

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	3,318,999	7,638,480	7,638,480
	2 Savings and temporary cash investments			
	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 ▶ _____	27,010	0	0
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	10,443,376	8,932,241	11,462,287
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	4,304,934	198,699	111,637
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	9,794,413	13,120,125	15,862,636	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	27,888,732	29,889,545	35,075,040	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ☒ and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	27,888,732	29,889,545	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	27,888,732	29,889,545	
	31 Total liabilities and net assets/fund balances (see instructions) .	27,888,732	29,889,545	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	27,888,732
2 Enter amount from Part I, line 27a	2	2,359,301
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,446,550
4 Add lines 1, 2, and 3	4	31,694,583
5 Decreases not included in line 2 (itemize) ▶ _____	5	1,805,038
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	29,889,545

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Additional Data Table			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	2,540,618
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,331,381	27,543,905	0 048337
2015	1,320,827	26,111,743	0 050584
2014	1,015,596	26,534,883	0 038274
2013	823,746	20,227,729	0 040724
2012	757,207	17,092,575	0 044300
2 Total of line 1, column (d)			2 0 222219
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 044444
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 31,215,256
5 Multiply line 4 by line 3			5 1,387,331
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 30,436
7 Add lines 5 and 6			7 1,417,767
8 Enter qualifying distributions from Part XII, line 4			8 2,296,621

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b	1	30,436
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	30,436
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	30,436
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	22,000
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	27,588
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	116
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	2,964
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ☐ Refunded ☐	11	

Part VII-A Statements Regarding Activities

	Yes	No
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 political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ☐ \$ _____ 0 (2) On foundation managers ☐ \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ☐ DE		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of JPMORGAN CHASE BANK NA Telephone no (866) 888-5157			

Located at **10 S DEARBORN IL1-0117 CHICAGO IL** ZIP+4 **60603**

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 15			
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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

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	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(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 termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
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)? ☐ Organizations relying on a current notice regarding disaster assistance check here. ☐	1b		
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? ☐	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
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? ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 statement—see instructions). ☐	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
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, Form 4720, to determine if the foundation had excess business holdings in 2017). ☐	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	☐ Yes ☒ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b		
	Organizations relying on a current notice regarding disaster assistance check here.	☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No			
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No	
	<i>If "Yes" to 6b, file Form 8870</i>				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

[illegible]

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

[illegible]

Total number of other employees paid over \$50,000.	0
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3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

[illegible]

Total number of others receiving over \$50,000 for professional services.	0
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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	
2	
3	
4	

Part IX-B	Summary of Program-Related Investments (see instructions)
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	

Total. Add lines 1 through 3		0
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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	15,360,116
b	Average of monthly cash balances.	1b	2,739,813
c	Fair market value of all other assets (see instructions).	1c	13,590,686
d	Total (add lines 1a, b, and c).	1d	31,690,615
e	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	31,690,615
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	475,359
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	31,215,256
6	Minimum investment return. Enter 5% of line 5.	6	1,560,763

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,560,763
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	30,436
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	30,436
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,530,327
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,530,327
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	1,530,327

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	2,296,621
b	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		
a	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	2,296,621
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 (see instructions).	5	30,436
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,266,185

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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				1,530,327
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			1,259,726	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>2,296,621</u>				
a Applied to 2016, but not more than line 2a			1,259,726	
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.				1,036,895
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract 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 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				493,432
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 (see instructions).	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0			
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.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
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. 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 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, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
CO JP MORGAN CHASE BANK NA
270 PARK AVENUE
NEW YORK, NY 10017
(212) 577-7020

b The form in which applications should be submitted and information and materials they should include
N/A

c Any submission deadlines
N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

THE ADVISORY COMMITTEE DIRECTS THE TRUSTEES TO MAKE GRANTS TO CHARITABLE ORGANIZATIONS OPERATING EXCLUSIVELY FOR SPECIFIED PURPOSES AND DESCRIBED IN IRX SEC 170(C), 170(B)(1)(A), 2522(A), & 2022(A)

Part XV **Supplementary Information** (continued)**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	2,283,548
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	13	
4 Dividends and interest from securities.			14	156,247	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	477,470	
8 Gain or (loss) from sales of assets other than inventory			18	2,540,618	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).		0		3,174,348	0
13 Total. Add line 12, columns (b), (d), and (e).			13		3,174,348

