



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2011

Department of the Treasury
Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2011 or tax year beginning

, and ending

Name of foundation

JOSEPH H. KANTER FAMILY FOUNDATION
C/O THE HEALTH LEGACY PARTNERSHIP

A Employer identification number

31-1595996

Number and street (or P.O. box number if mail is not delivered to street address)

PO BOX 223220

Room/suite

B Telephone number

954-921-1406

City or town, state, and ZIP code

HOLLYWOOD, FL 33022

C If exemption application is pending, check here ☐

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeD 1. Foreign organizations, check here ☐Foreign organizations meeting the 85% test,
2. check here and attach computation ☐

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationE If private foundation status was terminated
under section 507(b)(1)(A), check here ☐

I Fair market value of all assets at end of year

J Accounting method:

☒ Cash☐ Accrual

(from Part II, col. (c), line 16)

☐ Other (specify)F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ☒

\$ 4,140,996. (Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not
necessarily equal the amounts in column (a))(a) Revenue and
expenses per books(b) Net investment
income(c) Adjusted net
income(d) Disbursements
for charitable purposes
(cash basis only)

1 Contributions, gifts, grants, etc., received

385,312.

2 Check ☐ If the foundation is not required to attach Sch. B3 Interest on savings and temporary
cash investments

4 Dividends and interest from securities

135,546.

135,546.

135,546.

STATEMENT 1

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

-57,548.

b Gross sales price for all
assets on line 6a 10,514,994.

7 Capital gain net income (from Part IV, line 2)

0.

8 Net short-term capital gain

0.

9 Income modifications

10a Gross sales less returns
and allowances

b Less Cost of goods sold

c Gross profit or (loss)

11 Other income

8,730.

69.

69.

STATEMENT 2

12 Total. Add lines 1 through 11

472,040.

135,615.

135,615.

13 Compensation of officers, directors, trustees, etc.

0.

0.

0.

0.

14 Other employee salaries and wages

128,612.

0.

0.

128,612.

15 Pension plans, employee benefits

12,423.

0.

0.

12,423.

16a Legal fees

STMT 3

20,218.

0.

0.

20,218.

b Accounting fees

STMT 4

5,000.

0.

0.

5,000.

c Other professional fees

17 Interest

18 Taxes

STMT 5

15,408.

435.

0.

14,973.

19 Depreciation and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses

STMT 6

66,087.

17,710.

0.

48,377.

24 Total operating and administrative

expenses. Add lines 13 through 23

247,748.

18,145.

0.

229,603.

25 Contributions, gifts, grants paid

10,500.

10,500.

26 Total expenses and disbursements

Add lines 24 and 25

258,248.

18,145.

0.

240,103.

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

213,792.

b Net investment income (if negative, enter -0-)

117,470.

c Adjusted net income (if negative, enter -0-)

135,615.

JOSEPH H. KANTER FAMILY FOUNDATION

Form 990-PF (2011)

C/O THE HEALTH LEGACY PARTNERSHIP

31-1595996

Page 2

Part II Balance Sheets

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	2.		
	2 Savings and temporary cash investments	214,493.	87,253.	87,253.
	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			
	7 Other notes and loans receivable ▶			
	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			
	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	STMT 7	3,827,188.	4,168,222.	4,046,365.
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶ STATEMENT 8)		7,378.	7,378.	7,378.
16 Total assets (to be completed by all filers)		4,049,061.	4,262,853.	4,140,996.
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			
	22 Other liabilities (describe ▶ LOAN PAYABLE)		176,009.	176,009.
23 Total liabilities (add lines 17 through 22)		176,009.	176,009.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☒			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted		3,873,052.	4,086,844.
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
28 Paid-in or capital surplus, or land, bldg., and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances		3,873,052.	4,086,844.	
31 Total liabilities and net assets/fund balances		4,049,061.	4,262,853.	

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	3,873,052.
2 Enter amount from Part I, line 27a	2	213,792.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	4,086,844.
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	4,086,844.

