DLN: 93491317021948

2017

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

Open to Public

							Inspection
For	cale	ndar year 2017, or tax year beginning 01-01-20	017 , an	nd ending	12-31-	2017	
		undation		A En	nployer id	entification numbe	r
11	IE KITA	. AND ALEX HILLMAN FOUNDATION		13-2	560546		
		d street (or P O box number if mail is not delivered to street address) Room/suite	B Te	lephone nu	mber (see instruction	ns)
2	UU PARI	K AVE SO		(212	·) 265-3115	i	,
		n, state or province, country, and ZIP or foreign postal code , NY 10003		C If	exemption	application is pendin	a check here
	TORK,	, 111 10003			exemption	аррисасіон із ренаш	y , check here ▶ □
G Cl	neck al	ll that apply	former public charity	D 1.	Foreign or	ganizations, check he	ere 🕨 🔲
		☐ Final return ☐ Amended return		2		ganizations meeting k here and attach co	
		☐ Address change ☐ Name change		E If		ındatıon status was 1	· -
_		ype of organization ✓ Section 501(c)(3) exempt private		u	nder section	n 507(b)(1)(A), chec	k here ► □
		n 4947(a)(1) nonexempt charitable trust Uother taxab ket value of all assets at end Jaccounting method	Cash Accrus	-	the founda	tion is in a 60 month	tormination —
of	year <i>(t</i>	from Part II, col (c),	Cash Li Accrua			ition is in a 60-monti n 507(b)(1)(B), chec	
line	9 16)▶	•\$ 128,832,067	t be on cash basis)				
Pa	rt I	Analysis of Revenue and Expenses (The total	() 5				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per		estment ome	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))	books				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ► ✓ If the foundation is not required to attach					
	_	Sch B					
	3	Interest on savings and temporary cash investments	1.047.050		1 0 17 050		
	4 5a	Dividends and interest from securities	1,947,053		1,947,053		
	b	Net rental income or (loss)					
Ð	6a	Net gain or (loss) from sale of assets not on line 10	3,285,360				
Revenue	ь	Gross sales price for all assets on line 6a					
ĕĕ	_	3,285,360	0		2 205 260		
ш.	7 8	Capital gain net income (from Part IV, line 2)			3,285,360		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	-98,669		-98,669		
	12	Total. Add lines 1 through 11	5,133,744		5,133,744		
	13	Compensation of officers, directors, trustees, etc	542,250		142,612		399,638
_	14	Other employee salaries and wages	146,320		27.450		146,320
ses	15 16a	Pension plans, employee benefits	97,300		27,450		69,850
Sen .	ь	Accounting fees (attach schedule)	4 63,000		12,600		50,400
and Administrative Expenses	C	Other professional fees (attach schedule)	885,034		666,112		218,922
IVe	17	Interest	222,501		,		
trat	18	Taxes (attach schedule) (see instructions)	254,797		57,492		28,065
SILI S	19	Depreciation (attach schedule) and depletion	9,492		9,492		
Ē	20	Occupancy	103,731		15,560		88,171
ΨÞ	21	Travel, conferences, and meetings					
	22	Printing and publications					
Operating	23	Other expenses (attach schedule)	153,532		27,860		125,672
er at	24	Total operating and administrative expenses.	2 255 755		050 : 75		4 407 055
o D	25	Add lines 13 through 23	2,255,456 3,593,245		959,178		1,127,038 3,593,245
_	25		3,393,245				3,393,245
_	26	Total expenses and disbursements. Add lines 24 and 25	5,848,701		959,178		4,720,283
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	-714,957				
	ь	Net investment income (If negative, enter -0-)			4,174,566		
	С	Adjusted net income(if negative, enter -0-)					
For	Paper	rwork Reduction Act Notice, see instructions.		Cat N	o 11289×	For	m 990-PF (2017)

	2	Savings and temporary cash investments	4,711,193	4,299,290	4,299,290
	3	Accounts receivable ▶			
		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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
اع	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges	113,770	50,830	97,292
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	20,793,820	13,591,175	17,758,826
	С	Investments—corporate bonds (attach schedule)	12,965,871	12,830,303	12,877,812
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	45,050,360	52,347,598	64,953,286
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶	15,811	9,711	14,311

(چو

88,520

88,520

101,105,591

101,105,591

101,194,111

17,260,900

97,300

97,300

100,623,757

100,623,757

100,721,057

101,105,591

100,623,757

100,623,757

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-714,957

233,123

1

2

3

4

5

6

100,721,057

28,500,000

128,832,067

	Less accumulated depreciation (attach schedule) ▶			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)		45,050,360	
14	Land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ▶		15,811	%
15	Other assets (describe	ر چ	17,260,900	₩
16	Total assets (to be completed by all filers—see the			
	instructions Also, see page 1, item I)		101,194,111	
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

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

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions) .

