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- 990-PF

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

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► Information about Form 990-PF and its separate instructions is at www.urs.gov/form990pf. Open to Public Inspection

OMB No 1545-0052

De Int	partm emal f	ent of the Treasury Revenue Service	► Do not enter so  Information about Form	cial security numbers of n 990-PF and its separat		•			Open to Public Inspection
Fo	or ca	lendar year 201	5 or tax year beginning	02	2/10, 2015	and ending	1		12/31,2015
			RBERT AND LILLIAN	HEILPERN FAMIL	Y		Α	Employer ident	ification number
	FOU	NDATION						47-30873	78
N	lumbe	er and street (or P O	box number if mail is not delivered	to street address)		Room/suite	В	Telephone num	ber (see instructions)
								(8	00) 839-1754
	FOU	NDATION SOUP	RCE 501 SILVERSIDE	RD		123			
_	ity or	town, state or provin	ce, country, and ZIP or foreign pos	stal code					
							C	If exemption appli pending, check he	cation is
,	WIL	MINGTON, DE	19809-1377					F	
G	Che	ck all that apply	X Initial return	Initial return	of a former p	ublic charity	Ль	1 Foreign organiz	ations, check here
			Final return	Amended re	turn				zations meeting the
			Address change	Name chang	е				here and attach
Н	Che	ck type of organ	zation X Section 501	(c)(3) exempt private f	oundation		٦,	•	
	∃s	Section 4947(a)(1)	nonexempt charitable trust	Other taxable pr	ivate founda	tion	-		ion status was terminated (b)(1)(A), check here
Ť			of all assets at J Acco	ounting method X C	ash Acc	rual	٦ <sub>۶</sub>		is in a 60-month termination
		of year (from Pa	[	other (specify)			_   `		(b)(1)(B), check here
				column (d) must be on cas	sh basis )		_		
:		Analysis of Re	venue and Expenses (The	(a) Revenue and					(d) Disbursements
			n columns (b), (c), and (d)	expenses per	(b) Net inve		(c)	Adjusted net income	for charitable purposes
		may not necessa column (a) (see ir	nly equal the amounts in nstructions) )	books					(cash basis only)
П	1	Contributions, gifts, gra	nts, etc., received (attach schedule)	1,033,105.					
	2	Chack I If th	ne foundation is not required to ach Sch B.						
	3		and temporary cash investments.	10.		10.			
	4	-	erest from securities	13,202.	1	3,202.			
	5a								
			(loss)						
<u>9</u>			om sale of assets not on line 10	9,239.				I _RE	CEIVED
Revenue	b		'all 331,221.					100	TEIVED
š	7		ncome (from Part IV, line 2) .		4	5,656.		181 MAY	70/
ĕ	8	, ,	apital gain					100	7 4 2016 181
	9		ions						
	10a	Gross sales less retu and allowances	ms					<u> </u>	DEN IT
	ь	Less Cost of goods	1		<u></u>				101
	С	Gross profit or (lo	ss) (attach schedule)					· · · · · · · · · · · · · · · · · · ·	
	11	Other income (at	tach schedule)					<u> </u>	
_	12	Total. Add lines 1	through 11	1,055,556.	5	8,868.		<del></del>	
_	13	Compensation of of	fficers, directors, trustees, etc	0.					
es	14	Other employees	salaries and wages						
šie	15	Pension plans, er	mployee benefits						
ğ	14 15 16a b c 17 18 19 20 21	Legal fees (attach	n schedule)			_			
Щ	b	Accounting fees	(attach schedule)						
ĕ	C	Other profession	al fees (attach schedule) . [ $oldsymbol{1}$ ]	5,240.	ļ	5,240.		<del></del>	
ra	17	Interest							
ist	18	Taxes (attach sch	redule) (see instructions)[ $2$ ].	1,000.	<b></b>				
Ē	19	Depreciation (att	ach schedule) and depletion.						
Þ	20	Occupancy							
þ	21	Travel, conference	ces, and meetings						
a	22	Printing and publ	lications						10.000
na	23 24 25		(attach schedule) ATCH .3	13,088.					13,088
ati	24	Total operating	and administrative expenses						12.000
Š		Add lines 13 thro	ough 23	19,328.		5,240.			13,088
ŏ	25	Contributions, gr	fts, grants paid	1					10.000
_	26	Total expenses and di	sbursements Add lines 24 and 25	19,328.		5,240.			13,088
	27	Subtract line 26	from line 12						
	a		er expenses and disbursements						
	1		income (if negative, enter -0-)		ļ	53,628.			
	1 c	Adjusted net inc	ome (if negative, enter -0-)	. I	1	1			I

JSA For Paperwork Reduction Act Notice, see Instructions. 5E1410 1 000

Form **990-PF** (2015)

