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Form: **990-PF**

EXTENDED TO AUGUST 17, 2015 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 separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052
2014
Open to Public Inspection

Name of foundation THE JOE KALT AND JUDY GANS FAMILY FOUNDATION INC Number and street (or P O box number if mail is not delivered to street address) 3631 E. ROGER ROAD City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85718-6646 G Check all that apply: Initial return Amended return Address change A Employer identification number 20-4919208 B Telephone number 520-615-6492 C if exemption application is pending, check here Initial return Amended return 2 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation
FAMILY FOUNDATION INC Number and street (or P O box number if mail is not delivered to street address) 3631 E. ROGER ROAD City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85718-6646 G Check all that apply: Initial return Initial return of a former public charity Final return Amended return 2 Foreign organizations meeting the 85% test.
Number and street (or P O box number if mail is not delivered to street address) 3631 E. ROGER ROAD City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85718-6646 G Check all that apply: Initial return Initial return of a former public charity Amended return Prinal return Amended return Room/suite B Telephone number 520-615-6492 C if exemption application is pending, check here D 1. Foreign organizations, check here
3631 E. ROGER ROAD City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85718-6646 G Check all that apply: Initial return Initial return Amended return Initial return Amended return Initial return Initial return Initial return Amended return Initial return
City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85718-6646 G Check all that apply: Initial return Initial return of a former public charity Final return Amended return 2 Foreign organizations meeting the 85% test For
TUCSON, AZ 85718-6646 G Check all that apply: Initial return Initial return of a former public charity Initial return D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test Foreign organizations m
G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test
Final return Amended return 2 Foreign organizations meeting the 85% test
1 2 Foreign organizations meeting the 85% test
Address change X Name change check here and attach computation
H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated
Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here
I Fair market value of all assets at end of year J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination.
(from Part II, col. (c), line 16) Under section 507(b)(1)(B), check here
\$ 808,023. (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 purpose (cash basis only)
1 Contributions, gifts, grants, etc., received 130, 533. N/A
2 Check I if the foundation is not required to attach Sch B
3 Interest on savings and temporary cash investments
4 Dividends and interest from securities 13,278. 11,624. STATEMENT
5a Gross rents
b Net rental income or (loss)
6a Net gain or (loss) from sale of assets not on line 10 282,530.
b Gross sales price for all 982,598.
b Gross sales price for all 982,598. 7 Capital gain net income (from Part IV, line 2)
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)
11 Other income 12 Total=Add-lines_1through 11 426,341. 294,154.
THE SERVICE
σ 191 AUU 1 / 2013 101
b Accounting fees c Other professional leases
c Other professional GEN, UT
9 17 Interest
18 Taxes STMT 2 1,060. 0.
17 Interest 18 Taxes STMT 2 1,060. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 3 2,848. 2,848. 24 Total operating and administrative expenses Add lines 13 through 23 3,908. 2,848.
20 Occupancy
21 Travel, conferences, and meetings
22 Printing and publications
23 Other expenses STMT 3 2,848. 2,848.
हैं 24 Total operating and administrative
expenses Add lines 13 through 23 3,908. 2,848.
25 Contributions, griss, grants paid 65,000.
26 Total expenses and disbursements.
Add lines 24 and 25 88,908. 2,848. 85,00
27 Subtract line 26 from line 12:
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 291, 306.
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A
423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions Form 990-PF (7

Other increases not included in line 2 (itemize)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 3

4 5 Ο.

> 863,921. Form **990-PF** (2014)