JOSEPH H. KANTER FAMILY FOUNDATION

Form 990-PF (2011)

C/O THE HEALTH LEGACY PARTNERSHIP

31-1595996

Page 3

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b SEE ATTACHED STATEMENT			
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			
b			
c			
d			
e 10,514,994.		10,572,542.	-57,548.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			-57,548.
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 -57,548.
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). If (loss), enter -0- in Part I, line 8	{ }		3 -85,981.

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))
2010	249,671.	3,872,182.	.064478
2009	497,084.	3,457,120.	.143786
2008	330,750.	3,253,226.	.101668
2007	88,092.	3,446,971.	.025556
2006	15,836.	2,835,092.	.005586
2 Total of line 1, column (d)			2 .341074
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 .068215
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5			4 4,047,976.
5 Multiply line 4 by line 3			5 276,133.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,175.
7 Add lines 5 and 6			7 277,308.
8 Enter qualifying distributions from Part XII, line 4 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.			8 240,103.

JOSEPH H. KANTER FAMILY FOUNDATION

Form 990-PF (2011)

C/O THE HEALTH LEGACY PARTNERSHIP

31-1595996

Page 4

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

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b		1	2,349.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	2,349.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	2,349.
6 Credits/Payments:			
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8		57.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		2,406.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax ☐ Refunded ☐	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
2 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ☐ DC		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

Form 990-PF (2011)

JOSEPH H. KANTER FAMILY FOUNDATION

Form 990-PF (2011)

C/O THE HEALTH LEGACY PARTNERSHIP

31-1595996

Page 5

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		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? Website address ► NONE	13	X	
14	The books are in care of ► JOSEPH H. KANTER Telephone no. ► 954-921-1406 Located at ► PO BOX 223220, HOLLYWOOD, FL ZIP+4 ► 33022			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No X

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.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A ► ☐	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? ☐ Yes ☒ No If "Yes," list the years ►		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No		
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011) N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	X

Form 990-PF (2011)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

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 a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

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.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOSEPH H. KANTER PO BOX 223220 HOLLYWOOD, FL 33022	PRESIDENT 1.00	0.	0.	0.
NANCY R. KANTER PO BOX 223220 HOLLYWOOD, FL 33022	DIRECTOR 1.00	0.	0.	0.
ARTHUR G. NEWMAYER, III PO BOX 223220 HOLLYWOOD, FL 33022	DIRECTOR 1.00	0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week 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

Form 990-PF (2011)

Information About Officers, Directors, Trustees, Foundation Managers, Highly

Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

[illegible]**Total** number of others receiving over \$50,000 for professional services

0

Part IX-A	Summary of Direct Charitable Activities
------------------	--

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

Expenses

1	N/A	
2		
3		
4		

Part IX-B	Summary of Program-Related Investments
------------------	---

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	N/A	
2		
All other program-related investments. See instructions.		
3		

All other program-related investments. See instructions.

Total. Add lines 1 through 3

0.

**JOSEPH H. KANTER FAMILY FOUNDATION
C/O THE HEALTH LEGACY PARTNERSHIP**

Form 990-PF (2011)

31-1595996

Page 8

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	3,932,953.
b	Average of monthly cash balances	1b	176,667.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,109,620.
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	4,109,620.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	61,644.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,047,976.
6	Minimum investment return. Enter 5% of line 5	6	202,399.

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	
2a	Tax on investment income for 2011 from Part VI, line 5	2a	
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

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	240,103.
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	240,103.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	240,103.

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** (2011)

Part XIII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from Part XII, line 4: ► \$				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2011 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011 (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				
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7				
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

JOSEPH H. KANTER FAMILY FOUNDATION

Form 990-PF (2011)

C/O THE HEALTH LEGACY PARTNERSHIP

31-1595996

Page 10

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

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling

07/07/98

- b** Check box to indicate whether the foundation is a private operating foundation described in section

☒ 4942(j)(3) or ☐ 4942(j)(5)

- 2 a** 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			
(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total

- 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

135,615.	154,404.	172,856.	91,012.	553,887.
115,273.	131,243.	146,928.	77,360.	470,804.
240,103.	249,671.	506,517.	333,818.	1,330,109.
0.	0.	0.	0.	0.
240,103.	249,671.	506,517.	333,818.	1,330,109.
	4,038,792.	3,810,767.	3,200,102.	11049661.
				0.
134,933.	129,073.	115,237.	108,441.	487,684.
				0.
				0.
				0.
				0.