•	art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	E	nd of year
تا	מונוו	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		94,64	2. 94,642.
		Accounts receivable ▶			
		Less allowance for doubtful accounts ▶		<del></del>	
		Pledges receivable ▶			
		Less allowance for doubtful accounts ▶		<u> </u>	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	i	disqualified persons (attach schedule) (see instructions)		<del>_</del> ,	
		Other notes and loans receivable (attach schedule)	1		
		Less allowance for doubtful accounts ▶			<del>_</del>
ssets	8	Inventories for sale or use		·- <u></u> -	
SS	9	Prepaid expenses and deferred charges			
٨		Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule) ATCH 4		941,58	6. 961,534.
	11	Investments - corporate bonds (attach schedule)		<del></del> -	<del> </del>
		and equipment basis Less accumulated depreciation			
		(attach schedule) Investments - mortgage loans			
		Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis	-		
		Less accumulated depreciation			
		(attach schedule) Other assets (describe > )			
		Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	0.	1,036,22	8. 1,056,176.
		Accounts payable and accrued expenses			
	l	Grants payable	<u> </u>	<del></del>	
Š	l	Deferred revenue			
Ĭ		Loans from officers, directors, trustees, and other disqualified persons.			7
Liabilities	l	Mortgages and other notes payable (attach schedule)			
Ë	1	Other liabilities (describe ▶)	-		
		,		<del></del>	<b>-</b>
	23	Total liabilities (add lines 17 through 22)	0.	<u>.</u>	0.
		Foundations that follow SFAS 117, check here ▶		· · · <del></del>	
es		and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted			
ä	25	Temporarily restricted			
00 77	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117,			
ᄄ		check here and complete lines 27 through 31.			1
ō	27	Capital stock, trust principal, or current funds			
ş	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SSI	29	Retained earnings, accumulated income, endowment, or other funds		1,036,22	28.
it A	26 27 28 29 30 31	Total net assets or fund balances (see instructions)	0.	1,036,22	28.
ž	31	Total liabilities and net assets/fund balances (see			
_		instructions)		1,036,22	28.
		Analysis of Changes in Net Assets or Fund Bala			<del></del>
1		il net assets or fund balances at beginning of year - Part			
		of-year figure reported on prior year's return)			1 0
		er amount from Part I, line 27a			2 1,036,228
		er increases not included in line 2 (itemize) ▶			3
		lines 1, 2, and 3			4 1,036,228
		reases not included in line 2 (itemize) ▶			5
6	Tota	al net assets or fund balances at end of year (line 4 minus	line 5) - Part II column /	1) line 30	6 1.036.228

Par	Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and	d describe the kind(s) of property sold (		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
 1a	SEE PART IV SCHEI	DULE		D - Donation		
b						
С						
d						
е			***		_	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>						
<u>_b</u> _					<del> </del>	
<u> </u>						
<u>d</u>				-	<del></del>	·
<u>e</u>	Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69		0(0-1-(1-)	
	Complete only for assets		(k) Excess of col (i)		Gains (Col (h) g (k), but not less	
<b>(</b> 1)	F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col (j), if any		Losses (from co	
_a_						
_b_						
<u> </u>				-		
<u>d</u>				<del> </del>		
<u>e</u>		, If	gain, also enter in Part I, line 7	1		
2	Capital gain net income		(loss), enter -0- in Part I, line 7	2		45,656.
3	Net short-term capital da	ain or (loss) as defined in sections	• • • • • • • • • • • • • • • • • • • •	<del></del>		10,000
		art I, line 8, column (c) (see ins		1 1		
	•			3		0.
Par			duced Tax on Net Investment I	ncome		
Was		Tours the part state.	outable amount of any year in the b		_	Yes No
			ar, see the instructions before making	ng any en	tries	
1	(a)			ilg ally ell	(d)	
0-1-	Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution r	
Cale	2014				(00) (0) (1)(000 0	y cc. (c),
	2013		-	<u> </u>	· <del></del> ·	
	2012					
	2011					
	2010					
	••••					
2	Total of line 1, column (c	d)		2		
			de the total on line 2 by 5, or by the			
	<del>-</del>		ss than 5 years			
	•		•			
4	Enter the net value of no	oncharitable-use assets for 2015 for	rom Part X, line 5	4		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distribut If line 8 is equal to or g Part VI instructions	tions from Part XII, line 4 greater than line 7, check the box	c in Part VI, line 1b, and complete	that part	t using a 1% ta	ax rate See the