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

Retained earnings, accumulated income, endowment, or other funds

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

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Liabilities

Net Assets or Fund Balances

21

22

23

24

25

26

27

28

29 30

31 Part III

2

3

Other liabilities (describe ▶_

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

	(a) ne kınd(s) of property sold (e g , re nouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1 a PER BOOKS AND RECORD	S - SEE NOTE A	Р	2011-01-01	2017-01-01	
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basıs ense of sale	Gain o	h) r (loss)) mınus (g)
a 3,285	,360				3,285,360
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation (on 12/31/69	(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (յ), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))
a					3,285,360
b					
С					
d					
e					
If gain, also enter in Part in Part I, line 8	l ain or (loss) as defined in sections : I, line 8, column (c) (see instructi	ons) If (loss), enter -0	· }	3	3,285,360
	nder Section 4940(e) for Re				
	vate foundations subject to the sec	ction 4940(a) tax on ne	t investment incom	ne)	
	section 4942 tax on the distributa		in the base period	? \ \ \ \ \ \ \	es 🔽 No
	qualify under section 4940(e) Do		making any entrie	<u> </u>	
(a) Base period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitable		(d) Distribution rati (col (b) divided by c	
year (or tax year beginning in) 2016	2,407,441		91,141,245	(cor (b) divided by C	0 02641
2015	5,715,996		96,687,185		0 05912
2014	3,973,231		98,477,458		0 04035
2013	2,899,464		97,578,141		0 02971
2012	3,196,281		85,733,706		0 03728
2 Total of line 1, column (d))		2		0 192874
number of years the found 4 Enter the net value of non 5 Multiply line 4 by line 3	for the 5-year base period—divide lation has been in existence if less charitable-use assets for 2017 fron	than 5 years	3 4 5		0 038575 97,462,303 3,759,608
	nt income (1% of Part I, line 27b)		6		41,746
					3,801,354
	ns from Part XII, line 4 , ster than line 7, check the box in Pa				4,720,283 e the Part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

	,
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustee	s, foundation managers ar	nd their compensation		
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			Companion	
			· · · · · · · · · · · · · · · · · · ·	WNONE II
2 Compensation of five highest-paid	employees (other than ti	nose included on line 1	Contributions to	ne, enter NONE.
(a) Name and address of each employee pai more than \$50,000	Title, and average d hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
RACHAEL A WATMAN 3170 DUKE ROAD	VP PROGRAMS 40 00	86,00	4,300	
POWHATAN, VA 23139 LINDA M LE	VP OPERATIONS	60,32	6,000	
552 WEST 162 STREET GROUND FLOOR NEW YORK, NY 10032	40 00	00,32	3,000	
Fotal number of other employees paid ove	r \$50.000			
3 Five highest-paid independent co				E".
(a) Name and address of each person	paid more than \$50,000		e of service	(c) Compensation
DAVIS WARD & HOCHMAN LLP		AUDIT AND TAX ACCTNO	3	63,000
150 E 58 STREET NEW YORK, NY 10155				
MORGAN STANLEY		INVESTMENT ADVISORY	,	241,089
399 PARK AVE NEW YORK, NY 10022				
OFFIT CAPITAL ADVISERS		INVESTMENT ADVISORY	,	316,217
485 LEXINGTON AVENUE NE YORK, NY 10017				
		-		
Fotal number of others receiving over \$50,	000 for professional services	<u> </u> 		
Part IX-A Summary of Direct C List the foundation's four largest direct charitable a	haritable Activities activities during the tax year Incli	ude relevant statistical inform		Evponsos
organizations and other beneficiaries served, confe	erences convened, research paper	s produced, etc		Expenses 0
2				
3				
4				
Part IX-B Summary of Program Describe the two largest program-related investigations.	n-Related Investments strents made by the foundation d	·	and 2	Amount
1	America made by the roundation of	aring the tax your on mico I t		Amount
2				
All other program-related investments \$	See instructions			
Total. Add lines 1 through 3 .				