Part XV Supplementary Information (Complete this part only if the foundation 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).)

JOSEPH H. KANTER

- 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.

NONE

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 of the person to whom applications should be addressed:

JOSEPH H. KANTER, 954-921-1406

PO BOX 223220, HOLLYWOOD, FL 33022

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

NO PRESET FORM

- c** Any submission deadlines:

N/A

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

N/A

JOSEPH H. KANTER FAMILY FOUNDATION

Form 990-PF (2011)

C/O THE HEALTH LEGACY PARTNERSHIP

31-1595996 Page 11

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
THE COMMUNITY FOUNDATION 1201 15TH STREET NW 420 WASHINGTON, DC 20005	NONE	PUBLIC CHARITY	MEDICAL AND HEALTH RESEARCH ADVOCATE	10,000.
DOROTHY HECHT HEALTH CENTER 8520 S. BROADWAY LOS ANGELES, CA 90003	NONE	PUBLIC CHARITY	MEDICAL AND HEALTH RESEARCH ADVOCATE	500.
Total			3a	10,500.
b Approved for future payment				
NONE				
Total			3b	0.

Form 990-PF (2011)

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

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

OMB No 1545-0047

2011

Name of the organization

JOSEPH H. KANTER FAMILY FOUNDATION
C/O THE HEALTH LEGACY PARTNERSHIP

Employer identification number

31-1595996

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 foundationCheck 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2011)

Name of organization

JOSEPH H. KANTER FAMILY FOUNDATION
C/O THE HEALTH LEGACY PARTNERSHIP

Employer identification number

31-1595996

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	JOSEPH H. KANTER PO BOX 223220 HOLLYWOOD, FL 33022	\$ 144,860.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
2	JOSEPH H. KANTER PO BOX 223220 HOLLYWOOD, FL 33022	\$ 40,060.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
3	JOSEPH H. KANTER PO BOX 223220 HOLLYWOOD, FL 33022	\$ 100,392.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
4	JOSEPH H. KANTER PO BOX 223220 HOLLYWOOD, FL 33022	\$ 100,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

Name of organization

JOSEPH H. KANTER FAMILY FOUNDATION
C/O THE HEALTH LEGACY PARTNERSHIP

Employer identification number

31-1595996

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>	<u>2,000 SHS CONOCOPHILLIPS</u> _____ _____ _____	\$ <u>144,860.</u>	<u>12/27/11</u>
<u>2</u>	<u>400 SHS MCDONALDS CORP</u> _____ _____ _____	\$ <u>40,060.</u>	<u>12/27/11</u>
<u>3</u>	<u>1,512.381 SHS PEPSICO INCORPORATED</u> _____ _____ _____	\$ <u>100,392.</u>	<u>12/27/11</u>
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

JOSEPH H. KANTER FAMILY FOUNDATION
C/O THE HEALTH LEGACY PARTNERSHIP

31-1595996

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Part IV Capital Gains and Losses for Tax on Investment Income(a) List and describe the kind(s) of property sold, e.g., real estate,
2-story brick warehouse; or common stock, 200 shs. MLC Co.(b) How acquired
P - Purchase
D - Donation(c) Date acquired
(mo., day, yr.)(d) Date sold
(mo., day, yr.)

1a PUBLICLY TRADED SECURITIES

b PUBLICLY TRADED SECURITIES

c PUBLICLY TRADED SECURITIES

d PUBLICLY TRADED SECURITIES

e PUBLICLY TRADED SECURITIES

f PUBLICLY TRADED SECURITIES

P

g

h

i

j

k

l

m

n

o

(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 3,283,204.

3,370,539.

-87,335.

b 249,505.

223,878.

25,627.

c 6,978,982.

6,977,628.

1,354.

d 130.

130.

0.

e 372.

367.

5.

f 2,801.

2,801.

g

h

i

j

k

l

m

n

o

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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(l) Losses (from col. (h))
Gains (excess of col. (h) gain over col. (k),
but not less than "-0-")

a

**

-87,335.

b

25,627.

c

**

1,354.

d

0.

e

5.

f

2,801.

g

h

i

j

k

l

m

n

o

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

-57,548.

