Return of Private Foundation

Form 990-PF
Department of the Treasury
Internal Revenue Service

on

Do not en

Go to we

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.

and anding

2017

rui c	alendar year 2017 of tax year degining		, and ending		
Nam	ne of foundation			A Employer identification	on number
וידי	HE NEWCOMER FAMILY FOUNDA	TION, INC.		13-419972	4
	nber and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	<u> </u>
38	88 GUARD HILL ROAD				-3471
	or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	
	EDFORD, NY 10506				
	heck all that apply: Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organization	ns, check here
	Final return	Amended return			
	Address change	Name change		Poreign organizations n check here and attach of	neeting the 85% test, computation
H CI	heck type of organization: X Section 501(c)(3) ex	cempt private foundation	RAL	E If private foundation st	tatus was terminated
		Other taxable private founda	ation U	under section 507(b)(1)(A), check here
	ir market value of all assets at end of year J Accounti	-	Accrual	F If the foundation is in a	
	om Part II, col (c), line 16) . Ot	ther (specify)		under section 507(b)(1)(B), check here $ ightharpoonup$
		nn (d) must be on cash basi	s)		T /n
Ра	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check X if the foundation is not required to attach Sch. B				
1	3 Interest on savings and temporary cash investments	66.	66.		STATEMENT 1
İ	4 Dividends and interest from securities	23,669.	23,669.		STATEMENT 2
	5a Gross rents				
	Net rental income or (loss)			·	
9	62 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	57,122.			-
2 5	assets on line 6a 133,031.		FR 100		
Revenue	7 Capital gain net income (from Part IV, line 2)		57,122.		
• ⁻	8 Net short-term_capital_gain_				
3	9 Income modifications RECEIVED				
1	and allowances				
-	b Less Cost of goods sold c Gross profit of (loss)				
	11 Other income				
	12 Total Add lines 1 through DEN, UT	80,857.	80,857.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
Ses	16a Legal fees				
Expen	b Accounting fees STMT 3	3,797.	0.		0.
ŭ	c Other professional fees STMT 4	8,775.	8,650.		0.
ţį	17 Interest				
tra	18 Taxes		 -		
Operating and Administrative	19 Depreciation and depletion				
Ē	20 Occupancy				
NO A	21 Travel, conferences, and meetings22 Printing and publications				
3 ar	22 Printing and publications23 Other expensesSTMT 5	250.	0.		0.
ţį	24 Total operating and administrative	450.			
era	expenses Add lines 13 through 23	12,822.	8,650.	•	0.
Ö	25 Contributions, gifts, grants paid	51,700.	0,000.		51,700.
- 1	26 Total expenses and disbursements	527.000			327.000
	Add lines 24 and 25	64,522.	8,650.		51,700.
	27 Subtract line 26 from line 12:				
	Excess of revenue over expenses and disbursements	16,335.			
1	b Net investment income (if negative, enter -0-)		72,207.	_ /	
	C Adjusted net income (if negative, enter -0-)			N/A	•••

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Form **990-PF** (2017)

