Form.	990	-PF
1 01111		

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

2017

		rs.gov/Form990PF for inst	ructions and	the latest inf	ormation.	Open to Public Inspection
Or Ca	alendar year 2017 or tax year beginning		, and e	nding		······································
Nam	e of foundation				A Employer identification	n number
wi	EISFELD FAMILY FOUNDATION	TNC			03-0575808	,
_=	per and street (or P O box number if mail is not delivered to street			Room/suite	B Telephone number)
	RENAISSANCE SQUARE	,			(212)972-7	500
_	or town, state or province, country, and ZIP or foreign p	ostal code	<u>-</u>	<u> </u>	C if exemption application is p	
	HITE PLAINS, NY 10601				i exemption application is p	chang, area has
Ch	eck all that apply: Initial return	Initial return of a fo	ormer public c	harity	D 1. Foreign organizations	s, check here
	Final return	Amended return				
	Address change	Name change			Foreign organizations me check here and attach co	eeting the 85% test, emputation
Ch	eck type of organization: X Section 501(c)(3) ex			P()	E If private foundation sta	tus was terminated
ᆜ		Other taxable private founda		09	under section 507(b)(1))(A), check here 🕨 🗀
	market value of all assets at end of year J Accounts	-	Accr	ual	F If the foundation is in a	
(mo ►S		her (specify)	<u> </u>		under section 507(b)(1))(B), check here $ ightharpoonup$
Par					(a) A december desert	(d) Disbursements
aı	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net in		(c) Adjusted net income	for charitable purposes (cash basis only)
Т	1 Contributions, gifts, grants, etc., received	375,000.	·¾ , ³ ;	;- <i>(</i> 5, - 8)	N/A	(cash basis only)
	2 Check If the foundation is not required to attach Sch. B			, "		\$ 5 B
1	Interest on savings and temporary cash investments	1.	<u>```</u>	1.		STATEMENT
	4 Dividends and interest from securities					\$ *. *
1	5a Gross rents					**. ** *** ***
	Net rental income or (loss)	**** ***		κ <u>ί</u> .,	3) 🐉	
9	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<u></u>		<u> </u>	7 2 3	v 30 & 20
5	assets on line 6a	A Sec. Sec.	<u> </u>	<u></u>		* **
Hevenue	7 Capital gain net income (from Part IV, line 2) 8 Net chort-term capital gain		, - «	0.	-, 4;	***
	8 Net short-term capital gain 9 Income modifications	* ** · · · · · · · · · · · · · · · · ·		* ***		
1.	Gross sales less returns and allowances		***	× %,		· *
	b Less Cost of goods sold	* 4 **	45		· · · · · · · · · · · · · · · · · · ·	, , , ,
	c Gross profit or (loss)		***	- ";; 	· · · · · · · · · · · · · · · · · · ·	\$4 \\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1	11 Other income					
Ŀ	12 Total. Add lines 1 through 11	375,001.		1.		·
	Compensation of officers, directors, trustees, etc	0.		0.		
- (14 Other employee salaries and wages					
	15 Pension plans, employee benefits					
Sellses	16a Legal fees b Accounting fees					
						
ğ	17 Interest—CEIVED		-			
a .	18 Taxes			-		
[S	19 Depreciation and depletion					
<u> </u>						
Š 2	21 Travel, conferences, and meetings					
	22 Printing and publications T STMT 2	300				ļ
֓֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֟֓֓֓֓֓֓֓֓֓֓֟֓֓֓֟֓֓֓֟֓֟	23 Other expenses STMT 2 24 Total operating and administrative	325.		0.		32
Operating and Administrative Ex	expenses. Add lines 13 through 23	325.		0.		32!
3 ,	25 Contributions, gifts, grants paid	338,190.		· ·		338,190
	26 Total expenses and disbursements.					330,13
	Add lines 24 and 25	338,515.		0.		338,51
7	27 Subtract line 26 from line 12:			 . <u>.</u>		
1	3 Excess of revenue over expenses and disbursements	36,486.				
	b Net investment income (if negative, enter -0-)			1.		
1	C Adjusted net income (if negative, enter -0-)				N/A	

Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

1 Cash - non-interest-bearing

3 Accounts receivable ▶

4 Pledges receivable

disqualified persons 7 Other notes and loans receivable

8 Inventories for sale or use

b Investments - corporate stock c Investments - corporate bonds

11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other

14 Land, buildings, and equipment basis I

instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses

21 Mortgages and other notes payable 22 Other liabilities (describe >

23 Total liabilities (add lines 17 through 22)

and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

30 Total net assets or fund balances

Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds

16 Total assets (to be completed by all filers - see the

20 Loans from officers, directors, trustees, and other disqualified persons

Less accumulated depreciation 15 Other assets (describe ►

18 Grants payable 19 Deferred revenue

24 Unrestricted 25 Temporarily restricted 26 Permanently restricted

5 Grants receivable

2 Savings and temporary cash investments

Less: allowance for doubtful accounts

Less; allowance for doubtful accounts

Less: allowance for doubtful accounts

9 Prepaid expenses and deferred charges

10a Investments - U.S. and state government obligations

6 Receivables due from officers, directors, trustees, and other

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	3,179.
2 Enter amount from Part I, line 27a	2	36,486.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	39,665.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	39,665.
		Form 990-PF (2017)

▶ X

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Net Assets or Fund Balances

Q64 1

1a

b

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

NONE

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)

0	3-057	5808	Page 3
	acquired ay, yr.)	(d) Dat (mo., d	te sold ay, yr.)
			·
(h) G e) plus	ain or (loss s (f) minus) (g))	
100	Pal /h) :	-	
, but r	iol. (h) gain not less tha (from col. (n -0-) or	
			
		<u> </u>	
			
ne			
		Yes	X No
	Distril	(d) oution ratio	
	(col. (b) div	rided by col.	(c)) 22378
			$\frac{22378}{61289}$
			53809
		4.1	42372
-		3.3	29971
2		43.4	09819
3		8.6	81964
4		41	,608.
5		361	,239.

е				J		1		j j
(e) Gross sales price	(f) l	Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss) s (f) minus (g))
a		- 	 	·				
b			—		<u> </u>			
C								
d								
е			†					
Complete only for assets shown	ig gain in	column (h) and owned by	the foundation	on 12/31/69.		(1) (Gains (C	ol. (h) gain minus
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (j), if any		còl. (k), but r	not less than -0-) or (from col. (h))
a			1			,		
b	-							
C			†					
d			+					
е					 			
<u> </u>	L				Т Т			
Capital gain net income or (net ca	enital loss	If gain, also enter -(If (loss), enter -(er in Part I, line . O- in Part I line	/ 7	2			
, , ,				,	 - 			··
Net short-term capital gain or (lo	,	· , ,	.nd (6):)				
If gain, also enter in Part I, line 8,	column (3).		}	ا ۾ ا			
If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndor S	oction 4040/o) to	r Boducod	Tay on Not In	l 3	ont Inco		
						ient ince		
For optional use by domestic privat	e foundati	ons subject to the section	4940(a) tax on	net investment incom	ie.)			
section 4940(d)(2) applies, leave t	hıs part bl	ank.						
Vas the foundation liable for the sec	tion 4942	tax on the distributable ai	mount of any ve	ear in the base period?)			Yes X No
f "Yes," the foundation doesn't quali				•				100 22 110
1 Enter the appropriate amount in					S.			
(a)	1						Γ'	(d)
Base periód years Calendar year (or tax year beginni	ng គេ)	(b) Adjusted qualifying di		Net value of noncha	aritable-i		<u> </u>	Distributión ratio (col. (b) divided by col. (c))
2016			62,933.			7,035.	<u> </u>	20.82237
2015			29,490.			2,110.		10.26128
2014			05,665.			4,179.		4.853809
2013		28	84,349.		6	8,644.		4.14237
2012		47	77,368.		14	3,355.		3.32997
				<u>-</u> -				
? Total of line 1, column (d)							2	43.40981
Average distribution ratio for the	5-year ba	se period - divide the total	on line 2 by 5.0), or by the number of	vears			
the foundation has been in existe	-	•	01. mio 2 by 01.	o, or by the homber of	, 02.0		3	8.68196
the foundation has been in existe	1106 11 1653	man J years					⊢•	0:00130
f - F-4 4b- a-4 b af a-b4-1	-1		. t F				١	11 600
Enter the net value of noncharital	oie-use as	sets for 2017 from Part X	, IIne 5				4	41,608
								254 222
Multiply line 4 by line 3							5	361,239
							1	
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)					6	0
7 Add lines 5 and 6							7	361,239
B Enter qualifying distributions from	n Part XII.	. line 4					8	338,515
, , ,				lata that against	40/ +	n+n	ت	330,313
If line 8 is equal to or greater that See the Part VI instructions.	ı iine /, Cî	IECK THE DOX IN PAR VI, IIN	e 10, and comp	iete that part using à	i% tax r	aie.		