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).

If (loss), enter "-0-" in Part I, line 8

3

-85,981.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
BERNSTEIN 653 (DIVIDEND)	2,993.	0.	2,993.
BERNSTEIN 757 (DIVIDEND)	31,934.	0.	31,934.
BERNSTEIN 757 (INTEREST)	11.	0.	11.
WELLS FARGO (DIVIDEND)	100,472.	0.	100,472.
WELLS FARGO (INTEREST)	136.	0.	136.
TOTAL TO FM 990-PF, PART I, LN 4	135,546.	0.	135,546.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NON DIVIDEND DISTRIBUTIONS	8,661.	8,661.	8,661.
NON DIVIDEND DISTRIBUTIONS	0.	-8,661.	-8,661.
OTHER DIVIDEND	69.	69.	69.
TOTAL TO FORM 990-PF, PART I, LINE 11	8,730.	69.	69.

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	20,218.	0.	0.	20,218.
TO FM 990-PF, PG 1, LN 16A	20,218.	0.	0.	20,218.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	5,000.	0.	0.	5,000.
TO FORM 990-PF, PG 1, LN 16B	5,000.	0.	0.	5,000.

FORM 990-PF	TAXES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	10,929.	0.	0.	10,929.
FEDERAL INCOME TAXES	4,044.	0.	0.	4,044.
FOREIGN TAXES	435.	435.	0.	0.
TO FORM 990-PF, PG 1, LN 18	15,408.	435.	0.	14,973.

FORM 990-PF	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LICENSES & FEES	274.	0.	0.	274.
OFFICE EXPENSE	6,501.	0.	0.	6,501.
DUES & SUBSCRIPTIONS	2,620.	0.	0.	2,620.
CONTRACTED SERVICES	25,465.	0.	0.	25,465.
BANK CHARGES & FEES	13,607.	13,607.	0.	0.
WEB SERVICE	6,719.	0.	0.	6,719.
TRAVEL	2,570.	0.	0.	2,570.
TELEPHONE	2,815.	0.	0.	2,815.
POSTAGE	1,366.	0.	0.	1,366.
PRINTING	47.	0.	0.	47.
MEALS	4,103.	4,103.	0.	0.
TO FORM 990-PF, PG 1, LN 23	66,087.	17,710.	0.	48,377.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BROKERAGE ACCOUNTS	COST	4,168,222.	4,046,365.
TOTAL TO FORM 990-PF, PART II, LINE 13		4,168,222.	4,046,365.

FORM 990-PF	OTHER ASSETS	STATEMENT	8
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
SECURITY DEPOSITS	2,378.	2,378.	2,378.
DUE FROM FEDERAL HEALTH BOARD	5,000.	5,000.	5,000.
TO FORM 990-PF, PART II, LINE 15	7,378.	7,378.	7,378.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	9
-------------	---	-----------	---

NAME OF CONTRIBUTOR	ADDRESS
JOSEPH H. KANTER	PO BOX 223220 HOLLYWOOD, FL 33022

Account No. 039-08653 Period Ending 12/30/2011 Last Statement 11/30/2011

JOSEPH H. KANTER FAMILY
FOUNDATION
JOSEPH KANTER, PRESIDENT
2124 FISHER ISLAND DRIVE
MIAMI BEACH FL 33109

Bernstein Advisor: Bert Ginsberg (310) 286-6024
Darren Menaker (310) 286-6020
Advisor Associate(s): Ulviyya Nasibova (310) 286-6068
Nathan Faldmo (310) 286-6069
Ryan Dutch (310) 286-6017
Fax Number: (310) 286-6053

MEMBER, NEW YORK STOCK EXCHANGE, INC.