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

(see instr)? ☒ Yes ☐ No

Print/Type preparer's name JOSEPH FALANGA	Preparer's Signature	Date 2018-08-10	Check if self-employed ► ☐	PTIN P00029685
Firm's name ► UHY ADVISORS NY INC				Firm's EIN ► 14-1555429
Firm's address ► 1185 AVENUE OF THE AMERICAS 38TH FLOOR NEW YORK, NY 10036				Phone no (212) 381-4700

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
FIDELITY #656-222719			2017-12-31
FIDELITY #656-222719			2017-12-31
FIDELITY 676-199480			2017-12-31
FIDELITY 676-199480			2017-12-31
FIDELITY 676-210113			2017-12-31
FIDELITY 676-210113			2017-12-31
FIDELITY 676-199481			2017-12-31
FIDELITY 676-199481			2017-12-31
FIDELITY 676-199538			2017-12-31
FIDELITY 676-199538			2017-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
25,520		23,648	1,872
117,064		78,858	38,206
1,703,769		1,317,176	386,593
2,001,889		1,069,799	932,090
1,130,272		1,015,909	114,363
1,056,086		886,993	169,093
2,729,630		2,485,870	243,760
180,956		115,106	65,850
5,677,676		5,209,468	468,208
560,816		444,982	115,834

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			1,872
			38,206
			386,593
			932,090
			114,363
			169,093
			243,760
			65,850
			468,208
			115,834

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
PERSHING N4Q-519693			2017-12-31
JPM P13619005			2017-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
32,309		27,747	4,562
			187

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			4,562
			187

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and 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
EDWARD R HINTZ 360 MOUNT KIMBLE MORRISTOWN, NJ 07960	PRESIDENT 1 00	0	0	0
HELEN S HINTZ 360 MOUNT KIMBLE MORRISTOWN, NJ 07960	VIP & TREASURER 1 00	0	0	0
VIRGINIA HINTZ REMMEY 360 MOUNT KIMBLE MORRISTOWN, NJ 07960	SECRETARY 1 00	0	0	0
HUME R STEYER 360 MOUNT KIMBLE MORRISTOWN, NJ 07960	ASST SECRETARY 1 00	0	0	0
KATHRYN S HINTZ 360 MOUNT KIMBLE MORRISTOWN, NJ 07960	MEMBER 1 00	0	0	0
ELIZABETH HINTZ 360 MOUNT KIMBLE MORRISTOWN, NJ 07960	MEMBER 1 00	0	0	0

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH 1150 17TH STREET NW WASHINGTON, DC 20036			EDUCATIONAL	350,000
BALLET THEATRE FOUNDATION INC 890 BROADWAY 3RD FLOOR NEW YORK, NY 10003			MUSEUM AND CULTURAL	250
BOSTON UNIVERSITY CENTER FOR PSYCHIATRIC REHABILITATION 940 COMMONWEALTH AVE WEST BOSTON, MA 02215			MEDICAL CLINICAL	50,000
BOYS & GIRLS CLUB OF INDIAN RIVER COUNTY 1729 17TH AVENUE VERO BEACH, FL 32960			CHILDREN'S PROGRAM	1,000
BROAD FUTURES2013 H STREET NW WASHINGTON, DC 20006			CHILDREN'S PROGRAM	10,000
Total ► 3a				2,283,548

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BROOKLINE COMMUNITY MENTAL HEALTH 41 GARRISON ROAD BROOKLINE, MA 02445			MEDICAL CLINICAL	2,000
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027			EDUCATIONAL	200,000
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027			EDUCATIONAL	550,000
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027			EDUCATIONAL	200,000
CENTRAL PARK CONSERVANCY PO BOX 4005 NEW YORK, NY 10277			COMMUNITY SERVICE	250
Total ▶ 3a				2,283,548

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTRAL PARK CONSERVANCY PO BOX 4005 NEW YORK, NY 10277			COMMUNITY SERVICE	250
CHATHAM EMERGENCY SQUAD INC 45 SPRING STREET CHATHAM, NJ 07928			COMMUNITY SERVICE	300
CHATHAM UNITED METHODIST CHURCH 460 MAIN STREET CHATHAM, NJ 07928			COMMUNITY SERVICE	2,000
CHRISTOPHER AND DANA REEVE FOUNDATION 636 MORRIS TURNPIKE 3-A SHORT HILLS, NJ 07078			CHILDREN'S PROGRAM	1,000
CITIZEN COMMITTEE FOR CHILDREN OF NEW YORK 14 WALL STREET SUITE 4E NEW YORK, NY 10005			CHILDREN'S PROGRAM	10,000
Total ► 3a				2,283,548