Pai	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash - non-interest-bearing	154,189.	48,925.	48,925.
	2 Savings and temporary cash investments			
-	3 Accounts receivable ►			-
	Less: allowance for doubtful accounts			 -
	4 Pledges receivable ►			
Ì	Less' allowance for doubtful accounts		<u> </u>	
- 1	5 Grants receivable			
	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
	7 Other notes and loans receivable		-	•
	Less allowance for doubtful accounts			·
60 I	Inventories for sale or use Prepaid expenses and deferred charges			
Y AS	Da Investments - U.S and state government obligations			
- ["	b Investments - corporate stock STMT 6	468,996.	479,144.	648,365.
	c Investments - corporate bonds STMT 7	397,907.	509,358.	493,208.
1	1 Investments - land, buildings, and equipment basis	33113011	3037330.	#35/E001
'	Less accumulated depreciation	-		
1	2 Investments - mortgage loans			
1	<u> </u>			
1.				
	Less accumulated depreciation	-		
1:	5 Other assets (describe ►)			
1	6 Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item I)	1,021,092.	1,037,427.	1,190,498.
1	7 Accounts payable and accrued expenses			
11	B Grants payable			•
<u>s</u> 1	9 Deferred revenue			
Liabilities 5				
ig 2	, ,	· · · · · · · · · · · · · · · · · · ·		
_ 2	2 Other liabilities (describe ►)			
9	3 Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here	0.1		
	and complete lines 24 through 26, and lines 30 and 31			
s 2	4 Unrestricted			•
E 2				
E 2	· · · · · · · · · · · · · · · · · · ·			
힡	Foundations that do not follow SFAS 117, check here			
٣ L	and complete lines 27 through 31			•
S 2	7 Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Balance	B Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
¥ 2	9 Retained earnings, accumulated income, endowment, or other funds	1,021,092.	1,037,427.	
§ 3	D Total net assets or fund balances	1,021,092.	1,037,427.	
3	1 Total liabilities and net assets/fund balances	1,021,092.	1,037,427.	
Par	t III Analysis of Changes in Net Assets or Fund B	alances		
1 To	tal net assets or fund balances at beginning of year - Part II, column (a), line	30		
	ust agree with end-of-year figure reported on prior year's return)		1	1,021,092.
	ter amount from Part I, line 27a		2	16,335.
	her increases not included in line 2 (itemize)		3	0.
	d lines 1, 2, and 3		4	1,037,427.
5 De	creases not included in line 2 (itemize)		5	0.

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Page 2

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

	NEWCOMER FA			NC.		1	3-4199	9724	Page 3
Part IV Capital Gains	and Losses for Tax	c on Investmen	t Income	· · · · · ·					
	the kind(s) of property sold arehouse; or common stock		ate,	(b) How P - Pu D - Do	acquired rchase nation	(c) Date a (mo., d	acquired ay, yr)		te sold lay, yr.)
1a								_	
b SEE ATTACHED	STATEMENT								
С									
d									
е			`						
(e) Gross sales price	(f) Depreciation allow (or allowable)		expense of sale			(h) Ga ((e) plus	ain or (loss) s (f) minus (g))	
a	<u> </u>					_			
b									
C									
d									
e 153,851.			96,72	9.				57	,122.
Complete only for assets showing	ng gain in column (h) and o	wned by the foundation				Gains (C	ol. (h) gain i		<u>, </u>
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E	xcess of col. (1) r col (1), if any		col	(k), but n	not less than (from col. (f	-0-) or	
a	· -								
b									
C	· · · · · · · · · · · · · · · · · · ·			<u> </u>					
d									
е								57	,122.
	<u> </u>		_	-					<u>, 1 2 2 .</u>
2 Capital gain net income or (net ca	apital loss) { If gain, a	ilso enter in Part I, line enter -0- in Part I, line	e 7	} 2				57	,122.
3 Net short-term capital gain or (los	•	222(5) and (6) [.]							
If gain, also enter in Part I, line 8,	column (c).			b			/-		
If (loss), enter -0- in Part I, line 8	nder Section 4940	/)) 3			N/A		
		<u> </u>			ment mc	Ollie			
(For optional use by domestic private	e foundations subject to the	section 4940(a) tax of	n net investment ir	icome)					
If postion 4040/d\/0\ ===lie= legic N	ara mand blamb								
If section 4940(d)(2) applies, leave the	his part diank.								
Was the foundation liable for the sec	tion 4942 tax on the distribi	itable amount of any y	ear in the base pe	riod?				Yes	X No
If "Yes," the foundation doesn't qualit	y under section 4940(e). Do	not complete this pai	rt.						
1 Enter the appropriate amount in				ntries.					
		(b)	T	(c)				(d) ution ratio	
(a) Base period years Calendar year (or tax year beginni	ng in) Adjusted quali	fying distributions	Net value of no		e-use assets	1 .	Dıstrıbı (col. (b) dıvı	útión ratio ded by col	(c))
2016	''ig iii', ' '	77,785.		1 1	22,965		,001. (0) 0141		69268
		66,584.			62,022				57300
2015									50073
2014		60,123.			00,697				
2013		79,400.			<u>15,865</u>				71156
2012		13,000.		9	<u>68,784</u>	•		.0	<u>13419</u>
								_	
2 Total of line 1, column (d)						2		2	<u>61216</u>
3 Average distribution ratio for the	5-year base period - divide t	the total on line 2 by 5	0, or by the numb	er of years	i				
the foundation has been in existe	nce if less than 5 years					3		.0	<u>52243</u>
	·								
4 Enter the net value of noncharitat	Ne-use assets for 2017 from	Part X line 5				4		1.143	<u>,8</u> 76.
4 Eliter the fict value of florichartae	71C 03C 03CC3 101 2017 11011	11 411 7, 1110 0				- '		_ ,	<u> 70701</u>
E Multiply has 4 by him 2								50	<u>,7</u> 60.
5 Multiply line 4 by line 3					17	5		39	, 100.
									п.
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)					6			<u>722.</u>
7 Add lines 5 and 6						7		60	<u>,482.</u>
8 Enter qualifying distributions fron	n Part XII, line 4					8		51	,700.
If line 8 is equal to or greater than		rt VI line 1h and com	niete that nart usin	n a 1% to	rate.				
See the Part VI instructions	i iiio 7, oncon dic DUX III Fdi	it vi, mio ib, and com	pioto triat part usili	9 4 1/0 14/					
								orm 990 -	PF (2017)
723521 01-03-18							1.4		(2017)

Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(a), 4940(a), or 4948 - see instructions)	Form 990-	PF (2017) THE NEWCOMER FAMILY FOUNDATION	N, I	NC.	13-419			Page 4
Dates for fulling or determination letter: (altach copy of letter if necessary-see instructions) 1,444. of Part I, line 27D 27D 27D. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2					1948 - see	instru	ctior	ıs)
b Domestic foundations that meet the section 4947(a) requirements in Part V, check here	1a Exem	pt operating foundations described in section 4940(d)(2), check here 🕨 📖 and	enter "N/A	A" on line 1.				•
of Part I, line 27b All other domestic foundations enter 2% of line 27b, Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 7 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 8 Subtile A, (encome) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 9 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 10 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 10 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 10 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 10 Exempt through organizations - tax withheld at source 10 Exempt through organizations - tax withheld at source 11 Exempt through organizations - tax withheld at source 12 Exempt through organizations - tax withheld at source 13 Backup withholding erroneously withheld 14 Could line 5 and 8 income than 10 to line 10 line (form 8868) 15 Backup withholding erroneously withheld 16 Exempt through organization of exemption in line 10 line (form 8868) 17 Chall credits and psyments. Add lines 8s through 6d 18 Exists any penalty for underpayment or estimated tax. Check here If Form 2220 is attached 19 Overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total or lines 5 and 8 enter than amount overpaid 10 Overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 11 Overpayment. If line 7 is more than the t								. .
All other domestic foundations enter 2% of time 27b, Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2	b Dom	stic foundations that meet the section 4940(e) requirements in Part V, check here	ightharpoonup	and enter 1%	1		1, 4	<u>44.</u>
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (moment) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment ancome. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment ancome. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment ancome. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment ancome. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment ancome. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment ancome. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment ancome. Subtract line 4 from line 3. It zero or less, enter -0- 6 December 1, 2815. 6 December 1, 2815. 7 Tax december 1, 2815. 8 December 1, 2815. 8 December 1, 2815. 8 December 1, 2815. 9 Tax december 1, 2815. 8 December 1, 2815. 9 Tax december 1, 2815.	of Pa	rt I, line 27b						i
3 1,444. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax has do nitwestment recome. Subtract line 4 from line 3, it zero or less, enter -0-) 5 Tax has do nitwestment recome. Subtract line 4 from line 3, it zero or less, enter -0-) 5 Tax has do nitwestment recome. Subtract line 4 from line 3, it zero or less, enter -0-) 5 Tax has do nitwestment recome. Subtract line 4 from line 3, it zero or less, enter -0-) 5 Tax pad with application for extension of time to the (Form 8668) 6 0 0. 6 0 0. 6 0 0. 6 0 0. 7 1, 815. 8 Every propertion of the subtract line 4 from 2220 is attached 8 Ecutor any penalty for undersymment of estimated tax. Check here in 16 Form 2220 is attached 9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount ower 9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount overpaid 10 0 verpayment litiline 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 37.1. Refunded 11 0. Part VIII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any policical campagin? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any policical campagin? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any policical campagin? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any policical campagin. 2 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any policical campagin. 2 During the tax year, did the foundation attempt to influence any nati								ادعيت
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S Tax based on investment income Subtract line 4 from line 3. If zero or less, enfer -0-6 C credist/Payments: 2 2017 estimated tax payments and 2016 overpayment credited to 2017 B Exempt foreign organizations - tax withheld at source C Tax pad with application for extension of time to file (Form 8868) B Eackup withholding erroneously withheld C Total credits and payments. Add lines 6a through 6d B Exter any penalty for undergayment of estimated tax. Check here ☐ if Form 2220 is attached C Total credits and payments. Add lines 6a through 6d B Exter any penalty for undergayment of estimated tax. Check here ☐ if Form 2220 is attached C Total credits and payments. Add lines 6a through 6d C Exter any penalty for undergayment of estimated tax. Check here ☐ if Form 2220 is attached C Total credits and payments. Add lines 6a through 6d C Exter the total of lines 5 and 8 is more than line 7, enter amount owed C Total credits in line 7 is more than 1 the total of lines 5 and 8, enter the amount overpaid C Total credits in line 7 is more than 1 the total of lines 5 and 8, enter the amount overpaid C Total credits in line 7 is more than 1 the total of lines 5 and 8, enter the amount overpaid C Total credits and 1 the 1 through 6d C Total credits and 1 through 6d C Total Credits	3 Add I	nes 1 and 2			3		<u>1,4</u>	<u>44.</u>
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b Exempt foreign organizations - tax withheld at source C Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here of the form 2220 is attached 9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 12 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 13 Overpayment. If line 7 is more than the lines 5 and 8, enter the amount overpaid 14 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 15 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 16 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 17 Overpayment. If line 7 is more than the state of the l	6 Cred	ts/Payments:	1					
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Form 990-PF (2017) THE NEWCOMER FAMILY FOUNDATION. 13-4199724 Part VII-A | Statements Regarding Activities (continued) Yes No 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 disqualified person had advisory privileges? If "Yes." attach statement. See instructions 12 Х 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ▶ LINDA SCHOENTHALER Telephone no. \triangleright (212) 920-3471 Located at ▶ 780 THIRD AVENUE, NEW YORK, ZIP+4 ▶10017 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 N/A Yes No 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, 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 Yes File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 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? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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 16 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? 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(1)(3) or 4942(1)(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 2b statement - see instructions) 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2017)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