Form 990-PF (2014) FAMILY FOUNDATION INC

Part IV Capital Gains and Losses for Tax on Investment Income

D3347737	TOTAL AMEDIA	T 3 T
H'AMILY	FOUNDATION	INI

Part IV Capital Gallis a	and Losses for Tax On II	IACOUNCIII	III COIII C				
	ibe the kind(s) of property sold (e.grehouse, or common stock, 200 sh			(b) How a P - Puro D - Don	chase '	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CHARLES SCHWAB					P V	ARIOUS	06/30/14
b CHARLES SCHWAB		•				ARIOUS	06/30/14
	· · · · · · · · · · · · · · · · · · ·						
c CHARLES SCHWAB					P V	ARIOUS	06/30/14
d CAPITAL GAINS 1	DIVIDENDS	· · · · · · · · · · · · · · · · · · ·					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			(h) Gain or (los (e) plus (f) minus	s) (g)
a 107,006.			100,19	7.		,	6,809.
b31,332.			28,34				2,988.
c 829,827.			571,52			·	258,300.
			3/1/34	′ • —		*	14,433.
		 					<u> </u>
Complete only for accets chayer	a gain in column (b) and award by	the foundation	on 12/21/60	-		2 (0-1 (1)	
(i) F M.V. as of 12/31/69	g gain in column (h) and owned by (j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1)		cól. (Gains (Col. (h) gai k), but not less th Losses (from col.	an -0-) or
a	400112701700	0.0.			·		6,809.
<u>b</u>			·				2,988.
	·····	 	 				258,300.
C		 		-		<u></u>	14,433.
<u>d</u>							14,433.
<u>e</u>							
2 Capital gain net income or (net ca	pital loss) { If gain, also ente	er in Part I, line)- in Part I, line	7 7	} 2			282,530.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		uq (6).		1			
If (loss), enter -0- in Part I, line 8	(6)] 3		N/2	A
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Investr	nent Inco	me	
If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the sectio	tion 4942 tax on the distributable ar ify under section 4940(e). Do not c	omplete this pa	rt.				☐ Yes X No
(a)		instructions be	ore making any e			T	(4)
Base period years Calendar year (or tax year beginnir			Net value of no			(col. (b) d	(d) bution ratio ivided by col. (c))
2013		33,000.			2,717.		.119818
2012	10	02,945.		44	10,949		<u>.2</u> 33462
2011	[LO,000.		46	57,083	,}	.021409
2010		31,230.			12,333		.383340
2009		17,448.			1,299		.048292
					<u>, </u>		1010050
2 Total of line 1, column (d)	e	and the Object	- bu Aba a cash	-4		2	.806321
3 Average distribution ratio for the state the foundation has been in exister		on line 2 by 5,	or by the number	or years		3	.161264
4 Enter the net value of noncharitab	le-use assets for 2014 from Part X	, line 5				4	810,027.
5 Multiply line 4 by line 3						5	130,628.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6	2,913.
7 Add lines 5 and 6						7	133,541.
8 Enter qualifying distributions from	n Part XII. line 4					8	85,000.
, , ,	line 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	g a 1% tax	rate.	<u> </u>	03,000.
Oce the raft vi monuchons.							

THE JOE KALT AND JUDY GANS

		00 40	0000	_	
Form 990-PF (2014) FAMILY FOUNDATION INC Part VI Excise Tax Based on Investment Income (Section 494)		20-49: 948 - se			age 4
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and el					
Date of ruling or determination letter: (attach copy of letter if nec					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	!	5,82	26.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	6 of Part I, line 12, col. (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of		2			0.
3 Add lines 1 and 2	·	3		5,8	26.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others enter -0-)	4			0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5		5,8	26.
6 Credits/Payments:					
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a				
b Exempt foreign organizations - tax withheld at source	6b				
c Tax paid with application for extension of time to file (Form 8868)	6c 6,041.				
d Backup withholding erroneously withheld	6d				
7 Total credits and payments. Add lines 6a through 6d		7		<u>6,0</u>	<u>41.</u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8			<u>24.</u>
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9			
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		1	<u>91.</u>
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax	191. Refunded ▶	11			0.
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or intervene	ın		Yes	
any political campaign?			1a		_X_
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (see instructions for the definition)?	1b		<u>X</u>
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	nd copies of any materials publish	ed or			
distributed by the foundation in connection with the activities					
c Did the foundation file Form 1120-POL for this year?			1c		_X_
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
(1) On the foundation. ► \$ 0. (2) On foundation managers		-			
e Enter the reimbursement (if any) paid by the foundation during the year for political expend	liture tax imposed on foundation				
managers. ▶ \$0 .					
2 Has the foundation engaged in any activities that have not previously been reported to the l	IRS?		2	. '	<u>X</u>
If "Yes," attach a detailed description of the activities					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing		or	ì		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang			3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?	27/2	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	_	N/A	4b		77
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	?		5		X
If "Yes," attach the statement required by General Instruction T					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	eitner:				
By language in the governing instrument, or		- l			
By state legislation that effectively amends the governing instrument so that no mandato	ry directions that conflict with the stat	e iaw			v
remain in the governing instrument?	and the Book II and Colored Book VI	,	6	Х	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co.	mpiete Part II, coi. (c), and Part X	/	7	Λ.	
a. C					
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons) -	-	-		1
MA	Attornou Congral (or decignate)		-		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Millorney delicial (of designate)		8b	x	
of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of si	ention AQAQ(i)/Q) or AQAQ(i)/E) for an	endar	00	┝ˆ	\vdash
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"		GIIUAI	9		Y
year 2014 or the taxable year deginning in 2014 (see instructions for Part XIV)? If Tes, a			10	-	X