(b) How acquired P - Purchase D - Donation

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Form **990-PF** (2017)

Form 990-PF (2017) WEISFELD FAMILY FOUNDATION I	NC.		-0575		Page 4
Part VI Excise Tax Based on Investment Income (Section 4	940(a), 4940(b), 4940(e),	or 4948	3 - see ii	nstruct	ions)
1a Exempt operating foundations described in section 4940(d)(2), check here	d enter "N/A" on line 1.	Š	٠ دُن	\$. 40	
Date of ruling or determination letter: (attach copy of letter if	necessary-see instructions)	2	3 : A.		, Å
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		l î		Ambandar 2 A.	0.
of Part I, line 27b	{		X of the	****	* * * * * * * * * * * * * * * * * * * *
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ente	r 4% of Part I, line 12, col. (b).	İ			왕. 🍍 -
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only		2		e . 3.3652	0.
3 Add lines 1 and 2	,, ,	3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	v: others, enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,,,	5	 		0.
6 Credits/Payments:			. 	3 6	
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.			
b Exempt foreign organizations - tax withheld at source	6b				~ Š
c Tax paid with application for extension of time to file (Form 8868)	6c	0.			*\$#
, , , ,	6d	0.			
d Backup withholding erroneously withheld	_ ou _	٠ ٠ ٠, ١			0.
7 Total credits and payments. Add lines 6a through 6d	attachad	8			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attacheu				0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		· —			<u>.</u>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpai	1	10			
11 Enter the amount of line 10 to be; Credited to 2018 estimated tax Part VII-A Statements Regarding Activities	Refunded	1	<u>! </u>		
<u></u>	sulphon or did at sometiments or into			į Y∈	s No
1a During the tax year, did the foundation attempt to influence any national, state, or local li	egistation or tilt it participate of lifter	vene m			X
any political campaign?		4.6		1a	$\frac{1}{x}$
b Did it spend more than \$100 during the year (either directly or indirectly) for political pu		detinition		1b	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi	es of any materials published or			,	ř 🏄
distributed by the foundation in connection with the activities.					.: .
c Did the foundation file Form 1120-POL for this year?				1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during		^			
(1) On the foundation. ► \$ (2) On foundation manage		0.		35	
e Enter the reimbursement (if any) paid by the foundation during the year for political exp	enditure tax imposed on foundation				¥*
managers. ► \$				P 414	·
2 Has the foundation engaged in any activities that have not previously been reported to the	ie IRS?			2	X
If "Yes," attach a detailed description of the activities.				À	? <i>"</i>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	ng instrument, articles of incorporat	ion, or		1	*. <u>.</u> 2
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?			4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ear?			5	X
If "Yes," attach the statement required by General Instruction T					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	d either:			(14)	,
 By language in the governing instrument, or 				3,31	
 By state legislation that effectively amends the governing instrument so that no mand 	atory directions that conflict with the	state law		6 X	<u>.</u>
remain in the governing instrument?					
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	omplete Part II, col. (c), and Part XV			7 7	
				3	, , , , , , , , , , , , , , , , , , ,
8a Enter the states to which the foundation reports or with which it is registered. See instru	ctions. >			`	ì
NY					1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	ne Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation				8b >	
9 Is the foundation claiming status as a private operating foundation within the meaning of	f section 4942(j)(3) or 4942(j)(5) fo	r calendar	.		
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"	complete Part XIV			9	x &
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a so				10	X
			For	m 990-F	F (2017)