Form 990-PF (2017)

3b

4a

N/A

Form **990-PF** (2017)

Total number of other employees paid over \$50,000

	<u>3-4199</u>	724	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Comp	ensation
NONE			
	l		
Total number of others receiving over \$50,000 for professional services	•		0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	
1 THE NEWCOMER FAMILY FOUNDATION, INC. PROVIDES CONTRIBUTIONS			
TO OTHER TAX EXEMPT ORGANIZATIONS FOR CHARITABLE,	-		
SCIENTIFIC, EDUCATIONAL OR CULTURAL PURPOSES.	_		0.
2			
3			
4			
	\neg		
	<u> </u>		
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 <u>N/A</u>	_		
	-		
2			
	\neg		
All other program-related investments. See instructions			
3	_		
	\dashv		
	-		
Total. Add lines 1 through 3	>		0.
	For	m 990-P l	= (2017)

Form 990-PF (2017) THE NEWCOMER FAMILY FOUNDATION, INC.

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:		
а		1a	1,059,738.
Ь	Average of monthly cash balances	1b	101,557.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,161,295.
	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	1,161,295.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	17,419.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,143,876.
6	Minimum investment return Enter 5% of line 5	6	57,194.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here ▶ and do not complete this part)	d certain	
1	Minimum investment return from Part X, line 6	1	57,194.
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	1,444.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	55,750.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	_55,750.
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 .	55,750.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		54 500
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	51,700.
	Program-related investments - total from Part IX-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:		
	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	51,700.
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	
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	51,700.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies fo	or the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				55,750.
2 Undistributed income, if any, as of the end of 2017			- +	
a Enter amount for 2016 only			0.	
b Total for prior years:				
<u> </u>		0.	,	* * *
3 Excess distributions carryover, if any, to 2017		•	,	,
a From 2012				
b From 2013				,
d From 2014 7,501.				•
e From 2016 22,867.				
f Total of lines 3a through e	30,368.			1
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 51,700.			_	
a Applied to 2016, but not more than line 2a			0.	
b 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				51,700.
e Remaining amount distributed out of corpus	0.			4 050
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	4,050.			4,050.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				:
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	26,318.			
b Prior years' undistributed income. Subtract	20/3101			
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.		
d Subtract line 6c from line 6b Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2016 Subtract line			0.	
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must				
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	0.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	26,318.			
10 Analysis of line 9:				
a Excess from 2013				!
b Excess from 2014				
c Excess from 2015 3, 451. d Excess from 2016 22, 867.				
			1	,
e Excess from 2017			· · · · · · · · · · · · · · · · · · ·	Form 000-DF (2017)