X

3b

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2014)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

BOSTON, MA 02114	0.10	0.	0.	0.
2 Compensation of five highest-paid employees (other than those i	ncluded 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, othe allowances
NONE				İ
	_			
	-	- 		· · · · · · · · · · · · · · · · · · ·
	_			
Total number of other employees paid over \$50,000		<u> </u>		

All other program-related investments. See instructions.

Total. Add lines 1 through 3

FAMILY FOUNDATION INC

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<u> </u>	Minimum Investment Return (All domestic foundations mu	ust complete this part	Foreign foun	dations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable,	etc., purposes:			
а	Average monthly fair market value of securities		<u> </u>	1a	852,413.
b	Average of monthly cash balances			1b	<30,051.
C	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	822,362.
е	Reduction claimed for blockage or other factors reported on lines 1a and	Ī	ļ		
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets		L	2	<u>0.</u>
3	Subtract line 2 from line 1d			3	822,362.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, s	see instructions)	L	4	12,335.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on l	Part V, line 4	į	5	810,027.
<u>6</u>	Minimum investment return. Enter 5% of line 5			6	40,501.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here ☐ and do not complete this part.)	(i)(5) private operating	foundations and	d certain	
1	Minimum investment return from Part X, line 6			1	40,501.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	5,826.		
b		2b			
C	Add lines 2a and 2b			2c	5,826.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	34,675.
4	Recoveries of amounts treated as qualifying distributions		[4	0.
5	Add lines 3 and 4			5	34,675.
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 X	(III, line 1	[7	34,675.
	Qualifying Distributions (see instructions)		· ·		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpo	oses:		4-	0E 000
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		}	1a	85,000.
	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	e, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
a	, ,, , , , ,		-	3a	
	Cash distribution test (attach the required schedule)	15 (20)	}	3b	05 000
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and			4	85,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inves	tment		_	^
	income. Enter 1% of Part I, line 27b		}	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4		. , (6	85,000.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years what 4940(e) reduction of tax in those years.	nen calculating whether t	ne foundation q	ualities for t	ne section

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FAMILY FOUNDATION INC

Undistributed Income (see instructions) Part XIII (a) (b) (c) (d) 2013 2014 Years prior to 2013 Corpus 1 Distributable amount for 2014 from Part XI, 34,675. line 7 2 Undistributed income, if any, as of the end of 2014 0 a Enter amount for 2013 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2014: a From 2009 112,327. **b** From 2010 c From 2011 dFrom 2012 81,054 49,423 e From 2013 242,804 f Total of lines 3a through e 4 Qualifying distributions for 2014 from Part XII, line 4: ► \$_ 85,000. 0 a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 34,675. d Applied to 2014 distributable amount 50,325 e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2014 (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: 293,129 a Corpus Add lines 3f 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 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 0 assessed d Subtract line 6c from line 6b Taxable 0 amount - see instructions e Undistributed income for 2013 Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2015 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2009 0 not applied on line 5 or line 7 9 Excess distributions carryover to 2015 293,129 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2010 112,327. b Excess from 2011 81,054 c Excess from 2012 49,423 d Excess from 2013 50,325 e Excess from 2014

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:

Form 990-PF (2014) FAMILY FOUNDATION INC

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year ACLU FOUNDTION OF ARIZONA SECTION GENERAL USE - RESEARCH & CONSERVATION PO BOX 17148 501(C)(3) PHOENIX AZ 85011 5,000. SECTION GENERAL USE - RESEARCH FORT APACHE HERITAGE FOUNDATION 501(C)(3) & CONSERVATION PO BOX 507 1,000. FORT APACHE, AZ 85926 CARLETON COLLEGE SECTION GENERAL USE -501(C)(3) 1 N COLLEGE STREET EDUCATION 5,000, NORTHFIELD MN 55057 SECTION GENERAL USE - RESEARCH HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE 501(C)(3) & CONSERVATION ROXBURY MA 02119 5,000, NORTHERN JADUAR PROJECT SECTION GENERAL USE - RESEARCH 501(C)(3) CONSERVATION 2114 W. GRANT ROAD, SUITE 121 TUCSON AZ 85745 1 500. SEE CONTINUATION SHEET(S Total ➤ 3a 85 000. b Approved for future payment NONE Total

art VI/I_A	Analysis of	Income-Producing	Activities
aπ xvi-a i	Analysis of	income-Producing	Acuvilles