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CITIZEN COMMITTEE FOR CHILDREN OF NEW YORK 14 WALL STREET SUITE 4E NEW YORK, NY 10005			CHILDREN'S PROGRAM	5,000
COLUMBIA UNIVERSITY MEDICAL CENTER 630 W 168TH ST 401 NEW YORK, NY 10032			MEDICAL CLINICAL	100,000
CORNELIA CONNELLY CENTER FOR EDUCATION 220 EAST 4TH STREET NEW YORK, NY 10009			EDUCATIONAL	20,000
DEPRESSION AND BIPOLAR SUPPORT ALLIANCE BOSTON 115 MILLS STREET BELMONT, MA 02478			COMMUNITY SERVICE	1,000
FOUNDATION FOR MORRISTOWN MEDICAL CENTER 475 SOUTH STREET 1ST FLOOR MORRISTOWN, NJ 07960			MEDICAL CLINICAL	1,000
Total ▶ 3a				2,283,548

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HANDEL AND HAYDN SOCIETY 9 HARCOURT STREET BOSTON, MA 02216			MUSEUM AND CULTURAL	5,000
HOSPITAL FOR SPECIAL SURGERY FUND INC 535 E 70TH STREET NEW YORK, NY 10021			MEDICAL CLINICAL	50,000
INTERNATIONAL YACHT RESTORATION SCHOOL 449 THAMES STREET NEWPORT, RI 02840			EDUCATIONAL	5,000
JERICO PROJECT 245 W 29TH STREET SUITE 902 NEW YORK, NY 10001			COMMUNITY SERVICE	5,000
JERICO PROJECT 245 W 29TH STREET SUITE 902 NEW YORK, NY 10001			COMMUNITY SERVICE	5,000
Total ▶ 3a				2,283,548

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LAKE NORMAN YMCA 21300 DAVIDSON STREET CORNELIUS, NC 28031			COMMUNITY SERVICE	1,000
LAKE NORMAN YMCA 21300 DAVIDSON STREET CORNELIUS, NC 28031			COMMUNITY SERVICE	20,000
LIBERTY CORNER PRESBYTERIAN CHURCH PO BOX 55 LIBERTY CORNER, NJ 079380055			INTERRELIGIOUS UNDERSTANDING	8,000
MAKE AN IMPACT FOUNDATION 18809 W CATAWBA AVENUE SUITE 102 CORNELIUS, NC 28031			CHILDREN'S PROGRAM	2,500
MANHATTAN INSTITUTE FOR POLICY RESEARCH 52 VANDERBILT AVENUE NEW YORK, NY 10017			COMMUNITY SERVICE	100,000
Total ▶ 3a				2,283,548

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MANHATTAN INSTITUTE FOR POLICY RESEARCH 52 VANDERBILT AVENUE NEW YORK, NY 10017			COMMUNITY SERVICE	1,000
MCLEAN HOSPITAL (PARTNERS HEALTHCARE SYSTEMS INC) 115 MILLS STREET MAIL STOP 126 BELMONT, MA 024789106			MEDICAL CLINICAL	2,000
MCLEAN HOSPITAL (PARTNERS HEALTHCARE SYSTEMS INC) 115 MILLS STREET MAIL STOP 126 BELMONT, MA 024789106			MEDICAL CLINICAL	50,000
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024			MUSEUM AND CULTURAL	1,000
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024			MUSEUM AND CULTURAL	60,000
Total ▶ 3a				2,283,548

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024			MUSEUM AND CULTURAL	50,000
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024			MUSEUM AND CULTURAL	135,000
PHILHARMONIC-SYMPHONY SOCIETY OF NEW YORK INC 10 LINCOLN CENTER NEW YORK, NY 10023			MUSEUM AND CULTURAL	2,000
PHILHARMONIC-SYMPHONY SOCIETY OF NEW YORK INC 10 LINCOLN CENTER NEW YORK, NY 10023			MUSEUM AND CULTURAL	2,000
NEW YORK THEATER BALLET 890 BROADWAY 3RD FLOOR NEW YORK, NY 10003			MUSEUM AND CULTURAL	1,698
Total ▶ 3a				2,283,548

