

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

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

OMB No 1545-0052

**2017**

**Open to Public Inspection**

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 ▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

**For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017**

Name of foundation THE BUCCINO FOUNDATION C/O GERALD P BUCCINO		<b>A Employer identification number</b> 36-3743267
Number and street (or P O box number if mail is not delivered to street address) 14483 MARSALA WAY	Room/suite	<b>B Telephone number (see instructions)</b> (917) 991-3410
City or town, state or province, country, and ZIP or foreign postal code NAPLES, FL 34109		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 1,129,166	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	5,831			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	37,514	4,439		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	73,627			
	<b>b</b> Gross sales price for all assets on line 6a 205,702				
	<b>7</b> Capital gain net income (from Part IV, line 2)		73,627		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	116,972	78,066			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0		0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	17,723	8,861		8,862
	<b>c</b> Other professional fees (attach schedule)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)				
	<b>19</b> Depreciation (attach schedule) and depletion	1,032	0		
	<b>20</b> Occupancy	3,481	3,481		0
	<b>21</b> Travel, conferences, and meetings	10,259	10,259		0
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	12,815	10,929		0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	45,310	33,530		8,862
	<b>25</b> Contributions, gifts, grants paid	90,800			90,800
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	136,110	33,530		99,662	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-19,138				
<b>b Net investment income</b> (if negative, enter -0-)		44,536			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	22,641	1,637	1,637
	<b>2</b> Savings and temporary cash investments . . . . .	37,049	31,839	31,839
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	482,540	488,929	1,095,003
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ 1,719 Less accumulated depreciation (attach schedule) ▶ _____ 1,032	0	687	687
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	542,230	523,092	1,129,166	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	542,230	523,092		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	542,230	523,092		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	542,230	523,092		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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) . . . . .	<b>1</b>	542,230
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-19,138
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	523,092
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	523,092

**Part IV Capital Gains and Losses for Tax on Investment Income**

<b>(a)</b> 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>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo, day, yr)	<b>(d)</b> Date sold (mo, day, yr)
<b>1 a</b> PUBLICLY TRADED SECURITIES			
<b>b</b> CAPITAL GAINS DIVIDENDS	P		
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 198,789		132,075	66,714
<b>b</b> 6,913			6,913
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	
<b>a</b>			66,714
<b>b</b>			6,913
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	73,627
<b>3</b> 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

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2016	86,975	955,536	0.091022
2015	122,488	1,021,977	0.119854
2014	96,691	1,043,133	0.092693
2013	61,714	930,434	0.066328
2012	38,600	779,002	0.049551
<b>2</b> Total of line 1, column (d)			0.419448
<b>3</b> 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			0.083890
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			1,015,162
<b>5</b> Multiply line 4 by line 3			85,162
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			445
<b>7</b> Add lines 5 and 6			85,607
<b>8</b> Enter qualifying distributions from Part XII, line 4			99,662

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)

Table with 11 rows for excise tax calculations. Includes items like 'Exempt operating foundations', 'Domestic foundations that meet the section 4940(e) requirements', 'Tax under section 511', and 'Total credits and payments'. Total amount owed is 445.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions like 'During the tax year, did the foundation attempt to influence any national, state, or local legislation?', 'Did it spend more than \$100 during the year for political purposes?', and 'Did the foundation have at least \$5,000 in assets at any time during the year?'. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

Located at 14483 MARSALA WAY NAPLES FL ZIP+4 34109

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

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

**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).**

(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
GERALD P. BUCCINO 14483 MARSALA WAY NAPLES, FL 34109	PRESIDENT 1 00	0	0	0

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . .				0

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> 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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . .	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	1,005,849
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	24,772
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	1,030,621
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	1,030,621
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	15,459
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	1,015,162
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	50,758

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	50,758
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	445
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	445
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	50,313
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	50,313
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	50,313