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		section 512, 513, or 514	(e)
g	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
C					
d			_		
e					
T	100		 		
g Fees and contracts from government agenc2 Membership dues and assessments	162	· · · · · · · · · · · · · · · · · · ·	 -		
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	13,278.	
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	14,433.	268,097.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					·
b	1 1	·			
<u> </u>					
d	-				
12 Subtotal. Add columns (b), (d), and (e)			0.	27,711.	268,097.
13 Total Add line 12, columns (b), (d), and (e)				13	295,808.
(See worksheet in line 13 instructions to verify cali	culations.)		_		
Part XVI-B Relationship of Ac	tivities to the Accon	plishment of	Exempt Po	ırposes	
					nlichment of
Explain below how each activity fo the foundation's exempt purposes				amportantily to the accomp	hiisiittistit oi
COMB TRUE ONC. AND				HELD YCCOMI	or reu

Line No	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	CONTRIBUTIONS AND INTEREST INCOME NECESSARY TO HELP ACCOMPLISH
	ORGANIZATION'S GOAL OF OPERATING EXCLUSIVELY FOR CHARITABLE,
	EDUCATIONAL, AND SCIENTIFI PURPOSES WITHIN THE MEANING OF IRC
	SECTION 501(C)(3), AND TO MAKE DISTRIBUTIONS TO ORGANIZATIONS
	THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER IRC SECTION 501(C)(3).
423821 11-24-14	Form 990-PF (2014)

FAMILY FOUNDATION INC.

Firm's address ▶ 15 WALNUT STREET, STE 150 WELLESLEY, MA 02481

20-4919208 Page 13

	XVII Information Regarding Transfers To				age 13
	Exempt Organizations				T = 0
	d the organization directly or indirectly engage in any of the following			Yes	No
	e Code (other than section 501(c)(3) organizations) or in section 52		zations?		
	ansfers from the reporting foundation to a noncharitable exempt or	ganization of		4-(4)	
•) Cash			1a(1)	X
•) Other assets			1a(2)	X
	her transactions:			45/0)	٠.
•) Sales of assets to a noncharitable exempt organization) Purchases of assets from a noncharitable exempt organization			1b(1)	X
•) Rental of facilities, equipment, or other assets			1b(2)	X
-) Reimbursement arrangements			1b(3)	X
•) Loans or loan guarantees			1b(4) 1b(5)	X
	 Performance of services or membership or fundraising solicitation 	nne .		1b(6)	$\frac{1}{x}$
•	aring of facilities, equipment, mailing lists, other assets, or paid em			16	$\frac{1}{x}$
	the answer to any of the above is "Yes," complete the following sche	• •	ave show the fair market value of the good		1 22
	services given by the reporting foundation. If the foundation receiv				
	lumn (d) the value of the goods, other assets, or services received.		on any authorogen of one mig arrangemen	15 3110 17 111	
(a)Line			(d) Description of transfers, transactions, a	and sharing arrangem	nents
·	N/A				
			 		
	- 		<u> </u>	·	
		- 	1	····	•
		······································			
-					
2a Is	the foundation directly or indirectly affiliated with, or related to, one	or more tax-exempt organiz	ations described		_
ın	section 501(c) of the Code (other than section 501(c)(3)) or in section	tion 527?		Yes	K No
<u>b lf'</u>	Yes, complete the following schedule.				
	(a) Name of organization	(b) Type of organization	(c) Description of relation	onship	
	N/A	1			
	· · · · · · · · · · · · · · · · · · ·				
		ļ	.,		
C:	Under penalties of perary, I declare that I have examined this return, including and belief, it is true, correct, and complete pectaration of preparer (other than			May the IRS discuss return with the prepare	
Sign Here		س ا ماريا	PRESIDENT	shown below (see in	ıstr)?
11010	Signature of officer or trustee	13/3/17		X Yes	No
		Date	Title Date Check if PT	IN .	
	Print/type preparer's name Preparer's s		self- employed	•••	
Paid	ANDREW D DRACTIE	De l'Allen	1 1	00451424	4
Prep	ANDREW P. PRAGUE		Firm's EIN ► 04 -		=
Use		1.0.	FIRITIS EIN PUZ	310,003	