ACCOUNT SUMMARY

	Opening Balance	%	Closing Balance	%
Short Duration Plus	267,717	100.0	267,867	100.0
Total Account Value	267,717	100.0	267,867	100.0

INCOME SUMMARY

	Current Month	Year To Date
Taxable Bond Fund Dividends	146	2,941
Total Income	146	2,941

PORTFOLIO SUMMARY

Quantity	Description	Price	Market Value	Estimated Annual Income Rate	Amount
Fixed Income Taxable					
Short Duration Plus					
22,523.969	BERNSTEIN SHORT DURATION PLUS PORTFOLIO	11.890	267,810.57AI	\$0.08	1,779

ACCOUNT ACTIVITY

Trade Date	Quantity	Transaction	Description	Price/Share	Debit	Credit
Settle Date M C				Rate/Share		
Mutual Fund Activity						
12/21/11 4 1	12 249	Purchased	BERNSTEIN SHORT DURATION PLUS PORTFOLIO	11.890	145.64	
12/21/11			DIVIDEND REINVESTMENT			
			12/20/2011			

**JOSEPH H. KANTER FAMILY
FOUNDATION**

 DECEMBER 1 - DECEMBER 31, 2011
 ACCOUNT NUMBER: 6355-2844

Additional information

Gross proceeds	THIS PERIOD 0.00	THIS YEAR 6,978,981.97
----------------	---------------------	---------------------------

Portfolio detail
Cash and Sweep Balances

Bank Deposit Sweep - Consists of monies held at Wells Fargo Bank, N.A. and (if amounts exceed \$250,000) at one or more other Wells Fargo affiliated banks. These assets are not covered by SIPC, but are instead eligible for FDIC insurance of up to \$250,000 per depositor, per institution, in accordance with FDIC rules. For additional information on the Bank Deposit Sweep for your account, please contact Your Financial Advisor.

DESCRIPTION	% OF ACCOUNT	ANNUAL PERCENTAGE YIELD EARNED*	CURRENT MARKET VALUE	ESTIMATED ANNUAL INCOME
Cash	0.01	0.00	316.83	0.00
BANK DEPOSIT SWEEP	3.06	0.07	119,225.27	83.45
Interest Period 12/01/11 - 12/31/11				
Total Cash and Sweep Balances	3.07		\$119,542.10	\$83.45

* APYE measures the total amount of the interest paid on an account based on the interest rate and the frequency of the compounding during the interest period. The annual percentage yield earned is expressed as an annualized rate, based on a 365 day year.

Stocks, options & ETFs
Stocks and ETFs

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	ANNUAL YIELD (%)
ALERIAN MLP ET AMLP	6.40	15,000	16.13	241,950.00	16.6200	249,300.00	7,350.00	14,985.00	6.01
Acquired 05/10/11 S									
CONOCOPHILLIPS COP									
Acquired 01/21/70 L nc		1,098	N/A##	1,879.19		80,011.26	78,132.07		
Acquired 10/10/85 L nc		902	N/A##	5,709.66		65,728.74	60,019.08		
Total	3.74	2,000		\$7,588.85	72.8700	\$145,740.00	\$138,151.15	\$5,280.00	3.62
INTERNATIONAL BUSINESS MACHINE CORP IBM	1.60	340	N/A##	N/A	183.8800	62,519.20	N/A	1,020.00	1.63
Acquired 12/28/10 L nc									



ASSET ADVISOR

001 SFL3 SFBR

WELLS
FARGO

ADVISORS

JOSEPH H. KANTER FAMILY
FOUNDATIONDECEMBER 1 - DECEMBER 31, 2011
ACCOUNT NUMBER: 6355-2844

Stocks, options & ETFs

Stocks and ETFs continued

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
MCDONALDS CORP MCD	1.03	400	N/A##	453.14	100.3300	40,132.00	39,678.86	1,120.00	2.79
PEPSICO INCORPORATED PEP									
Acquired 01/20/89 L nc Reinvestments S		1,500	N/A##	8,894.15		99,524.99	90,630.84		
		12,38100	62.39	772.50		821.48	48.98		
Total	2.57	1,512.38100		\$9,666.65	66.3500	\$100,346.47	\$90,679.82	\$3,115.50	3.10
SPDR GOLD TRUST ET GLD									
Acquired 08/10/11 S nc		375	173.07	64,902.75		56,996.25	-7,906.50		
Acquired 08/10/11 S nc		200	173.06	34,612.80		30,398.00	-4,214.80		
Total	2.24	575		\$99,515.55	151.9900	\$87,394.25	-\$12,121.30	N/A	N/A
Total Stocks and ETFs	17.58			\$359,174.19		\$685,431.92	\$263,738.53	\$25,520.50	3.72
Total Stocks, options & ETFs	17.58			\$359,174.19		\$685,431.92	\$263,738.53	\$25,520.50	3.72

Cost information for one or more securities is not available. If you have cost information and would like to see it on future statements, contact Your Financial Advisor.
nc Cost information for this tax lot is not covered by IRS reporting requirements. Unless indicated, cost for all other lots will be reported to the IRS.