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	99,662
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	99,662
<b>5</b>	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).	<b>5</b>	445
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	99,217

**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
<b>1</b> Distributable amount for 2017 from Part XI, line 7				50,313
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				37,442
<b>d</b> From 2015. . . . .				71,389
<b>e</b> From 2016. . . . .				39,198
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	148,029			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>99,662</u>				
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				50,313
<b>e</b> Remaining amount distributed out of corpus	49,349			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	197,378			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .	197,378			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				37,442
<b>c</b> Excess from 2015. . . . .				71,389
<b>d</b> Excess from 2016. . . . .				39,198
<b>e</b> Excess from 2017. . . . .				49,349

**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)

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2017</b>	<b>(b) 2016</b>	<b>(c) 2015</b>	<b>(d) 2014</b>	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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

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**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

GERALD P BUCCINO  
14483 MARSALA WAY  
NAPLES, FL 34109  
(917) 991-3410

**b** The form in which applications should be submitted and information and materials they should include

APPLICATIONS MUST BE SUBMITTED IN WRITING

**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

N/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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				90,800
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include items like Program service revenue, Membership dues, Dividends and interest from securities, etc.

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

Table with 2 columns: Line No. (with a downward arrow) and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include 1a(1) Cash, 1a(2) Other assets, 1b(1) Sales of assets, 1b(2) Purchases of assets, 1b(3) Rental of facilities, 1b(4) Reimbursement arrangements, 1b(5) Loans or loan guarantees, 1b(6) Performance of services, and 1c Sharing of facilities.

a Transfers from the reporting foundation to a noncharitable exempt organization of

(1) Cash.

(2) Other assets.

b Other transactions

(1) Sales of assets to a noncharitable exempt organization.

(2) Purchases of assets from a noncharitable exempt organization.

(3) Rental of facilities, equipment, or other assets.

(4) Reimbursement arrangements.

(5) Loans or loan guarantees.

(6) Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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 [x] No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee: \*\*\*\*\* Date: 2018-06-13 Title: \*\*\*\*\*

May the IRS discuss this return with the preparer shown below (see instr)? [x] Yes [ ] No


Paid Preparer Use Only

Table with 5 columns: Print/Type preparer's name (KEVIN P CAIRNS CPA), Preparer's Signature, Date (2018-06-13), Check if self-employed, PTIN (P00227652), Firm's name (CLIFTONLARSONALLEN LLP), Firm's EIN (41-0746749), Firm's address (4099 TAMIAMI TRAIL N STE 300 NAPLES, FL 34103), Phone no (239) 262-8686.

**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)				
<b>a</b> <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION 8430 W BRYN MAWR AVENUE CHICAGO, IL 60631		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY PO BOX 7561 CHICAGO, IL 60680		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE STE 900 ARLINGTON, VA 22202		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
AMERICAN FOUNDATION FOR THE BLIND 2 PENN PLAZA STE 1102 NEW YORK, NY 10121		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION 208 S LASALLE ST CHICAGO, IL 60604		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
<b>Total</b> . . . . . <b>3a</b>				90,800

**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)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN LUNG ASSOCIATION 490 CONCORDIA AVE ST PAUL, MN 55103		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
AMERICAN PARKINSON DISEASE ASSOCIATION 135 PARKINSON AVENUE STATEN ISLAND, NY 10305		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
AMERICAN RED CROSS 1201 WEST RIVER PARKWAY MINNEAPOLIS, MN 55454		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (ASPCA) 424 E 92ND ST NEW YORK, NY 10128		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
BLINDED VETERANS ASSOCIATION 477 H STREET NW WASHINGTON, DC 20001		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
<b>Total</b> . . . . . 				90,800
<b>3a</b>				