Schedule B or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

THE JOE KALT AND JUDY GANS

FAMILY FOUNDATION INC

Employer identification number

20-4919208 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 X 501(c)(3) exempt private foundation Form 990-PF 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 [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, Ine 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 Do not 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 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 its Form 990-PF, Part I, line 2, 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) (2014)

Name of organization THE JOE KALT AND JUDY GANS Employer identification number

<u>FAMIL</u>	Y FOUNDATION INC	20	0-4919208
Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOSEPH P. KALT & JUDITH K. GANS 3631 EAST ROGER ROAD TUCSON, AZ 85718	\$ 85,528.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOSEPH P. KALT & JUDITH K. GANS 3631 EAST ROGER ROAD TUCSON, AZ 85718	\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

THE JOE KALT AND JUDY GANS

20-4919208

art II	Noncash Property (see instructions) Use duplicate copies of Part	t II if additional space is needed	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	1,706 SHRS OF SCHWAB CORE EQUITY FUND:SWANX		
		\$ 45,004.	12/03/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		s	i

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) **Employer identification number** Name of organization THE JOE KALT AND JUDY GANS 20-4919208 FAMILY FOUNDATION INC 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from Part I (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient PARTNERS IN HEALTH SECTION GENERAL USE - RESEARCH PO BOX 996 501(C)(3) MEDICAL 7,500. FREDERICK MD 21705 SONORAN INSTITUTE SECTION GENERAL USE - RESEARCH 44 E. BROADWAY BLVD., SUITE 350 501(C)(3) & EDUCATION 40,000. TUCSON AZ 85701 NATIONAL INSTITURE FOR CIVIL SECTION GENERAL USE - RESEARCH 501(C)(3) & CONSERVATION DISCOURSE 57 E. JACKSON STREET TUCSON AZ 85701 10,000, YOUTH ON THEIR OWN SECTION GENERAL USE - RESEARCH 1660 N. ALVERNON WAY 501(C)(3) EDUCATION TUCSON AZ 85712 2,500. SECTION GENERAL USE - RESEARCH EVIDENCE ACTION 501(C)(3) EDUCATION 641 S STREET NW, 3RD FLOOR WASHINGTON DC 20001 7,500. Total from continuation sheets 67,500.

FORM 990-PF DIVIDEN	DS AND INTER	EST FROM SECUR	ITIES S'	ratement 1
GROSS SOURCE AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB 27,71	1. 14,43	3. 13,278.	11,624.	
TO PART I, LINE 4 27,71	1. 14,43	3. 13,278.	11,624.	
FORM 990-PF	TAX	ES	S ⁴	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2013 EXCISE TAX	1,060.	0.		0.
	1 000	0.		0.
TO FORM 990-PF, PG 1, LN 18	1,060.	-		
	OTHER E		S	TATEMENT 3
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF DESCRIPTION			(C) ADJUSTED NET INCOME	
FORM 990-PF DESCRIPTION	OTHER E (A) EXPENSES	XPENSES (B) NET INVEST- MENT INCOME	(C) ADJUSTED	TATEMENT 3 (D) CHARITABLE
FORM 990-PF DESCRIPTION MARGIN INTEREST EXPENSE	OTHER E (A) EXPENSES PER BOOKS 2,277.	(B) NET INVEST- MENT INCOME 2,277. 571.	(C) ADJUSTED	(D) CHARITABLE PURPOSES
FORM 990-PF DESCRIPTION MARGIN INTEREST EXPENSE BROKERAGE FEES	OTHER E (A) EXPENSES PER BOOKS 2,277. 571.	XPENSES (B) NET INVEST- MENT INCOME 2,277. 571. 2,848.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0.
FORM 990-PF DESCRIPTION MARGIN INTEREST EXPENSE BROKERAGE FEES TO FORM 990-PF, PG 1, LN 23	OTHER E (A) EXPENSES PER BOOKS 2,277. 571.	(B) NET INVEST- MENT INCOME 2,277. 571. 2,848.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0. 0.
FORM 990-PF DESCRIPTION MARGIN INTEREST EXPENSE BROKERAGE FEES TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	OTHER E (A) EXPENSES PER BOOKS 2,277. 571.	(B) NET INVEST- MENT INCOME 2,277. 571. 2,848.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0. 0. TATEMENT 4 AIR MARKET