Pē	int VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11	L	X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	 -		
14	The books are in care of ► BARRY A. WEISFELD Telephone no. ► (212)	972	<u>-75</u>	00
	Located at ► 7 RENAISSANCE SQUARE, WHITE PLAINS, NY ZIP+4 ►10	<u> </u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<i>,</i> .▶	· 🗀
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securibes, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	N.	:3	<i>3.</i> \
_	foreign country	32	**************************************	Š.
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
18	During the year, did the foundation (either directly or indirectly):		Ŝ	Á.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	ľ		ige.
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		`	٠,٠
	a disqualified person?	1 .:	8	6
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1 3	ž	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	W.	- %	***
	(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 X No	"	1	,A
		100	\&	1,300,
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1 £	20	3
	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 X No		ris,	S.
		1	ž	ş.
ı	of 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 N/A	16	1	· .
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A Organizations relying on a current notice regarding disaster assistance, check here	10	\$	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	\$ **	36.0	<i>X</i>
,		1c	334	X
,	before the first day of the tax year beginning in 2017? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		*	
2	defined in section 4942(j)(3) or 4942(j)(5)):	1		
	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	Á	<i>?</i>	
•	before 2017?	20%	"	
	If "Yes," list the years	,		,
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	34	4	~ *
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach] ,	<i>t</i>
	statement - see instructions.) N/A	2b '	٠.	
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
		,		
34	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
	during the year?	}	ļ	
ı	of "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	1	ł	
	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.) N/A	3b		
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
	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		X
_	FC	rm 99 0)-PF	(2017)

Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗓 No		Γ-
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		İ		1
any voter registration drive?		Y	es X No		1
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7	Y	es 🗶 No 🏻	: .	,
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			5.	ļ,
4945(d)(4)(A)? See instructions		Y ₁	es X No	<i>*</i> .	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo		_		
the prevention of cruelty to children or animals?		Y ₁	es 🗶 No	15.	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	·	n Regulations			44 -
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	↓ _
Organizations relying on a current notice regarding disaster assistance, check t		_		*	, ,
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			r		,,, <u>,</u>
expenditure responsibility for the grant?	N	/A Y	es L No	*	χ2.
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			[
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No		
a personal benefit contract?	aranal hanefet contract?	, T	ES LAJ NO	6b	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870.	ersonal benefit contract?		F	- OU *,	 ^- -
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		'''	N/A	7b	-
Part VIII Information About Officers, Directors, Truste		nagers, Highly			
Paid Employees, and Contractors		g,g,	•		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
() None and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowa	
	PRESIDENT			T	
7 RENAISSANCE SQUARE				1	
WHITE PLAINS, NY 10601	0.00	0.	0.	•	<u>0.</u>
	SECRETARY & T	REASURER			
7 RENAISSANCE SQUARE	0.00				•
WHITE PLAINS, NY 10601	0.00	0,	0	•	0.
	VICE PRESIDEN	r			
7 RENAISSANCE SQUARE	0.00	ĺ ,	,	1	Λ
WHITE PLAINS, NY 10601	0.00	0.	0.	•	0.
				ĺ	
				1	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	<u></u>		
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred compensation	(e) Ex account allowa	pense
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	account	i, otner Inces
NONE					
				<u> </u>	
			_]	-
				↓	
				}	
					
				}	
- 1	<u> </u>	L	I	Л	
Total number of other employees paid over \$50,000				n 990-PF	(2017)
			rorn	いっつひ・ピト	(2017)

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Total. Add lines 1 through 3

Form **990-PF** (2017)

- Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 3ь
- 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

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4

Adjusted qualifying distributions. Subtract line 5 from line 4 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.

Form **990-PF** (2017)

338,515.

338,515.