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

2

3a 3h

4

5

4.720.283

4.678.537

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41.746

4,831,369

3,597,111

1,234,258

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(d)

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,	
XIII	ı

Part

b Total for prior years

a From 2012. **b** From 2013. c From 2014. . . . d From 2015. e From 2016.

indicated below:

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 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018

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 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

1 Distributable amount for 2017 from Part XI, line 7

Undistributed Income (see instructions) 2 Undistributed income, if any, as of the end of 2017

a Enter amount for 2016 only.

3 Excess distributions carryover, if any, to 2017

(a)

Corpus

(b)

Years prior to 2016

(c)

2016

1,123,172

1,123,172

f Total of lines 3a through e.

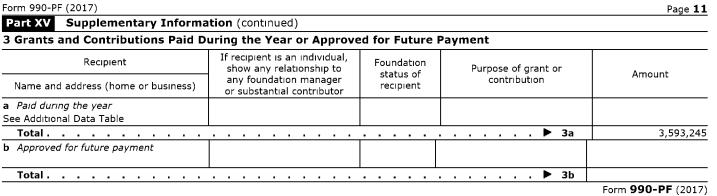
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 4,720,283

a Applied to 2016, 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 2017 distributable amount. . . .

e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as



(a) (b) (c) (d) function income	art XVI	F (2017) -A Analysis of Income-Producing	Activities				Page 1
Business code Amount Exclusion code Amount (See instructions a business code Amount Exclusion code Amount (See instructions a business code Amount Exclusion code Amount (See instructions a business code Amount Exclusion code Amount (See instructions a business code Amount Exclusion code Amount (See instructions a business code Amount Exclusion code Amount (See instructions a business code Amount Exclusion code Amount (See instructions a business code Amount Exclusion code Amount (See instructions code Amount Exclusion code Amount (See instructions code amount (See instr	ter gross	amounts unless otherwise indicated	r				Related or exemp
b c d d d d d d d d d d d d d d d d d d							(See instructions
d e							
g Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments. Dividends and interest from securities. Net rental income or (loss) from real estate a Debt-financed property. Net rental income or (loss) from personal property Other investment income. Other investment income. It is general g							
g Fees and contracts from government agencies Membership dues and assessments	d						
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments							
Membership dues and assessments. Interest on savings and temporary cash investments Dividends and interest from securities. Net rental income or (loss) from real estate a Debt-financed property. Net rental income or (loss) from personal property Other investment income. If a 1,947,053 Net rental income or (loss) from personal property Other investment income. If a 98,669 Gain or (loss) from sales of assets other than inventory. Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a SEE STATEMENT B b c d d e Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). See worksheet in line 13 instructions to verify calculations.) Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See							
Interest on savings and temporary cash investments							
Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory							
a Debt-financed property					14	1,947,053	
b Not debt-financed property		, ,					
Net rental income or (loss) from personal property Other investment income							
Gain or (loss) from sales of assets other than inventory							
Inventory					14	98,669	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a SEE STATEMENT B b c d e Subtotal Add columns (b), (d), and (e). Subtotal Add line 12, columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). See worksheet in line 13 instructions to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See					10	2 205 260	
Gross profit or (loss) from sales of inventory Other revenue a SEE STATEMENT B b c d e Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See					16	3,263,360	
a SEE STATEMENT B b c c d d e Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See							
b c d d d d d d d d d d d d d d d d d d							
C							
d							
Subtotal Add columns (b), (d), and (e)							
Total. Add line 12, columns (b), (d), and (e)							
(See worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	Subtota	al Add columns (b), (d), and (e).					
Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	Total.	Add line 12, columns (b), (d), and (e)	lations)		13	3	5,133,/4
the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See				ment of Exen	npt Purposes		
		the accomplishment of the foundation's ex					
		instructions)					
		I .					

