

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

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.**
 ▶ **Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.**

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 12-01-2017, and ending 11-30-2018

Name of foundation THE DAVID TEPPER CHARITABLE FOUNDATION INC		A Employer identification number 22-3500313
Number and street (or P O box number if mail is not delivered to street address) C/O APPALOOSA 51 JFK PKWY NO 250B	Room/suite	B Telephone number (see instructions) (973) 701-7000
City or town, state or province, country, and ZIP or foreign postal code LIVINGSTON, NJ 07078		C If exemption application is pending, check here <input type="checkbox"/>
G 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		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 711,986,116	J 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)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	500,234,737			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities	3,310,389	3,310,389		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	-1,464,482			
b	Gross sales price for all assets on line 6a 440,498,913				
7	Capital gain net income (from Part IV, line 2)		234,808,008		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	502,080,644	238,118,397		
13	Compensation of officers, directors, trustees, etc	0	0		0
14	Other employee salaries and wages	12,500	0		12,500
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)				
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see instructions)	17,956	0		956
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	193	0		193
24	Total operating and administrative expenses. Add lines 13 through 23	30,649	0		13,649
25	Contributions, gifts, grants paid	33,074,977			33,074,977
26	Total expenses and disbursements. Add lines 24 and 25	33,105,626	0		33,088,626
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	468,975,018			
b	Net investment income (if negative, enter -0-)		238,118,397		
c	Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	2,391	29,328	29,328
	2 Savings and temporary cash investments	16,218,216	4,356,443	4,356,443
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	72,007,130	122,453,177	123,742,082
	c Investments—corporate bonds (attach schedule)	600,000	600,000	1,572,207
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	46,085,253	482,431,464	582,286,056
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	134,912,990	609,870,412	711,986,116	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	15,075	15,075	
	23 Total liabilities (add lines 17 through 22)	15,075	15,075	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	134,897,915	609,855,337	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	0	0		
30 Total net assets or fund balances (see instructions)	134,897,915	609,855,337		
31 Total liabilities and net assets/fund balances (see instructions) .	134,912,990	609,870,412		

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	134,897,915
2 Enter amount from Part I, line 27a	2	468,975,018
3 Other increases not included in line 2 (itemize) ▶ _____	3	5,982,404
4 Add lines 1, 2, and 3	4	609,855,337
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	609,855,337

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a GAIN FROM FORM 926	D	2017-12-28	2018-01-02
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 440,498,913		205,690,905	234,808,008
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			234,808,008
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	}	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	234,808,008
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	}		3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	26,093,050	255,806,534	0.102003
2015	17,635,538	189,624,210	0.093003
2014	18,062,581	206,623,768	0.087418
2013	13,727,950	184,914,796	0.074239
2012	5,900,020	143,530,594	0.041106

2 Total of line 1, column (d)	2	0.397769
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.079554
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	544,128,392
5 Multiply line 4 by line 3	5	43,287,590
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,381,184
7 Add lines 5 and 6	7	45,668,774
8 Enter qualifying distributions from Part XII, line 4	8	33,088,626

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 calculation. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and total tax due. Includes sub-table for 2017 estimated tax payments (6a-6d).

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaign participation, political expenditures, unrelated business income, and state reporting requirements.

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 C/O APPALOOSA 51 JFK PARKWAY STE 250B LIVINGSTON NJ ZIP+4 07078

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)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) 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	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) 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	
	(5) 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	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶		<input type="checkbox"/>	5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a	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	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>			6b
7a	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	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

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

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

(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
DAVID A TEPPER C/O APPALOOSA 51 JFK PARKWAY STE 250B LIVINGSTON, NJ 07078	PRESIDENT 2 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	(e) Expense account, other allowances
NONE				

Total 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		

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

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

1	Expenses

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

1	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	
All other program-related investments See instructions	

Total. Add lines 1 through 3 **0**

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	168,708,357
b	Average of monthly cash balances.	1b	10,782,381
c	Fair market value of all other assets (see instructions).	1c	372,923,873
d	Total (add lines 1a, b, and c).	1d	552,414,611
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	552,414,611
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	8,286,219
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	544,128,392
6	Minimum investment return. Enter 5% of line 5.	6	27,206,420

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

1	Minimum investment return from Part X, line 6.	1	27,206,420
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	4,762,368
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	4,762,368
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	22,444,052
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	22,444,052
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	22,444,052

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	33,088,626
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	33,088,626
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	33,088,626
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.			