4

5

6

Part XIII Undistributed Income (see instructions)

	 			Γ
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d)
1. Distributable amount for 2017 from Bort VI	Corpus	 	 	2017
1 Distributable amount for 2017 from Part XI, line 7	~	*c	* * * * * * * * * * * * * * * * * * * *	2 000
	 	 	 	2,080.
 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only 	,		0.	* ,
b Total for prior years:	\ -	<u> </u>		<u> </u>
y rounter prior years.	<i>(</i>	0.		
3 Excess distributions carryover, if any, to 2017:	**			
aFrom 2012 470, 204.		* *	N . 3	\$ \$
bFrom 2013 280,919.	* * · . · · .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
cFrom 2014 500, 456.		* ** **		, , , , , , , , , , , , , , , , , , ,
dFrom 2015 327,884.				
eFrom 2016 561,581.				
f Total of lines 3a through e	2,141,044.			
4 Qualifying distributions for 2017 from	, , , , , , , , , , , , , , , , , , , 	3		****
Part XII, line 4: ►\$ 338, 515.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior		** ** ** · · /		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	*	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, N , m , y, h , w	** ** ** **
(Election required - see instructions)	0.	* 1 / -* *		
d Applied to 2017 distributable amount	* * * *		* * * * * * * * * * * * * * * * * * * *	2,080.
e Remaining amount distributed out of corpus	336,435.		¥ 3	2,000.
5 Excess distributions carryover applied to 2017	0.	* * * * *	. * * * * ; ;	<u> </u>
(If an amount appears in column (d), the same amount must be shown in column (a))		*		
6 Enter the net total of each column as				
indicated below:	* * * *			
a Corpus Add lines 3f 4c, and 4e Subtract line 5	2,477,479.			
b Prior years' undistributed income. Subtract	3 4 32			**************************************
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	, s **		** **	
assessed	· · · · · · · · · · · · · · · · · · ·	0.		* ','
d Subtract line 6c from line 6b. Taxable				* * *
amount - see instructions	, , ,	0.	# 100	i j
e Undistributed income for 2016. Subtract line	, , , , , , , , , , , , , , , , , , ,			
4a from line 2a. Taxable amount - see instr.	, ,	`	0.	, ^ >s_*
f Undistributed income for 2017. Subtract	*		z ,5, ,	
lines 4d and 5 from line 1. This amount must	ĺ	*	*	
be distributed in 2018	'	. , , ,	<i>;</i> .	0.
7 Amounts treated as distributions out of				<u>-</u>
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	470,204.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	2,007,275.			
10 Analysis of line 9;				
a Excess from 2013 280,919.	1			
b Excess from 2014 500, 456.	1			
c Excess from 2015 327,884.	1			
dExcess from 2016 561,581.				
e Excess from 2017 336, 435.	ł			
723581 01-03-18				Form 990-PF (2017)
				· · · · · · · · · · · · · · · · · · ·

rm 990-PF (2017) WEISFEL Part XIV Private Operating F		OUNDATION I		N/A	575808 Pag
a If the foundation has received a ruling of					
foundation, and the ruling is effective for			.		
b Check box to indicate whether the found	•		in section	4942(j)(3) or 4	942(j)(5)
a Enter the lesser of the adjusted net	Tax year	Ť	Prior 3 years		JF ***
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for			T		
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,		-			
line 4 for each year listed					
d Amounts included in line 2c not	-			/	
used directly for active conduct of		i			
exempt activities		1			l
e Qualifying distributions made directly					
for active conduct of exempt activities.				1	
Subtract line 2d from line 2c	:	_			
Complete 3a, b, or c for the		T			
alternative test relied upon; a "Assets" alternative test - enter:					
(1) Value of all assets		1	<u></u>		<u> </u>
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)	 				<u></u>
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed			<u> </u>		<u> </u>
c "Support" alternative test - enter:	!	1/			
(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		ſ	[\	1
section 4942(j)(3)(B)(iii)			· · · · · · · · · · · · · · · · · · ·		<u> </u>
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	1: 10	landa dibita sa andi andi	:	bad 65 000 as	
art XV Supplementary Info			it the foundation	on nad \$5,000 or m	ore in assets
	_	tructions.)			
Information Regarding Foundation	-				
a List any managers of the foundation wh year (but only if they have contributed in			itributions received by	ine toundation before the cit	ise of any tax
	1010 than 45,000). (00t	30011011 307 (4)(2)-)			
ARRY A. WEISFELD	400/	4h	· (ar an anyally large an	ot an of the average of a	
b List any managers of the foundation wh other entity) of which the foundation ha			i (or an equally large po	irtion of the ownership of a j	partnership or
ONE	ou love or ground inte	002			
	C Ciff I	- Cabalanabia ata I			
Information Regarding Contribut Check here ► X if the foundation of				ic not accept uppolicated rea	ugete for funde. If
the foundation makes gifts, grants, etc.,					ucsis ioi iulius. Ii
a The name, address, and telephone num	<u>_</u>			- <u></u>	
a The lighte, address, and telephone han	ber of cirial address of	the person to whom app	iodiiona anodia de dedi	03500.	
b The form in which applications should b	e submitted and inforn	nation and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award					