orm 990-PF (2								Pa	ge 13
Part XVII	Information Regard Exempt Organizatio	ns				·			
	janization directly or indirectl Code (other than section 501						501	Yes	No
a Transfers f	rom the reporting foundation	n to a noncharit	table exemp	t organization	of				
(1) Cash.							1a(1)		No
(2) Other	assets						. 1a(2)		No
b Other trans									
` '	of assets to a noncharitable						1b(1)		No
	ases of assets from a noncha		-				. 1b(2)		No
	l of facilities, equipment, or o						. 1b(3)		No
	oursement arrangements or loan guarantees						1b(4) 1b(5)		No No
	nance of services or member						1b(6)		No
• •	facilities, equipment, mailing	•	-				1c		No
of the good	ver to any of the above is "Ye is, other assets, or services of saction or sharing arrangeme	given by the re	porting four	ndation If the	foundation rece	eived less than fair marke	et value	•	
(a) Line No	(b) Amount involved (c) N	Name of nonchari	table exempt	organization	(d) Description	n of transfers, transactions, a	nd sharıng arra	ngemen	ıts
2a Is the foun	l dation directly or indirectly a	iffiliated with ic	or related to	one or more	tax-exempt org	ianizations			
described i	n section 501(c) of the Code implete the following schedul (a) Name of organization	(other than se	ection 501(c		ion 527?		. Yes	✓	No
of my	er penalties of perjury, I decla y knowledge and belief, it is t n preparer has any knowledg	true, correct, a						rmatio	n of
Here L			20	18-11-13	L		return		
-	ignature of officer or trustee	•	Da	te	Title		with the prepa below (see instr)?	_	
	Print/Type preparer's name	e Prepar	er's Sıgnatu	re	Date		IN		
						Check if self-	P01343	3472	
Paid	WILLIAM E SPIRO					employed ▶ Ш			
Preparer	Firm's name ► Davis Ward	 d & Hochman L	LLP		I	Fı	rm's EIN ▶20	-04944	 412
Use Only	Firm's address ► 150 East	t 58th Street 2	OTH Floor						
		k, NY 10155				Ph	none no (212) 230-	2600
	1	, 20200							

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation LIZANNE FONTAINE ٥ Director 1 00 91 COLUMBIA HEIGHTS BROOKLYN, NY 11201 54,000 AHRIN MISHAN VP/Sec/Ex Dir 377,250 40 00 200 PARK AVENUE SO STE1705 NEW YORK, NY 10003 DORI JAFFE ASST TR & SECT 165,000 33,000 40 00 200 PARK AVENUE SO STE 1705 NEW YORK, NY 10003 PAUL GARFINKLE Director 1 00 2001 SO E SAILFISH PT BLVD STUART, FL 34996 HENRY CHRISTENSEN NOTE C President/Treas O 1 00 MC DERMOTT ET AL 340 MADISN AV NEW YORK, NY 10173 RAYMOND J MCGUIRE 0 Director 1 00 388 GREENWICH ST - 39 FLOOR NEW YORK, NY 10013 ADAM E MAX NOTE C President/Treas 0 1 00 399 PARK AVENUE NEW YORK, NY 10022 DR JENNIFER MIERES Director 1 00 1725 YORK AVE NEW YORK, NY 10128 MEGAN MONAHAN 0 Director 1 00 1201 HUDSON ST HOBOKEN, NJ 07030

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 BROOKLYN ACADEMY OF MUSIC NONE PC ADVANCE VISUAL ARTS 449,000 30 LAFAYETTE AVE

BROOKLYN, NY 11217				
INTERNATIONAL CENTER FOR PHOTOGRAPH 1114 AVENUE OF AMERICAS NEW YORK, NY 10036	NONE	PC	SUPPORT ART OF PHOTOGRAPHY	161,200

NEW YORK, NY 10036				
UNIVERSITY OF PENN SCHOOL OF NURSIN 418 CURIE BLVD ROOM 430	NONE	PC	SUPPORT NURSING EDUCATION	

UNIVERSITY OF PENN SCHOOL OF	NONE	PC	SUPPORT NURSING EDUCATION	
NURSIN				
418 CURIE BLVD ROOM 430				
PHILADELPHIA, PA 19104				

Total.

3a

UNIVERSITY OF PENN SCHOOL OF	NONE	PC	SUPPORT NURSING EDUCATION	
NURSIN				
418 CURIE BLVD ROOM 430				
PHILADELPHIA, PA 19104				

UNIVERSITY OF PENN SCHOOL OF	NONE	PC	SUPPORT NURSING EDUCATION	180,753
418 CURIE BLVD ROOM 430				
DUTIADEIDUTA DA 1010A				

3,593,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 METROPOLITAN MUSEUM OF ART NONE PC SUPPORT VISUAL ARTS 20,000 1000 FIFTH AVENUE NEW YORK, NY 10028

,				
MUSEUM OF MODERN ART 11 WEST 53RD ST NEW YORK, NY 10019	NONE	PC	SUPPORT VISUAL ARTS	6,000
LINCOLN CENTER THEATRE 150 WEST 65TH STREET	NONE	PC	SUPPORT PERFORMING ARTS	5,000

NEW YORK, NY 10019				1
LINCOLN CENTER THEATRE 150 WEST 65TH STREET NEW YORK, NY 10023	NONE	PC	SUPPORT PERFORMING ARTS	5,0