Mutual Funds

Mutual fund shares are priced at net asset value. Estimated Annual Income and Yield refer to Dividends and Interest Income only, and typically do not reflect Total return.
If a portion of your fund position was converted, the 'Client Investment' value may include reinvestments from previously held positions.

Open End Mutual Funds

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
WELLS FARGO FDS TR ADJUSTABLE RATE GOVT ADMIN CL ESADX									
On Reinvestment Acquired 05/10/11 S nc	19.22	82,327.11300	9.11	750,000.00	9.1000	749,176.72	-823.28	14,818.88	1.97

JOSEPH H. KANTER FAMILY
FOUNDATIONDECEMBER 1 - DECEMBER 31, 2011
ACCOUNT NUMBER: 6355-2844

Mutual Funds

Open End Mutual Funds continued

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
								ANNUAL INCOME	ANNUAL YIELD (%)
FEDERATED ULTRASHORT BOND FUND CL IS									
FULX	12.79	54,600.08500	9.22	503,412.77	9.1300	498,498.77	-4,914.00	9,664.21	1.93
Acquired 04/21/11 S nc									
OPPENHEIMER SENIOR FLOATING RATE FD CL Y									
OOSYX	17.14	83,082.24000	8.40	697,890.81	8.0400	667,981.20	-29,909.61	39,713.31	5.94
On Reinvestment									
Acquired 05/10/11 S nc									
PUTNAM DIVERSIFIED Y INCOME TR SH BEN INT									
PDVYX	21.38	114,814.72000	8.24	946,073.29	7.2600	833,554.86	-112,518.43	62,344.39	7.47
On Reinvestment									
Acquired 05/10/11 S nc									
TCW FDS INC									
TOTAL RETURN BD FD CL I									
SHS	3.10	12,525.05000	9.98	125,000.00	9.6400	120,741.48	-4,258.52	8,391.78	6.95
TGLMX									
On Reinvestment									
Acquired 05/10/11 S nc									
TEMPLETON FUNDS									
INCOME TR GLB BD ADVSR									
TGBAX									
On Reinvestment									
Acquired 05/10/11 S nc									
Reinvestments S nc									
Total	5.72	18,036.62600		\$251,415.77	12.3700	\$223,113.06	-\$28,302.71	\$10,876.08	4.87
Client Investment (Excluding Reinvestments)						\$250,000.00			
Gain/Loss on Client Investment (Including Reinvestments)						-\$26,886.94			
Total Open End Mutual Funds	79.35			\$3,273,792.64		\$3,093,066.09	-\$180,726.55	\$145,808.65	4.71
Total Mutual Funds	79.35			\$3,273,792.64		\$3,093,066.09	-\$180,726.55	\$145,808.65	4.71

nc Cost information for this tax lot is not covered by IRS reporting requirements. Unless indicated, cost for all other lots will be reported to the IRS.

685,431.92	+
3,093,066.09	=

3,778,498.01	*



ASSET ADVISOR

001 SFL3 SFBR

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions JOSEPH H. KANTER FAMILY FOUNDATION C/O THE HEALTH LEGACY PARTNERSHIP	Employer identification number (EIN) or ☒ 31-1595996
	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 223220	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HOLLYWOOD, FL 33022	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JOSEPH H. KANTER

- The books are in the care of **PO BOX 223220 - HOLLYWOOD, FL 33022**

Telephone No **954-921-1406**

FAX No

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012**

5 For calendar year **2011**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	2,349.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	2,349.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title **PRESIDENT**

Date

Form 8868 (Rev. 1-2012)