Part XV Supplementary Informati				
3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ALZHEIMER'S FOUNDATION OF AMERICA	N/A	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000
ASPEN SNOWMASS	N/A	PUBLIC CHARITY	!	
			CONTRIBUTION	14,000.
AMERICAN CANCER SOCIETY	N/A	PUBLIC CHARITY	CHARITABLE	
			CONTRIBUTION	100.
BIRTHRIGHT ISRAEL FOUNDATION	N/A	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	5,000.
BLYTHEDALE CHILDRENS HOSPITAL	N/A	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	10,000
Total SEE C	ONTINUATION SHE	et(s)	▶ 3a	338,190.
Approved for future payment NONE				
Total			▶ 3b	0.
TOTAL	·			orm 990-PF (2017

Form 990-PF (2017) WEISFELD FAMILY FOUNDATION INC.

nter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			T		
b					
C					
d			<u> </u>		
e	_ []		<u> </u>		
1			<u> </u>		<u> </u>
g Fees and contracts from government agencies			<u>↓</u>	<u> </u>	
2 Membership dues and assessments			↓		
Interest on savings and temporary cash	[۱.,	4	[
investments	<u> </u>		14	1.	
4 Dividends and interest from securities	ļ.,	3* % > /	 		
Net rental income or (loss) from real estate:	*	* * * * *	1-2	· * * * * *	
a Debt-financed property			 		
b Not debt-financed property	 		ļ		
Net rental income or (loss) from personal	ł		ł		
property	ļi		 		
7 Other investment income			┼─	<u> </u>	
3 Gain or (loss) from sales of assets other	j		ĺ		
than inventory	 		├ ─		
Net income or (loss) from special events Gross profit or (loss) from sales of inventory	 		┼		
Other revenue:	 		╁		
	1		Ì]
	-		╁		
	-		+		
<u> </u>			+		
d	!		1		
d e	-		 		
е		0.	1	1.	0
e 2 Subtotal, Add columns (b), (d), and (e)	^	0.	, ,	1.	
e 2 Subtotal, Add columns (b), (d), and (e) 3 Total, Add line 12, columns (b), (d), and (e)	, v	0.	*	<u> </u>	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities		omplishment of E	xemp	13_ ot Purposes	1
e 2 Subtotal, Add columns (b), (d), and (e) 3 Total, Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported	omplishment of E.	xemp	13_ ot Purposes	1
e 2 Subtotal, Add columns (b), (d), and (e) 3 Total, Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	ome is reported	omplishment of E.	xemp	13_ ot Purposes	1
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e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 3 Event See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported	omplishment of E.	xemp	13_ ot Purposes	1
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 3 Event See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported	omplishment of E.	xemp	13_ ot Purposes	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 3 Event See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported	omplishment of E.	xemp	13_ ot Purposes	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 3 Event See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported	omplishment of E.	xemp	13_ ot Purposes	1
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 3 Event See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported	omplishment of E.	xemp	13_ ot Purposes	1
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported	omplishment of E.	xemp	13_ ot Purposes	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported	omplishment of E.	xemp	13_ ot Purposes	1
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported	omplishment of E.	xemp	13_ ot Purposes	1
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported	omplishment of E.	xemp	13_ ot Purposes	1
e 2 Subtotal, Add columns (b), (d), and (e) 3 Total, Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported	omplishment of E.	xemp	13_ ot Purposes	1