11211 10111,111 10015				
LINCOLN CENTER THEATRE 150 WEST 65TH STREET NEW YORK, NY 10023	NONE	PC	SUPPORT PERFORMING ARTS	

Total. 3,593,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 AMERICAN ACADEMY OF NURSING NONE PC SUPPORT NURSING EDUCATION 10,000 1000 NW VERMONT AVE SUITE 910 WASHINGTON, DC 20005

UNIVERSITY OF PENNSYLVANIA 418 CURIE BLVD PHILADELPHIA, PA 19104	NONE	PC	SUPPORT NURSING EDUCATION	150,000
AMERICAN NURSES FOUNDATION 8515 GEORGIA AVENUE SIVER SPRING, MD 20910	NONE	PC	SUPPORT NURSING EDUCATION	95,000

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

236.771

191,100

a Paid during the year				
UNIVERSITY OF MICHIGAN 3003 SO STATE STREET	NONE	PC	SUPPORT NURSING EDUCATION	

or substantial contributor

Total . 3a

ANN ARBOR, MI 48109				
UNC CHAPEL HILL250 E FRANKLIN ST CHAPEL HILL, NC 27516	NONE	PC	SUPPORT NURSING EDUCATION	

CHAPEL HILL, NC 27516	NONE	PC	SUPPORT NURSING EDUCATION	
NY INTL CHILDREN'S FILM FESTIVAL	NONE	PC	SUPPORT VISUAL ARTS	

NY INTL CHILDREN'S FILM FESTIVAL	NONE	PC	SUPPORT VISUAL ARTS	
225 BROADWAY				
NEW YORK, NY 10007				

Total				3,593,245
225 BROADWAY NEW YORK, NY 10007				
VI INTE CHIEDREN 3 HENTESTIVAL	NONL	FC	SOFFORT VISUAL ARTS	. ∠,

NY INTL CHILDREN'S FILM FESTIVAL	NONE	PC	SUPPORT VISUAL ARTS	2,000
225 BROADWAY				
NEW YORK, NY 10007				

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

10,000

10,000

NLN FOUNDATION 2600 VIRGINIA AVE NW 8TH FL WASHINGTON, DC 20037	NONE	PC	SUPPORT NURSING EDUCATION	

· · · · · · · · · · · · · · · · · · ·				
THE SPENCE SCHOOL22 E 91 STREET NEW YORK, NY 10128	NONE		SUPPORT CHILDREN'S EDUCATION	
PROJECT ACCESS OF DURHAM COUNTY	NONE	PC	ASSIST VULNERABLE	

NEW YORK, NY 10128			EDUCATION	
PROJECT ACCESS OF DURHAM COUNTY 407 CRUTCHFIELD ST	NONE	PC	ASSIST VULNERABLE POPULATION	

PROJECT ACCESS OF DURHAM COUNTY 407 CRUTCHFIELD ST	NONE	PC	ASSIST VULNERABLE POPULATION	
TO CROTCHILLED 31			TOTOLATION	
DURHAM, NC 27704				

3a

PROJECT ACCESS OF DURHAM COUNTY 407 CRUTCHFIELD ST DURHAM, NC 27704	NONE	PC	ASSIST VULNERABLE POPULATION	l
DURHAM, NC 27704				

DURHAM, NC 27704	PROJECT ACCESS OF DURHAM COUNTY 107 CRUTCHFIELD ST DURHAM, NC 27704	NONE	PC	ASSIST VULNERABLE POPULATION	204,389
------------------	---	------	----	------------------------------	---------

OURHAM, NC 27704		POPULATION	
Total	 		3,593,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 NATONAL NURSING CENTERS NONE PC SUPPORT NURSING EDUCATION 250,000 CONSORTIUM 1500 MARKET ST PHILADELPHIA PA 19102

THIE RELEATING THE TOTAL				
ACADEMY HEALTH1150 17 STREE NW WASHINGTON, DC 20036	NONE	PC	SUPPORT NURSING RESEARCH	500
THE BROOKLYN HOSPITAL FDN 121 DEKALB AVENUE BROOKLYN, NY 11201	NONE	PC	SUPPORT HEALTH CARE	3,500

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 status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BRIC ARTSMEDIABKLYN INC NONE PC SUPPORT VISUAL ARTS 3,500 647 FULTON STREET BROOKLYN, NY 11217

MARTIN MEMORIAL FDN INC 2135 SE OCEAN BLVD STUART, FL 34996	NONE	PC	SUPPORT NURSING EDUCATION	10,000
THE PEDDIE SCHOOL 210 SOUTH MAIN STREET HIGHTSTOWN, NJ 08520	NONE	PC	SUPPORT NURSING EDUCATION	10,000