Form 990-PF (2017) THE NEW Part XIV Private Operating F		Y FOUNDATIO			199724 Page 10
1 a If the foundation has received a ruling of			II-A, question 9)	N/A	
foundation, and the ruling is effective fo					
b Check box to indicate whether the found		-	in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Ţotal
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.				1	
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon 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			1		
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,		<i>f</i>			
dividends, rents, payments on		f			
securities loans (section 512(a)(5)), or royalties)		5			
(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	-				
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t				• •	
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh		than 2% of the total con	tributions received by the	foundation before the cl	ose of any tax
year (but only if they have contributed r			•		•
NANCY NEWCOMER VICK					
b List any managers of the foundation wh	o own 10% or more of t	he stock of a corporation	(or an equally large portion	on of the ownership of a	partnership or
other entity) of which the foundation ha	s a 10% or greater intere	est.			
NONE		· · · · · · · · · · · · · · · · · · ·			
2 Information Regarding Contribut					
			organizations and does r		juests for funds. If
the foundation makes gifts, grants, etc					
a The name, address, and telephone num			cations should be addres	sed:	
NANCY NEWCOMER VICK,					
388 GUARD HILL ROAD,					
b The form in which applications should be	pe submitted and informa	ation and materials they s	should include:		
NO SPECIFIC FORM					
c Any submission deadlines: NONE					
d Any restrictions or limitations on award	s, such as by geographic	cal areas, charitable fields	, kinds of institutions, or	other factors:	
NONE					

3 Grants and Contributions Paid During the Y		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a Faid during the year				
AUGUST WEST FOUNDATION	N/A	POF	GENERAL FUNDS	
336 STANTON ROAD	ı	1		
CAMBRIDGE NY 12816				20,000
BEDFORD PLAYHOUSE	N/A	PUBLIC	GENERAL FUNDS	
633 OLD POST ROAD	N/A	COBBIC	SENERAL TORDS	
BEDFORD NY 10506				10,000
GREENWICH CHORAL SOCIETY	N/A	PUBLIC	GENERAL FUNDS	·
P.O. BOX 5, 299 GREENWICH AVENUE, 3RD				2 222
FL, GREENWICH CT 06836-0005	 	· · · · · · · · · · · · · · · · · · ·		8,200
NEW YORK CENTER FOR CHILDREN	N/A	PUBLIC	GENERAL FUNDS	
333 E 70TH ST #1				
NEW YORK, NY 10021				2,500
QUILL ENTERTAINMENT COMPANY	N/A	PUBLIC	GENERAL FUNDS	
P.O. BOX 209	N/A	POBLIC	GENERAL FUNDS	
GREENWICH CT 06830	/			6_000
	NTINUATION SHE	ET(S)	▶ 3a	51 700
b Approved for future payment				
			1	
NONE				
NONE				
				· · ·
			1	
		-		
Total			▶ 3b	0

Part XVI-A , Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelat	ed business income		ided by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
•	Code	<u> </u>	10000		
a	 		 		
b			 		
<u> </u>			 -		
d			<u> </u>	 	
e			├		
<u> </u>	ļ		├		
g Fees and contracts from government agencies	 		├──		
2 Membership dues and assessments	ļ		<u> </u>		
3 Interest on savings and temporary cash	į				
investments			14	66.	
4 Dividends and interest from securities			14	23,669.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property		<u> </u>	<u> </u>		
b Not debt-financed property					
6 Net rental income or (loss) from personal	}		ļ		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	J		18	57,122.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
	}				
a b					
c			-		
					"
· 			i	1	
d					
d e		0		80 857	
d e 2 Subtotal. Add columns (b), (d), and (e)		0.		80,857.	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e)		0.			0. 80,857.
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)				13	0. 80,857.
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)	o the Acce		emp	13	0. 80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No Explain below how each activity for which inco	me is reported	omplishment of Ex		13	80,857.