Form 990-PF (2				DATION INC.		03-057			ige 13
Part XVII	Information Re Exempt Organ		nsfers to a	nd Transactions a	ind Relations	hips With Noncha	ritable	•	
1 Did the or	ganization directly or indi	rectly engage in any	of the followin	g with any other organization	on described in sec	tion 501(c)	T	Yes	No
(other tha	ın section 501(c)(3) orgar	nızatıons) or ın secti	on 527, relatınç	g to political organizations?					
a Transfers	from the reporting found	lation to a noncharita	able exempt or	ganızatıon of:					
(1) Cash							1a(1)		X
(2) Other							1a(2)		Х
b Other tran		-bl					175.43		×
• •	s of assets to a noncharita hases of assets from a no						1b(1) 1b(2)		X
` '	al of facilities, equipment,	•	organization				1b(2)		X
	bursement arrangements						1b(4)		X
٠,	s or loan guarantees	•					1b(5)		Х
	ormance of services or me	embership or fundra	ising solicitatio	ins			1b(6)		X
c Sharing o	of facilities, equipment, ma	ailing lists, other ass	ets, or paid em	ployees			1c		Х
d If the ansi	wer to any of the above is	"Yes," complete the	following sche	dule. Column (b) should al	ways show the fair	market value of the goods,	other ass	ets,	
or service	es given by the reporting f	ioundation. If the fou	ındatıon receiv	ed less than fair market vali	ue in any transactio	n or sharing arrangement,	show in		
	d) the value of the goods,								
(a)Line no	(b) Amount involved	(c) Name o		exempt organization	(d) Description	n of transfers, transactions, and	sharing am	rangeme	nts
	 		N/A						
		 			-				
		 				· ·······			
		 							
		 				· 			
	 	 							
		 							
		 							
		 							
					_]				
		<u> </u>		 					
		<u>.l</u>			L				
				or more tax-exempt organ	ızatıons described	_		(T	7
	501(c) (other than section		ection 527?			Ĺ	Yes	ĹΔ] No
b it yes, c	omplete the following sch (a) Name of org			(b) Type of organization	Τ	(c) Description of relations	shin		
	N/A	94112411011		(b) Typo or or gameation	 	(e) Boson phon of rolations			
					 				
						,			
									
1				ng accompanying schedules and			ay the IHS o	discuss	this
Sign L	eller, it stue correct, and co	implete Deciaration bits	eparer (other tha	n taxpayer) is based on all inform	nation of which prepar	sh	own below	? See in	er str
Here	of Darry	Musul	<u> </u>	3/4/18	PRESI	DENT	X Yes] No
Sigi	nature of officer or trustee		\	Date	Title				
	Print/Type preparer's\q	3 me	Preparer's s	ignature	Date /	Check if PTIN			
Paid		OUTER	400	at Alma V	2/28/18	self- employed	0105	020	
Paid Preparer	ELLIOT HOR			MA VIAMA	-0		0185		
Use Only	Firm's name ► MAZ	ACU CAAL	r)E P	/		Firm's EIN ► 13-1	4090	20	
Joe Only	Firm's address ▶ 67	75 THIDD	ΔΥΕΝΠΙΕ	-		 			
	NE			7		Phone no 212-9	72-7	500	
	1			<u> </u>			orm 99 0		
						•	J 000		,-5"