STUART, FL 34996				
THE PEDDIE SCHOOL 210 SOUTH MAIN STREET HIGHTSTOWN, NJ 08520	NONE	PC	SUPPORT NURSING EDUCATION	10,0

Total . За

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	recipient		
a Paid during the year					
REGENTS UNIVERSITY OF CALIFORNIA 2450 48TH STREET SACRAMENTO, CA 95817	NONE	PC	HEALTH OF VULNERABLE POPULATON	203,225	
FOUR SEASONS COMPASSION FOR LIFE 571 S ALLEN ROAD FLAT ROCK, NC 28731	NONE	PC	HEALTH OF VULNERABLE POPULATION	230,467	
NEW YORK UNIVERSITY	NONE	PC	SUPPORT NURSING RESEARCH	50.000	

SACRAMENTO, CA 95817				
FOUR SEASONS COMPASSION FOR LIFE 571 S ALLEN ROAD FLAT ROCK, NC 28731	NONE	PC	HEALTH OF VULNERABLE POPULATION	230,467
NEW YORK UNIVERSITY 433 FIRST AVENUE ROOM 627	NONE	PC	SUPPORT NURSING RESEARCH	50,000

NEW YORK, NY 10010

orm 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 any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)		recipient		
a Paid during the year				
TRUSTEES OF THE UNIVERSITY OF PENN 3451 WALNUT ST P221 FRANKLIN BLDG PHILADELPHIA, PA 19104	NONE	PC	SUPPORT NURSING EDUCATION	217,200
UNIVERSITY OF KENTUCKY 172 FUNKHOUSER DR KINKEAD HALL 207 LEXINGTON, KY 40508	NONE	PC	HEALTH OF VULNERABLE POPULATION	193,764

UNIVERSITY OF KENTUCKY 172 FUNKHOUSER DR KINKEAD HALL 207 LEXINGTON, KY 40508	NONE	PC	HEALTH OF VULNERABLE POPULATION	193,764
JOHNS HOPKINS UNIVERSITY	NONE	PC	SUPPORT NURSING RESEARCH	250,000

ELMINGTON, RT 10500				
JOHNS HOPKINS UNIVERSITY	NONE	PC	SUPPORT NURSING RESEARCH	
525 N WOLFE STREET PINKARD 336				
BALTIMORE, MD 21205				

JOHNS HOPKINS UNIVERSITY	NONE	PC	SUPPORT NURSING RESEARCH	
525 N WOLFE STREET PINKARD 336				
BALTIMORE, MD 21205				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient 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 TRUSTEES OF UNIVERSITY ILLINOIS NONE PC. HEALTH OF VULNERABLE 150,000 845 S DAMEN AVENUE MC 802 POPULATION CUICACO IL COCAS

CHICAGO, IL 60612				
NATIONAL PROGRAM OFFICE UNIV OF PEN 418 CURIE BLVD PHILADELPHIA, PA 19104	NONE	PC	SUPPORT NURSING EDUCATION	126,876
DUKE UNIVERSITY 2200 WEST MAIN STREET SUITE 900	NONE	PC	SUPPORT NURSING RESEARCH	50,000

418 CURIE BLVD PHILADELPHIA, PA 19104				
DUKE UNIVERSITY 2200 WEST MAIN STREET SUITE 900	NONE	PC	SUPPORT NURSING RESEARCH	50,00

DURHAM, NC 27705

3,593,245

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 UNIVERSITY OF SOUTHERN CALIFORNIA NONE PC SUPPORT NURSING RESEARCH 50,000 3500 SOUTH FIGUEROA ST SUITE 102 LOS ANGELES, CA 90089

THEATRE FOR NEW AUDIENCE 154 CHRISTOPHER STREET SUITE 3D NEW YORK, NY 10014	NONE	PC	SUPPORT PERFORMING ARTS	25,000
STUDIO MUSEUM IN HARLEM 144 WEST 125TH STREET NEW YORK, NY 10027	NONE	PC	SUPPORT VISUAL ARTS	10,000

NEW YORK, NY 10014				
STUDIO MUSEUM IN HARLEM 144 WEST 125TH STREET NEW YORK, NY 10027	NONE	PC	SUPPORT VISUAL ARTS	10,0

STUDIO MUSEUM IN HARLEM	NONE	PC	SUPPORT VISUAL ARTS	10,
144 WEST 125TH STREET				
NEW YORK, NY 10027				

Total.