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				22,444,052
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.			5,573,415	
d From 2015.			8,532,084	
e From 2016.			13,335,491	
f Total of lines 3a through e.	27,440,990			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>33,088,626</u>				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				22,444,052
e Remaining amount distributed out of corpus	10,644,574			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	38,085,564			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	38,085,564			
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.			5,573,415	
c Excess from 2015.			8,532,084	
d Excess from 2016.			13,335,491	
e Excess from 2017.			10,644,574	

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

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

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				33,074,977
b <i>Approved for future payment</i>				
Total ▶ 3b				0

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.

Schedule 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 No

b If "Yes," complete the following schedule

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: 2019-09-30 Title: *****

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

Paid Preparer Use Only

Table for paid preparer information including Print/Type preparer's name (DAVID S UNTRACHT), Preparer's Signature, Date (2019-09-30), Check if self-employed, PTIN (P00161568), Firm's name (UNTRACHT EARLY LLC), Firm's EIN (22-3754856), and Firm's address (325 COLUMBIA TURNPIKE SUITE 202, FLORHAM PARK, NJ 07932).

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN FRIENDS SERVICE CENTER 89 MARKET STREET 8TH FLOOR NEWARK, NJ 07102	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	600,000
AMERICAN NATIONAL RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	1,000,000
BETTER EDUCATION INSTITUTE INC 11 COMMERCE DRIVE CRANFORD, NJ 07016	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	604,350
Total 3a				33,074,977

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BLUE MERIDIAN 415 MADISON AVENUE NEW YORK, NY 10017	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	3,838,000
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE PITTSBURGH, PA 15213	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	18,973,227
FEEDING AMERICA 35 EAST WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	1,180,000
Total				33,074,977
3a				


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FEEDING SOUTH FLORIDA 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	186,000
GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD MIAMI, FL 33137	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	50,000
GREATER PITTSBURGH COMMUNITY FOOD BANK 1 N LINDEN ST DUQUESNE, PA 15110	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	125,000
Total ▶ 3a				33,074,977

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INTERNATIONAL REFUGEE ASSISTANCE ONE BATTER PARK PLAZA 4TH FLOOR NEW YORK, NY 10004	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	100,000
NYU HOSPITAL550 1ST AVENUE NEW YORK, NY 10016	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	25,000
PANCREATIC CANCER ACTION NETWORK 800 EIGHTH STREET NW WASHINGTON, DC 20001	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	10,000
Total ▶ 3a				33,074,977

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SECOND HARVEST FOOD BANK OF METROLINA 500 SPRATT ST STE B CHARLOTTE, NC 28206	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	450,000
MCLEAN HOSPITAL - TEPPER CHARITABLE FDN SCHOLARSHIP PROGRAM 115 MILL STREET BELMONT, MA 02478	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	250,000
JEWISH FAMILY SERVICES OF METROWEST 475 FRANKLIN STREET SUITE 101 FRAMINGHAM, MA 01702	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	75,000
Total 3a 				33,074,977

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEWISH FEDERATION OF GREATER METROWEST NJ 901 NJ-10 WHIPPANY, NJ 07981	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	200,000
BEAT CANCER1769 HOOPER AVENUE TOMS RIVER, NJ 08753	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	100,000
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD SUITE 1200 JENKINTOWN, PA 19046	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	2,818,000
Total				33,074,977
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY 1509 NEW YORK, NY 10018	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	25,000
WORLD JEWISH CONGRESS AMERICAN SECTION 501 MADISON AVENUE NEW YORK, NY 10022	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	10,000
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	50,000
Total ► 3a				33,074,977