Part XV Supplementary Informati	LD FAMILY FOUND	TITOM TIME.	03-03	75808
3 Grants and Contributions Paid During the				Г
	If recipient is an individual,			
Recipient	show any relationship to	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	any foundation manager	status of recipient	contribution	Amount
	or substantial contributor	recipient		
		j	}	ļ
BREAST CANCER RESEARCH FOUNDATION	N/A	PUBLIC CHARITY		
		 	CONTRIBUTION	10
BREAST CANCER ALLIANCE	N/A	PUBLIC CHARITY	1	
			CONTRIBUTION	460
CATCH A LIFT	N/A	PUBLIC CHARITY	CHARITABLE	
	["		CONTRIBUTION	400
CHABAD OF LARCHMONT	N/A	PUBLIC CHARITY	CHARITABLE	
		1	CONTRIBUTION	1,00
DRIVE & DINE V	N/A	PUBLIC CHARITY	CHARITABLE	
			CONTRIBUTION	1,00
T many transferre		DINDL'IG GUADIMA	OUR DIMANUE	
J-TEEN LEADERSHIP	N/A	PUBLIC CHARITY	CONTRIBUTION	50
			CONTRIBUTION	
LAURENCE POLATSCH MEMORIAL FUND	N/A	PUBLIC CHARITY	CHARITABLE]
			CONTRIBUTION	1,00
LYMPHOMA RESEARCH FOUNDATION	N/A	PUBLIC CHARITY	CHARITABLE	
	(CONTRIBUTION	1,50
			l	
MGA FOUNDATION	N/A	PUBLIC CHARITY	CHARITABLE	ĺ
		 	CONTRIBUTION	1,00
MONTHS TO DETECT		DITT. TO		
MOVING TRADITIONS	N/A	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1 00
Total from continuation sheets			CONTRIBUTION	308,09

	D FAMILY FOUNDA	ATION INC.	03-057	75808
Part XV Supplementary Information				
3 Grants and Contributions Paid During the	lf recipient is an individual,		, 	
Recipient	show any relationship to	Foundation of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	COURTORION	ranount
	1			
NUMBER WARDS TOURS OF THE COMMON AND	7/3	PUBLIC CHARITY	רעאט דייאט די	
NEW YORK UNIVERSITY SCHOOL OF MEDICINE	N/A	PUBLIC CHARITI	CONTRIBUTION	100,000.
		 		
			[
TOWN OF MAMARONECK FIRE DEPARTMENT	N/A	PUBLIC CHARITY	CHARITABLE	100
		 	CONTRIBUTION	100.
	1			
UGC FOUNDATION	N/A	PUBLIC CHARITY	1	
		<u> </u>	CONTRIBUTION	25,000.
			1	
UJA FEDERATION OF NEW YORK	N/A	PUBLIC CHARITY	CHARITABLE	
			CONTRIBUTION	25,000.
		ļ		
UNIVERSITY OF MICHIGAN	N/A	PUBLIC CHARITY	CHARITABLE	
			CONTRIBUTION	129,530.
		ŀ		
WESTCHESTER REFORM TEMPLE	N/A	PUBLIC CHARITY	CHARITABLE	
			CONTRIBUTION	4,000.
		}	1	
WESTERN CONNECTICUT STATE UNIVERSITY	N/A	PUBLIC CHARITY	CHARITABLE	
THE PROPERTY OF THE PROPERTY O	["·"		CONTRIBUTION	7,500.
		j]	
WOMEN'S VOICES FOR CHANGE	7/2	PUBLIC CHARITY	CUNDIMADIR	
WOMEN S VOICES FOR CHANGE	N/A	FOBEIC CHARIII	CONTRIBUTION	5,000.
		 		
		1	1	
PINK PROMISES	N/A	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	5,000.
	 	 		3,000.
		1	1	
			1	
UNIVERSITY OF DELAWARE ATHLETIC	N/A	PUBLIC CHARITY	CHECK FROM PRIOR YEAR	
Total from continuation chaots	<u></u>	ــــــــــــــــــــــــــــــــــــــ	VOIDED	<1,000.
Total from continuation sheets			<u></u>	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs,gov/Form990 for the latest information.

OMB No 1545-0047

2017

WEISFELD FAMILY FOUNDATION INC.

Employer identification number

03-0575808

Organization type (check one). Filers of: Section: ___ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation □ 4947(a)(1) nonexempt charable 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 [X] 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 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 1/3% 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, chantable, 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 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

723452 11-01-17

(Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

WEISFELD FAMILY FOUNDATION INC.

03-0575808

Part II	Noncash Property (see instructions). Use duplicate copies of Par		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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ADVERTISING

TO FORM 990-PF, PG 1, LN 23