**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)				
<b>a</b> <i>Paid during the year</i>				
CATHOLIC RELIEF SERVICES 770 N HALSTED STE 170 CHICAGO, IL 60642				
		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LN MINNEAPOLIS, MN 55439				
		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
CHRISTOPHER & DANA REEVE FOUNDATION 636 MORRIS TURNPIKE SUITE 3A SHORT HILLS, NJ 07078				
		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
COALITION FOR THE HOMELESS 129 FULTON ST NEW YORK, NY 10038				
		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
COVENANT HOUSE 461 EIGHTH AVENUE NEW YORK, NY 10001				
		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
<b>Total . . . . .</b> ▶				90,800
<b>3a</b>				

**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)				
<b>a</b> <i>Paid during the year</i>				
CYSTIC FIBROSIS FOUNDATION PO BOX 97372 WASHINGTON, DC 20090		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI, OH 45250		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
DOCTORS WITHOUT BORDERS 40 RECTOR ST 16TH FLOOR NEW YORK, NY 10006		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
EPILEPSY FOUNDATION 919 WALNUT STREET SUITE 700 PHILADELPHIA, PA 19107		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
FILDECO GUIDE DOG FOUNDATION INC 103 VISION WAY BLOOMFIELD, CT 06002		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
<b>Total . . . . . ▶</b> <b>3a</b>				90,800

**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)				
<b>a</b> <i>Paid during the year</i>				
FOOD FOR THE POOR6401 LYONS RD COCONUT CREEK, FL 33073		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
GUIDING EYES FOR THE BLIND 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
HELEN KELLER INTERNATIONAL 352 PARK AVENUE SOUTH 12TH FLOOR NEW YORK, NY 10010		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
HELP HEAL VETERANS INC 36585 PENFIELD LANE WINCHESTER, CA 92596		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
HEROBOX247 SENOIA ROAD PEACHTREE CITY, GA 30269		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
<b>Total . . . . .</b> 				90,800

**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)				
<b>a</b> <i>Paid during the year</i>				
HOLY APOSTLES SOUP KITCHEN 296 NINTH AVENUE NEW YORK, NY 10001		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
HOUSTON FORD BANKS 1030 15TH STREET NW STE 1100 W WASHINGTON, DC 20005		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500
INTERFAITH MINISTRIES FOR GREATER HOUSTON 3303 S MAIN ST HOUSTON, TX 77002		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500
MACULAR DEGENERATION RESEARCH 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
MAKE A WISH FOUNDATION PO BOX 29119 PHOENIX, AZ 85038		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500
<b>Total</b> . . . . . <b>3a</b>				90,800

**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)				
<b>a</b> <i>Paid during the year</i>				
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
MARINE CORPS HERITAGE FOUNDATION 18900 JEFFERSON DAVIS HIGHWAY TRIANGLE, VA 22172		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
MARINE CORPS SCHOLARSHIP FOUNDATION 909 N WASHINGTON STREET STE 400 ALEXANDRIA, VA 22314		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
MARINE TOYS FOR TOTS 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVE NEW YORK, NY 10065		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
<b>Total</b> . . . . . 				90,800
<b>3a</b>				

**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)				
<b>a</b> <i>Paid during the year</i>				
MERCY CORPS45 SW ANKENY STREET PORTLAND, OR 97204				
MISERICORDIA 6300 NORTH RIDGE AVENUE CHICAGO, IL 60660				
MUTTS WITH A MISSION 3122 HIGH STREET PORTSMOUTH, VA 23707				
NATIONAL GLAUCOMA RESEARCH 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 200 12TH AVE S MINNEAPOLIS, MN 55415				
<b>Total . . . . .</b> ▶ <b>3a</b>				90,800

**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)				
<b>a</b> <i>Paid during the year</i>				
OPERATION SMILEPO BOX 5017 HAGERSTOWN, MD 21741		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
PROJECT HOPE255 CARTER HALL LANE MILLWOOD, VA 22646		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER STREET CHICAGO, IL 60607		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	200
SAVE THE CHILDREN 501 KINGS HWY E STE 400 FAIRFIELD, CT 06825		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
<b>Total . . . . .</b> ▶ <b>3a</b>				90,800