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAINT BARNABAS DEVELOPMENT FOUNDATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	25,000
SINGLE STOP USA123 WILLIAM ST 901 NEW YORK, NY 10038	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	1,400,000
UNIVERSITY OF MIAMIPO BOX 248106 CORAL GABLES, FL 33124	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	10,000
Total ▶ 3a				33,074,977

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVE PITTSBURGH, PA 15260	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	200,000
CHABAD AT EMORY 1526 N DECATUR ROAD NE ATLANTA, GA 30307	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	5,400
EMORY JEWISH STUDY CENTER 1526 N DECATUR ROAD NE ATLANTA, GA 30307	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	500,000
Total 3a				33,074,977

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY FOOD BANK OF NJ 31 EVANS TERMINAL HILLSIDE, NJ 07205	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	110,000
CLASSROOM CENTRAL 2116 WILKINSON BLVD CHARLOTTE, NC 28208	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	50,000
DANCE FOR THE CURE5 DAVIDS LN HILLSBOROUGH, NJ 08844	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	5,000
Total ▶				33,074,977
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOUNDATION FOR THE CAROLINAS 220 N TRYON STREET CHARLOTTE, NC 28202	N/A	OTHER PUBLIC CHARITY	GENERAL SUPPORT	100,000
Total 3a				33,074,977

TY 2017 Investments Corporate Bonds Schedule

Name: THE DAVID TEPPER CHARITABLE FOUNDATION
INC

EIN: 22-3500313

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
1,000,000 RUSSIAN FEDERATION	600,000	1,572,207

TY 2017 Investments Corporate Stock Schedule

Name: THE DAVID TEPPER CHARITABLE FOUNDATION
 INC
EIN: 22-3500313

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CONSECO INC/CNO FINANCIAL GROUP INC	4,697,149	4,463,663
RELIANT ENERGY, INC/RRI ENERGY INC/NRG ENERGY	755,349	353,133
MCDERMOTT INTERNATIONAL	69,259	41,555
BABCOCK & WILCOX COMPANY	69,015	13,629
WALTER ENERGY INC	1,609,404	136
BANK OF AMERICA	16,594,280	18,282,017
FIFTH THIRD BANCORP	30,255,345	30,334,801
SUNTRUST BANKS INC	31,370,315	33,456,963
CITIGROUP INC	31,778,778	30,571,485
MUELLER WATER PRODUCTS	2,079,060	1,579,963
WALTER INVESTMENT MGMT CORP/DITECH HOLDING	288,326	91
SPDR S&P 500 ETF TRUST	2,860,894	4,278,364
BWX TECHNOLOGIES, INC.	26,003	366,282

TY 2017 Investments - Other Schedule

Name: THE DAVID TEPPER CHARITABLE FOUNDATION
INC

EIN: 22-3500313

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
COLUMBUS HILL OVERSEAS LTD	AT COST	18,806,063	76,093,042
THOROUGHBRED OFFSHORE FUND	AT COST	7,657	0
PALOMINO-SERIES 0102/0717	AT COST	463,617,744	506,193,014

TY 2017 Other Expenses Schedule

Name: THE DAVID TEPPER CHARITABLE FOUNDATION
INC

EIN: 22-3500313

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WORKERS COMP INSURANCE	46	0		46
PAYROLL FEES	147	0		147

TY 2017 Other Increases Schedule

Name: THE DAVID TEPPER CHARITABLE FOUNDATION
INC

EIN: 22-3500313

Description	Amount
APPRECIATED/DEPRECIATED GAIN/LOSS FROM DONATED STOCK	5,982,404

TY 2017 Other Liabilities Schedule

Name: THE DAVID TEPPER CHARITABLE FOUNDATION
INC

EIN: 22-3500313

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE TO APPALOOSA MANAGEMENT	15,075	15,075

