below? See instr |
|----------------|------|---|----------------------|------------------|---------------|---------------------|--|
| | Sign | lature of officer or trustee | 200 | ite 177 18 | Title | | Tes 100 |
| Paid | | Print/Type preparer's name WILLIAM F. RUCCI, CPA, MST | Preparer's sygrature | | Date 05/10/18 | self- employed | P00634443 |
| Prepa Use (| | Firm's name ► RUCCI, BARDA Firm's address ► 500 UNICORI WOBURN, MA | | NE, PC TE 101 | | Firm's EIN ► 04 | |
| | | WODOKN, MA | 01001 | | | Trilone ilo. (70 | Form 000-DE (2017 |

| THE SCHECHTER FA | | <u> </u> | <u> 3943</u> | <u> </u> | AGE 1 | OF I |
|--|--|---|--------------|--|--|----------------------------------|
| Part IV Capital Gains and Los | sses for Tax on Investment Income | | | | | |
| | describe the kind(s) of property solution in the kind(s) of property solution warehouse; or common stock, 20 | | (b |) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a 172 SHARES OF . | APPLE INC | | | P | 01/13/06 | 06/12/17 |
| b 910 SHARES OF | PTC INC | | | P | 09/15/09 | 02/21/17 |
| c 106 SHARES OF | REGENERON | | | | 02/08/10 | |
| d 47 SHARES OF R | | | | P | | 06/12/17 |
| e 106 SHARES OF | | | | P | | 11/09/17 |
| f 90 SHARES OF R | EGENERON | | | P | 02/08/10 | 11/09/17 |
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| 0 | | | | | | <u> </u> |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | |) Gain or (loss) dus (f) minus (g) | |
| a 24,800. | | 2,096. | | | | 22,704. |
| b 49,935. | | 15,525. | | | | 34,410. |
| c 50,001. | | 2,795. | | | | 47,206. |
| d 22,170. | | 1,248. | | | | 20,922. |
| e 43,055. | | 2,815. | | | | 40,240. |
| f 36,556. | | 2,390. | | | | <u>34,166.</u> |
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| <u>m</u> | | | | | | |
| n | | | | | | |
| 0 | | 10.001.00 | | | | |
| (i) F.M.V. as of 12/31/69 | g gain in column (h) and owned by (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | Gains (excess | sses (from col. (h)) of col. (h) gain ove iot less than "-0-") | |
| | 400.120,00 | (),, waii, | | | | 22 704 |
| <u>a</u> | | | | | | 22,704. |
| b | | | | | | 34,410. |
| C | | | | | | 47,206. 20,922. |
| d | | | | | | 40,240. |
| f f | | | | | | 34,166. |
| | | | | | | J=, 100· |
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| n | | | | | _ | |
| 0 | | | | | | |
| 2 Capital gain net income or (net ca | apital loss) { If gain, also enter | r in Part I, line 7)-" in Part I, line 7 | 2 | | | 199,648. |
| If gain, also enter in Part I, line 8, | | nd (6): | | | /- | |
| If (loss), enter "-0-" in Part I, line t | <u> </u> | | 3 | | _N/A | |