3a

STUDIO MUSEUM IN HAKLEM	NONE	PC	SUPPORT VISUAL ARTS	10,0
144 WEST 125TH STREET NEW YORK, NY 10027				

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				
FJC520 8TH AVENUE 20TH FLOOR NEW YORK, NY 10018	NONE	PC	HEALTH OF VULNERABLE POPULATION	10,000
LABYRINTH THEATER COMPANY	NONE	PC	SUPPORT PERFORMING ARTS	5,000

LABYRINTH THEATER COMPANY 155 BANK STREET NEW YORK, NY 10014	NONE	PC	SUPPORT PERFORMING ARTS	

155 BANK STREET NEW YORK, NY 10014				
HOFSTRA UNIVERSITY	NONE	PC	SUPPORT PERFORMING ARTS	5

NEW YORK, NY 10014				
HOFSTRA UNIVERSITY 500 HOFSTRA UNIVERSITY	NONE	PC	SUPPORT PERFORMING ARTS	5,

NEW TORROTT				
HOFSTRA UNIVERSITY 500 HOFSTRA UNIVERSITY	NONE	PC	SUPPORT PERFORMING ARTS	5,000
HEMPSTEAD, NY 11549				

T-1-1				3 503 345
HEMPSTEAD, NY 11549				
HOFSTRA UNIVERSITY 500 HOFSTRA UNIVERSITY	NONE	PC	SUPPORT PERFORMING ARTS	5,000

HEMPSTEAD, NY 11549		
Total	 	3,593,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation If recipient is an individual, 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 NEW YORKERS FOR CHILDREN NONE PC SUPPORT NEEDY POPULATION 5,000 450 SEVENTH AVENUE SUITE 403 NEW YORK NY 10123

NEW TORK, III 10125				
HEIGHTS HILLS INC 57 WILLOUGHBY STREET 4TH FLOOR BROOKLYN, NY 11201	NONE	PC	HHEALTH OF VULNERABLE POPULATION	3,000

3,593,245 Total .

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -			DLN: 93491317021948
TY 2017 Accounting Fe	es Sch	edule				
	Name:	THE RITA	\ AND	ALEX HILLMA	AN FOUNDATION	
	EIN:	13-2560!	546			
Softw	vare ID:	17005038				
Software \	/ersion:	2017v2.2	2			
Accounting Fees Schedule						
Category	Ame	ount		Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
		63,000		12,600		0 50,400

ellie GKAPHIC	print - DO NOT PROCESS	AS Fileu Data -	DLN: 9349131/021948

TY 2017 General Explanation Attachment

Name: THE RITA AND ALEX HILLMAN FOUNDATION

EIN: 13-2560546 **Software ID:** 17005038

Software Version: 2017v2.2

General Explanation Attachment

seneral Explanation Attachment							
Identifier	Return Reference	Explanation					
1		General Explanation Supplemental Information for Form 990-PF	STATEMENT ATAXPAYER HAS EXTENSIVE HOLDINGS OF EQUITY AND FIXED INCOME SECURITIES AND HAS REALIZED CAPITAL GAINS AND LOSSES FROM NUMEROUS SECURITY TRANSACTIONS, DISPOSITION OF INVESTMENT PARTNERSHIPS AND PASS THROUGH FROM INVESTMENT PARTNERSHIPS THE HOLDINGS AND TRANSACTIONS ARE AVAILABLE FROM BOOKS AND RECORDS MAINTAINED BY THE TAXPAYER SCHEDULE OF INVESTMENTSHOLDINGS ARE HELD IN CUSTODY ACCOUNTS AND ARE MANAGED BY LICENSED INVESTMENT ADVISORS AS FOLLOWS (FAIR MARKET VALUE) SECURITY OFFIT CAP ADVISERS POLK-MORGAN STANLEY TOTAL EQUITIES 5,692,211 12,066,615 17,758,826 BONDS 7,777,581 5,100,231 12,877,812 OTHER EXCHANGE TRADED FUNDS 2,487,380 12,231,320 MUTUAL FUNDS 18,599,114 3,810,513 ALTENATIVE INVESTMENTS 16,357,895 11,416,085 37,444,389 27,457,918 64,902,307 MISCELLANEOUS ADJUST 50,979 TOTAL OTHER 64,953,286				