Form 990-PF (2017)
Part XVII In 7) THE NEWCOMER FAMILY FOUNDATION, INC. 13-4199724 Information Regarding Transfers to and Transactions and Relationships With Noncharitable 13-4199724 **Exempt Organizations** 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) Yes No

					to political organizations?	ı			
а		from the reporting founda	ation to a noncharital	ble exempt or	ganization of.				1
	(1) Cash							1a(1)	<u>X</u>
	(2) Other							1a(2)	X
b	Other tran							[]	
		of assets to a noncharital						1b(1)	<u> </u>
		nases of assets from a nor	•	organization				1b(2)	X
	` '	al of facilities, equipment,						1b(3)	<u> Х</u>
		bursement arrangements						1b(4)	<u>X</u>
	• •	s or loan guarantees						1b(5)	<u>X</u>
	• •	rmance of services or me	·	•				1b(6)	<u>X</u>
		f facilities, equipment, mai						1c	X
đ		•		-	dule. Column (b) should al				ets,
					ed less than fair market valu	ue in any transactio	on or sharing arrang	ement, show in	
-1.	-	I) the value of the goods,				1 (1)		-	
a}∟	ne no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	on of transfers, transacti	ons, and sharing arra	ingements
				N/A					
									
									
						_			
								·	
								<u> </u>	
									<u>.</u>
2a	Is the four	ndation directly or indirect	ily affiliated with, or r	elated to, one	or more tax-exempt organi	zations described			
	in section	501(c) (other than section	n 501(c)(3)) or in se	ction 527?				Yes	X No
b	If "Yes," co	omplete the following sch							
		(a) Name of org	anization		(b) Type of organization		(c) Description of r	elationship	
		N/A							
Sig					g accompanying schedules and n taxpayer) is based on all inform			return with the	preparer
He		U Allinot	WUM	(1	PRESI	רוביאותי	shown below?	
	- I	nature of officer or trastee			l	Title	DENI	LX_ Yes	□ No
	Joigi	Print/Type preparer's na		Preparer's si		Date	Check if	PTIN	
		Transcripte preparer sila	HTTV	ι τομαιόι ο δι	g	54.0	self- employed	' '''	
Pa	id	WAMIIDD TAID	<u>с</u> праизс	211		11/3/10	Jon Jimpioyou	D012445	7 / /
	eparer	KATHERINE		COM	ANTY	+///8	Firm's CIN N 1	P012447 3-354794	
	e Only	Firm's name ► K.G	. TRAKAS	& COMP.	AIN I	. /	FIRM'S EIN F	3-354/94	ŧŪ
J	Comy	Errm's address > 0.3	0 DADY ***		mm 1000		 		
		Firm's address ▶ 23					0	2 067 20	112
		NE:	W YORK, N	X TOTP	<u> </u>		Phone no 21	2 .867 00	- PF (2017)
								FORM SSU.	

		sses for Tax on Investment Income	<u> </u>			
	(a) List and 2-story br	describe the kind(s) of property so ick warehouse; or common stock, 2	ld, e.g , real estate, 200 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sol (mo., day, yr) (mo., day, yr)	
1a 130	.89 SHS ADI	RONDACK SMALL CA	ΔP	P	04/18/1107/07/	17
b 36.		GE & COX STOCK F		P	03/07/0207/07/	
c 223	.791 SHS GA	BELLI ASSET FD		P	03/07/0207/07/	$\overline{17}$
<u>d 3</u> 75	.432 SHS HA	RBOR CAP APPRECI	ATION	P	08/01/0307/07/	17
<u>e 7</u> 38	.007 SHS NA	TIONWIDE HIGHMAR	K LG	P	03/27/1307/07/	<u>17</u>
f 1 <u>51</u>		ROWE PRICE EQTY		P	03/28/0707/07/	
		ROWE PRICE MID C		P	12/14/0407/10/	
		GUARD GROWTH IND		P	11/08/1607/07/	
		IZON CAL 6.75%,	5/15/27	P	06/24/1507/19/	<u>17</u>
<u> </u>	ITAL GAINS	DIVIDENDS			<u> </u>	
_k					<u> </u>	
_m					-	
<u>n</u>						
						