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTH CAROLINA STATE UNIVERSITY FOUNDATION CAMPUS BOX 7011 RALEIGH, NC 27695			EDUCATIONAL	10,000
NORTH CAROLINA STATE UNIVERSITY FOUNDATION CAMPUS BOX 7011 RALEIGH, NC 27695			EDUCATIONAL	25,000
NORTH CAROLINA STATE UNIVERSITY FOUNDATION CAMPUS BOX 7011 RALEIGH, NC 27695			EDUCATIONAL	25,000
OPERATION BLING FOUNDATION 6 SOUTH STREET NEW PROVIDENCE, NJ 07974			MEDICAL CLINICAL	5,000
PALMETTO ROWING CLUB 65 HEADLANDS DRIVE HILTON HEAD, SC 299262510			MUSEUM AND CULTURAL	1,000
Total 				2,283,548
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PRINCETONPO BOX 5357 PRINCETON, NJ 08543			EDUCATIONAL	5,000
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 164 NEW YORK, NY 10065			EDUCATIONAL	250
RONALD MCDONALD HOUSE OF CENTRAL & NORTHERN NEW JERSEY 131 BATH AVENUE LONG BRANCH, NJ 07740			CHILDREN'S PROGRAM	500
SEAMEN'S CHURCH INSTITUTE OF NEW YORK AND NEW JERSEY 50 BROADWAY FLOOR 26 NEW YORK, NY 10004			INTERRELIGIOUS UNDERSTANDING	1,000
SENIOR SERVICES CENTER OF THE CHATHAMS 58 MEYERSVILLE ROAD CHATHAM TOWNSHIP, NJ 07928			COMMUNITY SERVICE	1,000
Total ► 3a				2,283,548

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SMITHSONIAN INSTITUTION PO BOX 9016 PITTSFIELD, MA 01202			MUSEUM AND CULTURAL	100,000
SMITHSONIAN INSTITUTION PO BOX 37012 MRC035 WASHINGTON, DC 200137012			MUSEUM AND CULTURAL	75,000
SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON, DC 200137012			MUSEUM AND CULTURAL	5,000
SMITHSONIAN INSTITUTION 2 EAST 91ST STREET NEW YORK, NY 10128			MUSEUM AND CULTURAL	1,000
STREET SQUASH INC 40 W 116TH STREET NEW YORK, NY 10126			COMMUNITY SERVICE	10,000
Total ► 3a				2,283,548

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE EDIBLE SCHOOLYARD PROJECT 1517 SHATTUCK AVENUE BERKELEY, CA 94709			COMMUNITY SERVICE	500
JOEL A GINGRAS MEMORIAL FOUNDATION 955 RED COAT FARM DRIVE CHALFONT, PA 18914			COMMUNITY SERVICE	250
THE JED FOUNDATION 6 EAST 39TH STREET SUITE 1204 NEW YORK, NY 10016			RELIEF OF DISADVANTAGED	1,500
THYCA THYROID CANCER SURVIVORS ASSOCIATION PO BOX 1102 OLNEY, MD 20830			COMMUNITY SERVICE	300
TRINITY EPISCOPAL CATHEDRAL 328 6TH AVENUE PITTSBURGH, PA 15222			INTERRELIGIOUS UNDERSTANDING	500
Total ► 3a				2,283,548

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963			MUSEUM AND CULTURAL	500
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 06521			EDUCATIONAL	5,000
Total ▶ 3a				2,283,548

TY 2017 Accounting Fees Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	18,237	9,118	0	9,119

TY 2017 Investments Corporate Stock Schedule**Name:** HINTZ FAMILY FUND INC P13619005

C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Name of Stock	End of Year Book Value	End of Year Fair Market Value
	8,932,241	11,462,287

TY 2017 Investments - Other Schedule**Name:** HINTZ FAMILY FUND INC P13619005

C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
	AT COST	94,728	111,637
	AT COST	103,971	0

TY 2017 Legal Fees Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	7,908	3,954	0	3,954