TY 2017 Taxes Schedule

Name: THE DAVID TEPPER CHARITABLE FOUNDATION
INC

EIN: 22-3500313

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	17,000	0		0
PAYROLL TAXES	956	0		956

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at
www.irs.gov/form990

OMB No 1545-0047
2017

Name of the organization
THE DAVID TEPPER CHARITABLE FOUNDATION
INC

Employer identification number
22-3500313

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

Name of organization THE DAVID TEPPER CHARITABLE FOUNDATION INC	Employer identification number 22-3500313
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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
—	See Additional Data Table <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization THE DAVID TEPPER CHARITABLE FOUNDATION INC	Employer identification number 22-3500313
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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
—	See Additional Data Table	\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____

Name of organization THE DAVID TEPPER CHARITABLE FOUNDATION INC	Employer identification number 22-3500313
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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
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

Additional Data

Software ID:

Software Version:

EIN: 22-3500313

Name: THE DAVID TEPPER CHARITABLE FOUNDATION
INC

Form 990 Schedule B, 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	DAVID TEPPER	\$ 10,122,066	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	C/O APPALOOSA 51 JFK PARKWAY SUITE		
	LIVINGSTON, NJ07078		
2	DAVID TEPPER	\$ 18,930,497	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	C/O APPALOOSA 51 JFK PARKWAY SUITE		
	LIVINGSTON, NJ07078		
3	DAVID TEPPER	\$ 15,966,418	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	C/O APPALOOSA 51 JFK PARKWAY SUITE		
	LIVINGSTON, NJ07078		
4	DAVID TEPPER	\$ 51,934,128	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	C/O APPALOOSA 51 JFK PARKWAY SUITE		
	LIVINGSTON, NJ07078		
5	DAVID TEPPER	\$ 98,170,175	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	C/O APPALOOSA 51 JFK PARKWAY SUITE		
	LIVINGSTON, NJ07078		
6	DAVID TEPPER	\$ 17,405,063	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	C/O APPALOOSA 51 JFK PARKWAY SUITE		
	LIVINGSTON, NJ07078		

Form 990 Schedule B, 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
7	DAVID TEPPER <hr/> C/O APPALOOSA 51 JFK PARKWAY SUITE <hr/> LIVINGSTON, NJ07078	<hr/> \$ 60,715,235	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
8	DAVID TEPPER <hr/> C/O APPALOOSA 51 JFK PARKWAY SUITE <hr/> LIVINGSTON, NJ07078	<hr/> \$ 164,047,045	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
9	DAVID TEPPER <hr/> C/O APPALOOSA 51 JFK PARKWAY SUITE <hr/> LIVINGSTON, NJ07078	<hr/> \$ 62,944,110	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, 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
<u>1</u>	349,700 SHS BANK OF AMERICA	<u>\$ 10,122,066</u>	<u>2017-12-14</u>
<u>2</u>	253,743 SHS CITIGROUP INC	<u>\$ 18,930,497</u>	<u>2017-12-14</u>
<u>3</u>	534,978 SHS FIFTH THIRD BANCORP	<u>\$ 15,966,418</u>	<u>2017-12-14</u>
<u>4</u>	4,125,030 SHS CAESARS ENTERTAINMENT CORP	<u>\$ 51,934,128</u>	<u>2017-12-28</u>
<u>5</u>	550,559 SHS FACEBOOK, INC	<u>\$ 98,170,175</u>	<u>2017-12-28</u>
<u>6</u>	268,991 SHS SUNTRUST BANKS INC	<u>\$ 17,405,063</u>	<u>2017-12-14</u>
<u>7</u>	1,824,102 SHS HUNTSMAN CORPORATION	<u>\$ 60,715,235</u>	<u>2017-12-28</u>
<u>8</u>	156,271 SHS ALPHABET INC	<u>\$ 164,047,045</u>	<u>2017-12-28</u>
<u>9</u>	682,691 SHS OWENS CORNING	<u>\$ 62,944,110</u>	<u>2017-12-28</u>