Identifier Return Reference Explanation

2 General Explanation STATEMENT BITHE FOLINDATION IS REPORTING \$350,029 LINRELATED BUSINESS INCOME

 Certeral Explanation	CITTED BOOK TO THE CITTED BOOK TO THE
Supplemental	IN FORM 990T FOR THE CURRENT YEAR THIS INCOME ALL ORIGINATES FROM K-1
Information for Form	FORMS PROVIDED BY INVESTMENT PARTNERSHIPS THE K-1 FORMS DO NOT INCLUDE
990-PF	ANY INFORMATION ABOUT THE SOURCE OF THE INCOME AND ACCORDINGLY THE ARE
	NO DOLLAR AMOUNTS INCLUDED ON THIS SCHEDULE

General Explanation Attachment

| Identifier | Return | Explanation | Reference | Reference |

3	General Explanation	STATEMENT CHENRY CHRISTENSEN SERVED AS PRESIDENT/TREASURER FOR
	Supplemental Information for	PART OF THE YEAR UNTIL HIS DEMISE AND THEREAFTER WAS SUCCEEDED BY
	Form 990-PF	ADAM MAX FOR THE BALANCE OF THE YEAR

efile GRAPHIC print - DO NOT PROCESS	As Filed Dat	:a -	DLI	N: 934913170219	48
TY 2017 Land, Etc. Schedule					
Name:	THE RITA AND	O ALEX HILLMAN F	OUNDATION		
EIN:	13-2560546				
Software ID:	17005038				
Software Version:	2017v2.2				
				T	

Software Version: 201/v2.2					
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value	
Furniture and Fixtures	9,711		9,711	14,311	

TY 2017 Other Assets Schedule	
Name: THE RITA AND ALEX HILLMAN FOUNDATION	

DLN: 93491317021948

Software ID: 17005038 **Software Version:** 2017v2.2

EIN: 13-2560546

Other Assets Schedule						
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value			
ARTWORK EXHIBITED	17,260,900	17,260,900	28,500,000			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	i: 93491317021948
TY 2017 Other Expenses Sche	dule			_
Name:	THE RITA AND	ALEX HILLMAN FO	NOITADNUC	
EIN:	13-2560546			
Software ID:	17005038			
Software Version:	2017v2.2			
Other Expenses Schedule				
Description	Revenue and	Net Investment	Adjusted Net	Disbursements for

Software Version:	2017v2.2			
Other Expenses Schedule				
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

34,172

106,028

5,163

8,169

5,126

21,960

774

29,046

84,068

4,389

8,169

ADMINISTRATIVE EXPENSE

INSURANCE

OFFICE EXPENSE

STAFF EDUCATION

TY 2017 Other Income Schedule							
Name:	THE RITA AND ALEX HILLMAN FOUNDATION						
EIN:	13-2560546						
Software ID:	17005038						
Software Version:	2017v2.2						

DLN: 93491317021948

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Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
Other Investment Income	-98,669					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491317021948			
TY 2017 Other Increases Schedule						
Name:	THE RITA AND	ALEX HILLMAN FOUNDATION				
EIN:	13-2560546					
Software ID:	17005038					
Software Version:	2017v2.2					
De	escription		Amount			
ADJUSTMENTS NOT REFLECTED IN PART	NERSHIP COST I	BASIS	233,123			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491317021948			
TY 2017 Other Liabilities Schedule							
Name:	THE RITA AND	ALEX HILLM	1AN FOUNDATION				
EIN:	13-2560546						
Software ID:	17005038						
Software Version:	2017v2.2						
Description	n		Beginning of Year - Book Value	End of Year - Book Value			
RETIREMENT PLAN OBLIGATION			88,520	97,300			

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DLN	N: 9349131 702 1948		
TY 2017 Other Professional Fees Schedule						
Na	me: THE RITA AN	ND ALEX HILLMAN	FOUNDATION			
	EIN: 13-2560546					
Software	ID: 17005038					
Software Vers	ion: 2017v2.2					
Category	Amount	Net Investment	Adiusted Net	Disbursements		
Category	Amount	Income	Income	for Charitable Purposes		
CURATORIAL SERVICES	62,750	0	0	62,750		

666,112

96,403

59,769

0

0

0

96,403

666,112

59,769

GRANT PROGRAM CONSULTING

INVESTMENT ADVISORY FEES

PENSION SERVICE AND CONSULTING FEES

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	-	DL	N: 93491317021948
TY 2017 Taxes Schedule				
Name: THE RITA AND ALEX HILLMAN FOUNDATION				
EIN: 13-2560546				
Software ID: 17005038				
Software Version: 2017v2.2				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	169,240			
FOREIGN TAX WITHHELD	50,161	50,161		
PAYROLL TAXES	35,396	7,331		28,065