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient BOSTON ART ACADEMY PUBLIC NON-RESTRICTED 174 IPSWICH STREET 25,000. BOSTON, MA 02215 BOSTON CHILDREN'S MUSEUM PUBLIC NON-RESTRICTED 308 CONGRESS STREET 2,500. BOSTON MA 02110 BOSTON MEDICAL CENTER PUBLIC NON-RESTRICTED 315 ALBANY STREET BOSTON, MA 02118 12,500. COMBINED JEWISH PHILANTHROPIES, PUBLIC NON-RESTRICTED GREATER BOSTON'S JEWISH FEDERATION 126 HIGH STREET BOSTON, MA 02110 5,500. FACING HISTORY AND OURSELVES PUBLIC NON-RESTRICTED 16 HURD RD, BROOKLINE, MA 02445 750, GOOD SHEPHERD COMMUNITY CARE PUBLIC NON-RESTRICTED 90 WELLS AVE NEWTON MA 02459 750. GREATER BOSTON FOOD BANK PUBLIC NON-RESTRICTED 70 S BAY AVE BOSTON MA 02118 250. INSTITUTE FOR JEWISH SPIRITUALITY PUBLIC NON-RESTRICTED 135 W 29TH STREET, SUITE 1103 NEW YORK, NY 10001 8,820. JEWISH COMMUNITY CENTER PUBLIC NON-RESTRICTED 333 NAHANTON ST 1,800. NEWTON MA 02459 JEWISH FAMILY AND CHILDREN'S SERVICES PUBLIC NON-RESTRICTED 1430 MAIN STREET WALTHAM, MA 02451 2,500. Total from continuation sheets 149 596.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient MASSACHUSETTS ART FOUNDATION PUBLIC NON-RESTRICTED 621 HUNTINGTON AVENUE BOSTON, MA 02115 5,000, MASSACHUSETTS COLLEGE OF ART & DESIGN PUBLIC NON-RESTRICTED 621 HUNTINGTON AVENUE BOSTON MA 02115 1,000. MASSACHUSETTS GENERAL HOSPITAL (GROSS PUBLIC NON-RESTRICTED CHAIR AND HOCHBERG RESEARCH) 100 CAMBRIDGE STREET BOSTON, MA 02114 20,000. PUBLIC MAX ULTIMATE FOOD - MASS ARTS NON-RESTRICTED 621 HUNTINGTON AVENUE BOSTON MA 02115 2,826. MIRIAM FUND PUBLIC NON-RESTRICTED 126 HIGH STREET BOSTON, MA 02110 2,000. OPEN MINDS OPEN DOORS PUBLIC NON-RESTRICTED 1414 N. CAMERON STREET, 1ST FLOOR 1,000, HARRISBURG PA 17103 PANMASS CHALLENGE PUBLIC NON-RESTRICTED 77 FOURTH AVENUE 3,250. NEEDHAM, MA 02494 PLANNED PARENTHOOD PUBLIC NON-RESTRICTED 1055 COMMONWEALTH AVE 1,000. BOSTON, MA 02215 PUBLIC NON-RESTRICTED RASHI SCHOOL 8000 GREAT MEADOW ROAD DEDHAM, MA 02026 1,600. TEMPLE BETH ELOHIM PUBLIC NON-RESTRICTED 10 BETHEL ROAD WELLESLEY, MA 02481 20,000. Total from continuation sheets

| Part XV Supplementary Information | | | | |
|---|--|----------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the Y | | -1 | | |
| 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 | | |
| | | | | |
| THE FRESHMAN FIFTEEN | | PUBLIC | NON-RESTRICTED | |
| 302 WEST 12TH STREET #15F | | | | |
| NEW YORK NY 10014 | | | | 650, |
| | | | | |
| THE CHER COLOOL OF WINT | | PUBLIC | NON-RESTRICTED | |
| THE SEED SCHOOL OF MIAMI 8004 NW 154TH STREET #389 | | FUBLIC | NON-RESTRICTED | |
| MIAMI LAKES FL 33016 | | | | 1,000, |
| TIPMI DAKES, FU JJUIO | | | - | 2,000, |
| | | | | |
| VILNA SHUL | | PUBLIC | NON-RESTRICTED | |
| 18 PHILLIPS STREET | | | | |
| BOSTON, MA 02114 | | | | 20,000, |
| | | | | |
| WBUR, BOSTON UNIVERSITY | | PUBLIC | NON-RESTRICTED | |
| 89 O COMMONWEALTH AVE., 3RD FL | | | | |
| BOSTON, MA 02215 | | | | 2,500, |
| | | | • | |
| WOMEN'S LUNCH PLACE | | PUBLIC | NON-RESTRICTED | |
| 67 NEWBURY STREET | | FORDIC | HON RESTRICTED | |
| BOSTON MA 02116 | | | | 6,400. |
| | | | | · |
| | | L | | |
| ZAKIM CENTER | | PUBLIC | NON-RESTRICTED | |
| 450 BROOKLINE AVE BOSTON, MA 02115 | | | | 1,000. |
| BOSTON, MA 02113 | | | | 1,000, |
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| Total from continuation sheets | -J | | | - |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

2017

| ТІ | HE SCHECHTER FAMILY FOUNDATION | 04-3339430 |
|--|--|--|
| Organization type (check o | | |
| 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 | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| General Rule X For an organizatio | (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule in filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor. | g \$5,000 or more (in money or |
| Special Rules | | |
| sections 509(a)(1) any one contribute | in 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, or, 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 contribi | n 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 educ cruelty to children or animals. Complete Parts I, II, and III | • |
| year, contributions is checked, enter purpose Don't co | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sections exclusively for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it lee, etc., contributions totaling \$5,000 or more during the year | ore than \$1,000 If this box s, charitable, etc., |
| but it must answer "No" or | nat 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 Fit the filing requirements of Schedule B (Form 990, 990-FZ, 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) (2017)

Name of organization

Employer identification number

THE SCHECHTER FAMILY FOUNDATION

04-3339430

| TUE O | CHECHIER FAMILI FOUNDATION | | :-3333430 |
|------------|---|--------------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ROBERT AND SUSAN P. SCHECHTER 55 ROBIN ROAD WESTON, MA 02493 | \$\$16,806. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | ROBERT AND SUSAN P. SCHECHTER 55 ROBIN ROAD WESTON, MA 02493 | - \$ <u>11,152.</u> - | Person Payroll Noncash X (Complete Part If for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - - - | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | * | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | _ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for |