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see it	nstru	ction	s)			
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		1,0	)73 <u>.</u>			
	here  and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J						
	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		1 0	73.			
3							
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4	1,073.					
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0		1,0	1/3.			
6	Credits/Payments 2015 estimated tax payments and 2014 overpayment credited to 2015						
a	2010 Collimated tax paymont and 2011 of Chaptymont of California						
b	Exempt foreign organizations tax withhold at obtained, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,						
C	Tax paid with application for extension of time to me (form coop).						
d	Backup withholding erroneously withheld		1.0	000.			
7	Total credits and payments Add lines 6a through 6d			<del>,,,,</del>			
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			73.			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be Credited to 2016 estimated tax   Refunded   11						
_	t VII-A Statements Regarding Activities						
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a		Х			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see						
	Instructions for the definition)?	1b		X			
	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						
С	Did the foundation file Form 1120-POL for this year?	1c		Х			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on						
	foundation managers > \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X			
	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 instrument, articles of	'		١			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b					
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 either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		Х				
_	conflict with the state law remain in the governing instrument?	7	X	<del>                                     </del>			
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	<del>                                     </del>	<u> </u>	<u> </u>			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
j.	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
0	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	<u> </u>	<u> </u>	<u> </u>			
3	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	1					
	complete Part XIV	9		Х			
40	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			1			
10	names and addresses .ATCH 5	10	Х				
			A DE	(2015)			

Form	990-PF (2015) HERBERT AND LILLIAN HEILPERN FAMILY 47-3087	378	F	age <b>5</b>
Par	t 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		Yes	No
	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?	13	Х	
	Website address ► N/A			
14	The books are in care of ► FOUNDATION SOURCE Telephone no ► 800-839	<del>-</del> 175	4	
	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-1	377		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	Ш
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country ▶	<u> </u>		
Par	t 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.	$\square$	Yes	No
1a	During the year did the foundation (either directly or indirectly)			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			İ
	disqualified person?			Í
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?			
	(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)			
b	olf 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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	1		
С	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 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years	1		
	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	2b		
_	all years listed, answer "No" and attach statement - see instructions)			
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
9-	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
38	at any time during the year?			
	of "Yes," did it have excess business holdings in 2015 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	1		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1		
	foundation had excess business holdings in 2015)	3b	1	1
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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 2015?	4b		Х

Pai	rt VII-B	Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)	· · · · · · · · · · · · · · · · · · ·	
5a	During th	e year did the foundation pay or incur any amo	unt to				
	(1) Carry	on propaganda, or otherwise attempt to influe	nce legislation (section	1 4945(e))?	Yes X No	,	
		ence the outcome of any specific public ele					
	` '	tly or indirectly, any voter registration drive?	•			,	
		de a grant to an individual for travel, study, or o			'	1 1	
		de a grant to an organization other than a					İ
	• •	-	=			.   1	
		on 4945(d)(4)(A)? (see instructions) de for any purpose other than religious, ch				´	
					[ [		
		oses, or for the prevention of cruelty to children				1 1	
b		nswer is "Yes" to 5a(1)-(5), did any of the					
	•	ons section 53 4945 or in a current notice regar				· 5b	
	-	tions relying on a current notice regarding disas				<b>Ш</b>	
С	If the a	nswer is "Yes" to question 5a(4), does the	foundation claim ex	emption from the ta			
	because	it maintained expenditure responsibility for the g	grant?		,YesNo	·	
	If "Yes,"	attach the statement required by Regulations sec	ction 53 4945-5(d)				
6a	Did the	foundation, during the year, receive any fun	ds, directly or indire	ectly, to pay premium			
	on a pers	onal benefit contract?			Yes X No	·	
b	Did the f	oundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	ct?	. 6b	X
		o 6b, file Form 8870					
7a		ne during the tax year, was the foundation a pa					
b	If "Yes,"	did the foundation receive any proceeds or have	e any net income attri	butable to the transacti	on?	. 7b	
Pa	rt VIII	Information About Officers, Director and Contractors	rs, Trustees, Fou	ndation Managers	s, Highly Paid Em <sub>l</sub>	oloyees,	
1	List all o	fficers, directors, trustees, foundation n	nanagers and their	compensation (see	instructions).		
		<u></u>	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens	e account,
		(a) Name and address	devoted to position	enter -0-)	and deferred compensation	other all	owances
ATC	н 6			0.	0.		0.
2		sation of five highest-paid employees	(other than thos	e included on line	e 1 - see instructi	ions). If no	one, enter
	"NONE."		I		(d) Contributions to		<del>-</del>
(a	Name and	address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expens other all	
			devoted to position		compensation	Ottror and	
	NONE						
			-				
	<u> </u>						
						-	
						ŀ	
Tota	l number	of other employees paid over \$50,000.			<b>.</b>		