(e)	Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) plus (f) minus (g)	
<u>a</u>	3,000.		2,102.		89	
<u>b</u>	6,980.		3,816.	<u> </u>	3,16	
<u>c</u>	13,000.		7,616.		5,38	
<u>d</u>	24,970.		9,296.		15,67	
<u>e</u>	10,000.	·- <u> </u>	7,815.	· · · · · · · · · · · · · · · · · · ·	2,18	
<u>f</u>	5,000.		4,256.		74	
<u> </u>	5,000.		3,608.		1,39: 66	
<u>h</u>	4,980. 35,975.		53,900.		-17,92	
<u> </u>	44,946.		33,300.	*****	44,94	
k	44,740.		-			<u>•</u>
l I						
					· 	
m n						
						_
n 0	ete only for assets showin	g gain in column (h) and owned by	the foundation on 12/31/69		sses (from col. (h))	<u> </u>
o Compl	ete only for assets showin	g gain in column (h) and owned by (j) Adjusted basis as of 12/31/69	the foundation on 12/31/69 (k) Excess of col. (i) over col. (j), if any	Gains (excess	sses (from col. (h)) of col. (h) gain over col. (k), not less than "-0-")	
n O Comple (1) F.f		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col (h) gain over col. (k),	
o Compl		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col (h) gain over col. (k), not less than "-0-")	
n O Comple (1) F.f		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col. (h) gain over col. (k), not less than "-0-")	4.
n Comple (1) F.f		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col. (h) gain over col. (k), not less than "-0-") 899	4. 4.
Complete (1) F.f		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col. (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,188	4. 4. 5.
Comple (1) F. f. a b c		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col (h) gain over col. (k), not less than "-0-") 899 3 , 164 5 , 384 15 , 674 2 , 189	4. 4. 4. 5.
n		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,189 744	4. 4. 5. 4. 2.
Complete Com		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,189 744 1,392 666	4. 4. 5. 4. 0.
n Complete C		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,189 744 1,393 660 -17,929	4. 4. 5. 4. 2. 0.
n Complete C		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,189 744 1,392 666	4. 4. 5. 4. 2. 0.
n Complete C		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,189 744 1,393 660 -17,929	4. 4. 5. 4. 2. 0.
n		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,189 744 1,393 660 -17,929	4. 4. 5. 4. 2. 0.
n		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,189 744 1,393 660 -17,929	4. 4. 5. 4. 2. 0.
n		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,189 744 1,393 660 -17,929	4. 4. 5. 4. 2. 0.
n		(J) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,189 744 1,393 660 -17,929	4. 4. 5. 4. 2. 0.
n		(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	of col (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,189 744 1,393 660 -17,929	4.4.5.4.2.66.
Comple (i) F. f. a b c d e f g h l l m n o 2 Capital (s) Net short	yain net income or (net capital gain or (los	(j) Adjusted basis as of 12/31/69 pital loss) { If gain, also ente If (loss), enter "-(s) as defined in sections 1222(5) ar	(k) Excess of col. (i) over col. (j), if any r in Part I, line 7)-" in Part I, line 7	Gains (excess but r	of col (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,189 744 1,399 660 -17,929 44,946	4.4.5.4.2.66.
n o Comple (i) F.f. a b c d e f g h I M n o Capital (i) Section (if gain, a)	VI V as of 12/31/69	(j) Adjusted basis as of 12/31/69 pital loss) { If gain, also ente If (loss), enter "-(s) as defined in sections 1222(5) ar column (c).	(k) Excess of col. (i) over col. (j), if any r in Part I, line 7)-" in Part I, line 7	Gains (excess but r	of col (h) gain over col. (k), not less than "-0-") 898 3,164 5,384 15,674 2,189 744 1,399 660 -17,929 44,946	4. 4. 5. 4. 2. 0. 5. 6

THE NEWCOMER FAMILY FOUNDATION, INC. 13-4199724

3 Grants and Contributions Paid During the	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
				•
IDEO VOLUNTEERS	N/A	PUBLIC	GENERAL FUNDS	
00 LEXINGTON AVENUE, 26TH FLOOR				
EW YORK, NY 10022				5,00
		-		
		ļ		<u> </u>
	1			
			,	
				
			,	
Total from continuation sheets		<u> </u>		5,00

FORM 990-PF	INTEREST	ON SAVINGS	AND TEMPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE			(A) REVENUE PER BOOKS	NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
CHARLES SCHW	AB & CO.,	INC	66.	-	66.		
TOTAL TO PAR	T I, LINE	3	66.		66.		