**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)				
<b>a</b> <i>Paid during the year</i>				
SETON HALL UNIVERSITY 400 SOUTH ORANGE AVENUE JUBLIEE HALL SOUTH ORANGE, NJ 07079		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	81,100
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500
SILVER SCHIELD FOUNDATION 870 UNITED NATIONS PLAZA NEW YORK, NY 10017		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
SOS CHILDREN'S VILLAGE USA 1620 I ST NW WASHINGTON, DC 20006		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
ST JUDES CHILDREN'S HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500
<b>Total</b> . . . . . <b>3a</b>				90,800

**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)				
<b>a</b> <i>Paid during the year</i>				
SUSAN KOMEN BREAST CANCER FUND 5005 LBJ FREEWAY DALLAS, TX 75244		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
TEXAS DIAPER BANK 5415 BANDERA RD STE 504 SAN ANTONIO, TX 78238		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500
THE ALS ASSOCIATION 1275 K STREET NW WASHINGTON, DC 20005		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
THE LEUKEMIA & LYMPHOMA SOCIETY 954 W WASHINGTON BLVD STE 300 CHICAGO, IL 60607		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
THE SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
<b>Total . . . . .</b> ▶				90,800
<b>3a</b>				

**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)				
<b>a</b> <i>Paid during the year</i>				
THE SEEING EYE 10 WASHINGTON VALLEY ROAD MORRISTOWN, NJ 07960				
		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
THE SHELTER FOR ABUSED WOMEN PO BOX 10102 NAPLES, FL 34101				
		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	600
USO2111 WILSON BLVD ARLINGTON, VA 22201				
		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
VETERANS OF FOREIGN WARS OF THE UNITED STATES 406 W 34TH STREET KANSAS CITY, MO 64111				
		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
WOUNDER WARRIORS PROJECT 4899 BELFORT ROAD STE 300 JACKSONVILLE, FL 32256				
		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
<b>Total . . . . .</b> ▶				90,800
<b>3a</b>				

**TY 2017 Accounting Fees Schedule**

**Name:** THE BUCCINO FOUNDATION  
C/O GERALD P BUCCINO

**EIN:** 36-3743267

**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROFESSIONAL FEES	17,723	8,861		8,862

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2017 Depreciation Schedule

**Name:** THE BUCCINO FOUNDATION

C/O GERALD P BUCCINO

**EIN:** 36-3743267

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LENOVO COMPUTER	2017-05-03	1,719		200DB	5 000000000000	1,032	0		