TY 2017 Other Assets Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
VALUEACT CAPITAL PTRS II, LP	1,133,467	978,927	1,841,703
SEG PARTNERS OFFSHORE LTD	1,665,000	1,665,000	2,452,917
GOLUB CAPITAL PARTNERS INTL IX	875,000	875,000	875,000
ARROWPOINT PARTNERSHIP	646,814	488,430	448,270
BRENHAM CAP OFFSHORE FUND LTD	1,500,000	1,800,000	1,829,965
GOLUB CAPITAL PARTNERS INTL X	937,500	1,050,000	1,050,000
PRINCE ST INSTITUTIONAL OFFSHORE	1,300,000	1,300,000	1,566,572
RRE LEADERS FUND LP	736,632	1,025,723	1,188,584
BESPOKE FUND ONE LP	1,000,000	926,854	1,000,000
CASDIN PARTNERS LP	0	1,609,165	2,148,137
RENAISSANCE INSTITUTIONAL	0	1,022,100	1,102,766
VALOR VENTURE FUND II LP	0	375,000	358,722
RESOLUTE CAPITAL PARTNERS IV LP	0	3,926	0

TY 2017 Other Decreases Schedule**Name:** HINTZ FAMILY FUND INC P13619005

C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309**Description****Amount**

FMV OF ASSETS CONTRIBUTED IN EXCESS OF BASIS

1,805,038

TY 2017 Other Expenses Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN CUSTODY FEES	516	516	0	0

TY 2017 Other Income Schedule**Name:** HINTZ FAMILY FUND INC P13619005

C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME FROM BLACKSTONE GSO	10,739	10,739	
OTHER INCOME FROM GOLUB CAPITAL IX	76,949	76,949	
OTHER INCOME FROM GOLUB CAPITAL X	85,758	85,758	
ARROWPOINT PARTNERSHIP	116,841	116,841	
BESPOKE FUND ONE LP	-73,146	-73,146	
CASDIN PARTNERS LP	-90,835	-90,835	
RENAISSANCE INSTITUTIONAL	22,100	22,100	
RESOLUTE CAPITAL PARTNERS IV LP	3,926	3,926	
RRE LEADERS FUND LP	-17,416	-17,416	
BLACKSTONE	342,554	342,554	

TY 2017 Other Increases Schedule**Name:** HINTZ FAMILY FUND INC P13619005

C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Description	Amount
COST BASIS ADJUSTMENT	1,446,550

TY 2017 Other Professional Fees Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	111,467	111,467	0	0

TY 2017 Taxes Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	5,654	5,654	0	0
FEDERAL EXCISE TAX PAID	30,878	0	0	0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2017
	Name of the organization HINTZ FAMILY FUND INC P13619005 C/O HINTZ CAPITAL MANAGEMENT	Employer identification number 26-3843309

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HINTZ FAMILY FUND INC P13619005 C/O HINTZ CAPITAL MANAGEMENT	Employer identification number 26-3843309
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HINTZ 2008-2017 NON-GRANTOR CLAT	\$ 90,020	Person ☒
	C/O JP MORGAN CHASE BANK NA		Payroll ☐
	MORRISTOWN, NJ07960		Noncash ☐
			(Complete Part II for noncash contributions)
2	HINTZ 2008-2020 NON-GRANTOR CLAT	\$ 914,987	Person ☒
	C/O JP MORGAN CHASE BANK NA		Payroll ☐
	MORRISTOWN, NJ07960		Noncash ☐
			(Complete Part II for noncash contributions)
3	EDWARD R HINTZ	\$ 638,153	Person ☒
	140 SUNSET DRIVE		Payroll ☐
	CHATHAM, NJ07928		Noncash ☒
			(Complete Part II for noncash contributions)
.		\$	Person ☐
			Payroll ☐
			Noncash ☐
			(Complete Part II for noncash contributions)
.		\$	Person ☐
			Payroll ☐
			Noncash ☐
			(Complete Part II for noncash contributions)
.		\$	Person ☐
			Payroll ☐
			Noncash ☐
			(Complete Part II for noncash contributions)

Name of organization HINTZ FAMILY FUND INC P13619005 C/O HINTZ CAPITAL MANAGEMENT	Employer identification number 26-3843309
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Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	950 SHARES OF CHARTER COMMUNICATIONS INC	\$ 330,733	2017-11-07
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	950 SHARES OF CHARTER COMMUNICATIONS INC	\$ 307,420	2017-11-27
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization HINTZ FAMILY FUND INC P13619005 C/O HINTZ CAPITAL MANAGEMENT	Employer identification number 26-3843309
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	