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S'	FATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB & CO., INC.	68,615.	44,946.	23,669.	23,669.	
TO PART I, LINE 4	68,615.	44,946.	23,669.	23,669.	

FORM 990-PF 7	ACCOUNTI	NG FEES	STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	3,797.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B	3,797.	0.		0.	

FORM 990-PF C	THER PROFES	SIONAL FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES	8,650. 125.	8,650.		0.	
TO FORM 990-PF, PG 1, LN 16C	8,775.	8,650.		0.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION .	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FILING FEES	250.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	250.	0.		0.	

FORM 990-PF	CORPORATE STOCK	- · · · · · · · · · · · · · · · · · · ·	STATEMENT	6
DESCRIPTION		BOOK VALUE	FAIR MARKE VALUE	T
357.244 SHARES DODGE & COX STOCK	FUND	49,364.	72,7	38.
1,307.077 SHARES GABELLI ASSET F		63,964.	77,0	78.
2,251.162 SHARES HARBOR CAP APPR		87,324.	156,3	21.
.1,081.12 SHARES T ROWE PRICE EQU		30,103.	36,0	45.
2,644.996 SHARES T ROWE PRICE MI		65,557.	80,4	08.
2,821.74 SHARES ADIRONDACK SMALL		50,576.	63,1	79.
8641.145 SHS NATIONWIDE LARGE CA		97,615.	118,4	70.
609.9 SHS VANGUARD GROWTH INDEX		34,641.	44,1	26.
TOTAL TO FORM 990-PF, PART II, L	INE 10B	479,144.	648,3	65.

FORM 990-PF CORPORATE BONDS		STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
\$75,000 PAR VALUE GLAXOSMITHKLINE 2.85%, 5/8/22	76,946.	75,904.
\$50,000 PAR VALUE TOYOTA AUTO 4.50%, 6/17/20	58,437.	52,625.
\$50,000 PAR VALUE GENL ELEC CAP NOTE 5%, 7/15/23	57,275.	52,905.
\$50,000 PAR VALUE JOHN DEERE CAPIT 3.35%,	•	
6/12/24	52,128.	51,478.
\$50,000 PAR VALUE KIMBERLY-CLARK C 2.65%, 3/1/25	49,835.	48,960.
\$50,000 PAR VALUE PEPSICO INC 2.75%, 4/30/25	49,386.	50,017.
\$100,000 PAR VALUE UNILEVER CAP CORP 2.9%,		
5/5/27	100,275.	98,112.
\$50,000 PAR VALUE 3M COMPANY 6.375%, 2/15/28	65,076.	63,207.
TOTAL TO FORM 990-PF, PART II, LINE 10C	509,358.	493,208.

THE NEWCOMER FAMILY FOUNDATION, INC.

EIN 13-4199724

EXPENDITURE RESPONSIBILITY REPORT AS REQUIRED BY REG. §53.4945-5(d)

TAXABLE YEAR: 2017

Attachment to Form 990-PF

Name and Address of Grantee:

August West Foundation for Sustainable Agriculture Inc. 336 Stanton Road Cambridge, NY 12816 Employer Identification Number 46-3734141

Date and Amount of Grant:

4/13/2017 -\$20,000

Purpose of Grant:

To support the grantee's efforts to promote good, clean healthy food, to educate farmers and consumers about the benefits of sustainable farming, and to assist in training farmers in the techniques of sustainable agriculture.

Amount Expended by Grantee: \$20,000

No diversion of Grant Funds: To the best of the knowledge and belief of the Newcomer Family Foundation, Inc., no portion of the grant funds were diverted from the purpose of the grant.

Date Report Received from Grantee: Nov 13, 2018