FORM 990-PF C	CORPORATE BONDS	STATEMENT	5	
DESCRIPTION		BOOK VALUE	FAIR MARKET	r
UBLICLY TRADED SECURITIES		202,762. 201,8		
TOTAL TO FORM 990-PF, PART II, LI	INE 10C	202,762.	201,834.	
FORM 990-PF OT	THER INVESTMENTS		STATEMENT	6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET	r
PUBLICLY TRADED SECURITIES	COST	626,832.	571,862.	
TOTAL TO FORM 990-PF, PART II, LI	INE 13	626,832.	571,80	52.
FORM 990-PF	OTHER ASSETS		STATEMENT	7
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKE	г
SCHWAB MARGIN ACCOUNT	<83,037.>	0.		0.
TO FORM 990-PF, PART II, LINE 15	<83,037.>	0.		0.
	T XV - LINE 1A FOUNDATION MANAGE	RS	STATEMENT	8

NAME OF MANAGER

JUDITH K. GANS JOSEPH P. KALT

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		>	X
If you are filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of	this form)		
Do not complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed For	m 8868.	
Electronic filing (e-file) . You can electronically file Form 8868 if yo	ou need a	3-month automatic extension of time	ne to file (6	months for a corpo	oration
required to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	68 to request an e	ktension
of time to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	ransfers A	ssociated With Ce	rtaın
Personal Benefit Contracts, which must be sent to the IRS in paper	er format	(see instructions). For more details o	n the elec	tronic filing of this f	orm,
visit www rs gov/efile and click on e-file for Charities & Nonprofits					
Part I Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies ne	eded).		
A corporation required to file Form 990-T and requesting an autom	natic 6-mo	nth extension - check this box and o	complete		
Part I only				>	
All other corporations (including 1120-C filers), partnerships, REMI	lCs, and ti	rusts must use Form 7004 to reques	t an extens	sion of time	
to file income tax returns	Enter filer's identifying number				
Type or Name of exempt organization or other filer, see instruc	Employer identification number (EIN) or				
orint THE JOE KALT AND JUDY GANS					
FAMILY FOUNDATION INC			20-4919208		
Tile by the due date for Number, street, and room or suite no. If a P.O. box, se	e instruct	ions	Social security number (SSN)		
iling your 3631 E. ROGER ROAD					•
eturn See nstructions City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions			
TUCSON, AZ 85718-6646	• 5	·			
			_		
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4
т.		······································			تتت
Application	Return	Application			Return
Is For Code Is For				Code	
Form 990 or Form 990-EZ	01	Form 990 T (corporation)			07
Form 990-BL	02	Form 1041·A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			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
JUDITH K. GANS		1 0111 007 0	-	· · · · · · · · · · · · · · · · · · ·	1 12
• The books are in the care of ▶ 3631 EAST ROGER	ו ברת) - TIICSON AZ 857	1 2		
Telephone No ► 520 - 615 - 6492	CIOA	Fax No. ▶	<u> 10</u>		
If the organization does not have an office or place of business	un the Lir				
 If this is for a Group Return, enter the organization's four digit (f this is for	the whole group	abook this
box If it is for part of the group, check this box				-	
				ers the extension is	101.
1 I request an automatic 3-month (6 months for a corporation AUGUST 15, 2015 , to file the exempt				The extension	
	ı organıza	tion return for the organization name	eu above.	THE EXTENSION	
is for the organization's return for [.] ▶ X calendar year <u>2014</u> or					
		d and no			
tax year beginning	, an	a enaing	-	_	
O If the tarriage entered in line 1 is for large than 10 months of	h!	and Company and Company	C1	_	
2 If the tax year entered in line 1 is for less than 12 months, cl	neck reas	on: Initial return	Fınal returi	n	
Change in accounting period	or 6060	enter the tentative to lease and			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
nonrefundable credits. See instructions. 3a \$					5,04 <u>1.</u>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					^
estimated tax payments made Include any prior year overp			3b	_\$	0.
c Balance due. Subtract line 3b from line 3a. Include your pa	-	·		_	
by using EFTPS (Electronic Federal Tax Payment System). S			3c		5,041.
Caution, If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO an	id Form 8879-EO fo	or payment

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08390803 802061 ARR9208

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)