Name of organization

Employer identification number

THE SCHECHTER FAMILY FOUNDATION

04-3339430

| Part II N | oncash Propert | (see instructions). | Use duplicate copies of | of Part II if additional space is needed |
|-----------|----------------|---------------------|-------------------------|--|
|-----------|----------------|---------------------|-------------------------|--|

| 'aπ II | Noncash Property (see instructions). Use duplicate copies of Part II if a | additional space is needed | |
|--------------------------------------|---|---|---------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _1 | 200 SHARES OF FACEBOOK INC COM, FMV \$35,524 | | |
| | · · · · · · · · · · · · · · · · · · · | \$16,806. | 12/27/17 |
| (a) No. rom | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 2 | 800 SHARES OF 2U INC COM, FMV \$50,976 | | |
| İ | | \$ <u>11,152.</u> | 12/27/17 |
| (a) N o. 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 |
| | | | |
| | | \$ | |
| 453 11-0° | | | 990, 990-EZ, or 990-PF) (|

Employer identification number

| THE SC | HECHTER FAMILY FOUNDAT | ION | 04-3339430 | | | | |
|---------------------------|---|---|--|--|--|--|--|
| Part III | Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious | columns (a) through (e) and the following | section 501(c)(7), (8), or (10) that total more than \$1,000 for | | | | |
| | Use duplicate copies of Part III if addition | al space is needed. | | | | | |
| (a) No. from | (b) Purpose of gift (c) Use of gift | | (d) Description of how gift is held | | | | |
| Part I | | | | | | | |
| | | | | | | | |
| 1 | Tourist and address of | (e) Transfer of gift | Deletion bis of Assessed assessed as | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | 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, a | nd ZIP + 4 | 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, a | nd ZIP + 4 | 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, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| | | | | | | | |

| FORM 990-PF INTERES | ST ON SAVI | NGS AND TEM | PORARY | CASH IN | VESTMENTS | STATEMENT 1 |
|---------------------------------|-----------------|------------------------------|---------|-------------------------|---------------------------------|-------------------------------|
| SOURCE | REVE | REVENUE NET INVI | | (B) VESTMENT COME | (C) ADJUSTED NET INCOME | |
| NATIONAL FINANCIAL S | | | | 19. | | |
| TOTAL TO PART I, LII | NE 3 | | 19. | | 19. | |
| FORM 990-PF | DIVIDENDS | S AND INTER | EST FRO | M SECUR | ITIES | STATEMENT 2 |
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | RE | (A) EVENUE BOOKS | (B) NET INVEST MENT INCOM | |
| NATIONAL FINANCIAL SERVICES LLC | 1,547 | • | 0. | 1,547. | 1,547 | 7. |
| TO PART I, LINE 4 | 1,547 | • | 0. | 1,547. | 1,547 | 7. |
| FORM 990-PF | | ACCOUNTI | NG FEES | 3 | | STATEMENT 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | NET IN | 3) IVEST- INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| TAX PREPARATION FEE: | s — | 3,730. | | 0. | | 0. |
| TO FORM 990-PF, PG | 1, LN 16B | 3,730. | | 0. | | 0. |
| FORM 990-PF | | TAX | ES | | | STATEMENT 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | NET IN | | (C) ADJUSTED NET INCOME | |
| FEDERAL TAXES | | 2,123. | | 0. | | 0. |
| TO FORM 990-PF, PG | 1, LN 18 | 2,123. | | 0. | | 0. |

| FORM 990-PF | OTHER E | XPENSES | | STATEMENT | 5 |
|-------------------------------------|------------------------------|-----------------------------------|-----------|---------------------|-----|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | |
| COMMONWEALTH OF MA - FILING FEES | 35. | 0 | • | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 35. | 0 | • | | 0. |
| FORM 990-PF | CORPORAT | E STOCK | | STATEMENT | 6 |
| DESCRIPTION | | В | OOK VALUE | FAIR MARKE VALUE | T |
| NATIONAL FINANCIAL SERVICES | LLC | | 215,665. | 715,2 | 07. |
| TOTAL TO FORM 990-PF, PART I | I, LINE 10B | | 215,665. | 715,2 | 07. |
| | F SUBSTANTIA PART VII-A, | L CONTRIBUTO | RS | STATEMENT | 7 |
| NAME OF CONTRIBUTOR | ADDR | ESS | | | |
| ROBERT AND SUSAN SCHECHTER | | OBIN ROAD ON, MA 02493 | | | |
| FORM 990-PF | PART XV - L | INE 1A | | STATEMENT | 8 |

NAME OF MANAGER

ROBERT P. SCHECHTER SUSAN P. SCHECHTER