**TY 2017 Investments Corporate Stock Schedule****Name:** THE BUCCINO FOUNDATION

C/O GERALD P BUCCINO

**EIN:** 36-3743267

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
410 SHS - ACCELERATE DIAGNOSTICS INC COM	10,162	10,742
145 SHS - AFFILIATED MANAGERS GROUP	7,877	29,761
900 SHS - ARATANA THERAPEUTICS INC COM	5,144	4,734
320 SHS - BLACKLINE INC COM	11,218	10,496
245 SHS - CARVANA CO CL A	5,165	4,684
129 SHS - COSTAR GROUP INC COM	5,814	38,307
400 SHS - DENTSPLY SIRONA INC COM	15,879	26,332
525 SHS - DEXCOM INC	10,001	30,130
1,030 SHS - ELF BEAUTY INC COM	23,888	22,979
240 SHS - ECOLAB, INC	10,363	32,203
125 SHS - EDWARD LIFESCIENCES CORP	11,678	14,089
290 SHS - ELECTRONICS FOR IMAGING INC	13,671	8,564
750 SHS - EVOLENT HEALTH INC CL A	14,400	9,225
995 SHS - EXACT SCIENCES CORP	8,524	52,277
350 SHS - GLOBANT SA	11,396	16,261
139 SHS - GOLDMAN SACHS GROUP INC	8,886	35,412
663 SHS - HEALTHCARE SVCS GRP INC COM	13,067	34,953
410 SHS - HFF INC CL A	5,352	19,942
1,010 SHS - HMS HOLDINGS CORP	11,197	17,120
125 SHS - IDEXX LABS CORP	18,263	19,548
689 SHS - IHS MARKIT LTD COM	22,654	31,108
400 SHS - INOGEN INC COM	11,473	47,632
1,160 SHS - KORNIT DIGITAL LTD ORD	14,310	18,734
475 SHS - LULULEMON ATHLETICA INC COM	33,174	37,330
385 SHS - MARCUS & MILLCHAP INC COM	5,413	12,555
335 SHS - MERCURY SYS INC COM	12,837	17,202
1,000 SHS - NEKTAR THERAPEUTICS	6,245	59,720
2,240 SHS - NEOGENOMICS INC COM	15,811	19,846
145 SHS - NETFLIX COM INC	14,273	27,834
117 SHS - NEVRO CORP COM	10,210	8,078

Name of Stock	End of Year Book Value	End of Year Fair Market Value
130 SHS - NORTHERN TR CORP	8,860	12,986
1,000 SHS - NXSTAGE MED INC COM	12,364	24,230
600 SHS - PLANET FITNESS INC CL A	9,127	20,778
250 SHS - PROTO LABS INC COM	17,149	25,750
485 SHS - QUALCOMM INC	7,624	31,050
350 SHS - RESMED INC	8,673	29,642
325 SHS - SALESFORCE COM INC	3,452	33,225
600 SHS - SQUARE INC CL A	7,533	20,802
475 SHS - STARBUCKS CORP COM	7,348	27,279
157 SHS - ULTIMATE SOFTWARE GROUP INC	7,651	34,262
300 SHS - VISA INC COM	5,501	34,206
431 SHS - WAGeworks INC COM	7,173	26,722
330 SHS - WALGREENS BOOTS ALLIANCE INC COM	7,559	23,965
190 SHS - WATSCO INC COMMON CL A	10,570	32,308

**TY 2017 Land, Etc.  
Schedule**

**Name:** THE BUCCINO FOUNDATION  
C/O GERALD P BUCCINO

**EIN:** 36-3743267

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
LENOVO COMPUTER	1,719	1,032	687	

**TY 2017 Other Expenses Schedule****Name:** THE BUCCINO FOUNDATION

C/O GERALD P BUCCINO

**EIN:** 36-3743267**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	58	58		0
TELEPHONE & INTERNET	3,334	3,334		0
DUES & SUBSCRIPTIONS	134	134		0
SUPPLIES	960	960		0
POSTAGE	291	291		0
STORAGE	1,662	1,662		0
MISCELLANEOUS EXPENSE	1,992	1,443		0
INSURANCE	1,700	1,700		0
LICENSES & FEES	10	10		0
MEALS & ENTERTAINMENT	2,674	1,337		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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**

**Name of the organization**  
THE BUCCINO FOUNDATION  
C/O GERALD P BUCCINO

**Employer identification number**  
36-3743267

**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 33<sup>1</sup> 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)

<b>Name of organization</b> THE BUCCINO FOUNDATION C/O GERALD P BUCCINO	<b>Employer identification number</b> 36-3743267
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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	GERALD P BUCCINO 14483 MARSALA WAY  NAPLES, FL34109	\$ 5,831	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	   	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	   	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	   	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	   	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	   	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	   	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> THE BUCCINO FOUNDATION C/O GERALD P BUCCINO	<b>Employer identification number</b> 36-3743267
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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
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____

<b>Name of organization</b> THE BUCCINO FOUNDATION C/O GERALD P BUCCINO	<b>Employer identification number</b> 36-3743267
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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

(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

(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

(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

(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