3 Five h	and Contractors (continued) ighest-paid independent contractors for professional services (see instructions). If none, enter "NONE	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensati
NONE		
	<del></del>	
		<del></del>
Total numbe	r of others receiving over \$50,000 for professional services	<del></del>
Part IX-A	Summary of Direct Charitable Activities	
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
organizations —	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses 
		Expenses 
organizations ————		Expenses
organizations ————		Expenses
organizations  1 N/A		Expenses
1 N/A		Expenses
organizations  1 N/A		Expenses
1 N/A		Expenses
1 N/A		Expenses
organizations  1 N/A  2		Expenses
organizations  1 N/A  2   3   4	s and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 N/A 2 3 4 Part IX-B	s and other beneficianes served, conferences convened, research papers produced, etc  Summary of Program-Related Investments (see instructions)	Expenses
1 N/A 2 3 4 Part IX-B	s and other beneficianes served, conferences convened, research papers produced, etc	
organizations  1 N/A  2  3  4  Part IX-B  Describe the	s and other beneficianes served, conferences convened, research papers produced, etc  Summary of Program-Related Investments (see instructions)	
organizations  1 N/A  2  3  4  Part IX-B Describe the 1 NONE	s and other beneficianes served, conferences convened, research papers produced, etc  Summary of Program-Related Investments (see instructions)	
organizations  1 N/A  2  3  4  Part IX-B  Describe the	s and other beneficianes served, conferences convened, research papers produced, etc  Summary of Program-Related Investments (see instructions)	
organizations  1 N/A  2  3  4  Part IX-B Describe the 1 NONE	s and other beneficianes served, conferences convened, research papers produced, etc  Summary of Program-Related Investments (see instructions)	
organizations  1 N/A  2  3  4  Part IX-B  Describe the 1 NONE  2	s and other beneficianes served, conferences convened, research papers produced, etc  Summary of Program-Related Investments (see instructions)	

Form **990-PF** (2015)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundations,	
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	1a	356,295.
	Average of monthly cash balances	1b	22,904.
С	Fair market value of all other assets (see instructions)	1c	
	Total (add lines 1a, b, and c)	1d	379,199.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	[	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see	3	379,199.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	5,688.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	373,511.
6	Minimum investment return. Enter 5% of line 5	6	16,629.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	16,629.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI).	1	
c	Add lines 2a and 2b	2c	1,073.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	15,556.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	15,556.
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	15,556.
Pari	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	13,088.
b	Program-related investments - total from Part IX-B	1b	
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		
а	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	13,088.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	13,088.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		the foundation

Form **990-PF** (2015)

Pa	rt XIII Undistributed Income (see instr	uctions)			
4	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
•					15,556.
	Undistributed income, if any, as of the end of 2015	<u> </u>			
	Enter amount for 2014 only.				
	Total for prior years 20 13 ,20 12 ,20 11				
	Excess distributions carryover, if any, to 2015		·		<del>-</del>
	From 2010				
	From 2011				
	From 2012				
	From 2013				
	Total of lines 3a through e				
	Qualifying distributions for 2015 from Part XII,	-			
·	line 4 ▶ \$ 13,088.				
а	Applied to 2014, 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 2015 distributable amount				13,088.
е	Remaining amount distributed out of corpus				<del>_</del>
5	Excess distributions carryover applied to 2015.				
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed			<del></del>	
d	Subtract line 6c from line 6b Taxable				
е	amount - see instructions				<del>-</del>
	4a from line 2a Taxable amount - see				
	instructions	<u></u>			
f	Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2016				2,468.
7	Amounts treated as distributions out of corpus				
Ť	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2010 not		Ì		
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	0.			<del></del>
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012	1	]		
	Excess from 2013	1	[		
	Excess from 2014				
	Excess from 2015	<u> </u>	1		

Pa	rt XIV Private Op	erating Foundations	(see instructions ar	nd Part VII-A, questi	on 9)	NOT APPLICABLE
1 a	If the foundation has foundation, and the ruling	•		·	ī. I	
b	Check box to indicate v	-	-		<del></del>	j)(3) or 4942(j)(5)
_		Tax year		Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	I or the minimum investment return from Part X for each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					<u> </u>
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test - enter					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>			<del></del>		
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X					
	line 6 for each year listed					ļ
С	"Support" alternative test - enter					
	<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities</li> </ol>					
	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)					
	port from an exempt organization					
Pa	(4) Gross investment income.  rt XV Supplement	ntary Information (	Complete this part	only if the founda	tion had \$5,000 c	or more in assets at
	any time d	uring the year - see	instructions.)			
1	Information Regardin	•		a than 20% of the tot	al contributions rocc	ived by the foundation
a	before the close of any	y tax year (but only if the	nave contributed more	nore than \$5,000) (S	ee section 507(d)(2)	)
	NONE	the femaletic make	400/	t the steel of a seem		lu lanca acatan of the
D	ownership of a partne					ly large portion of the
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		·
	Check here ▶ X If	the foundation only	makes contributions	to preselected char	ritable organizations	and does not accept or organizations under
	other conditions, com	plete items 2a, b, c, an	d d			
а	The name, address, a	and telephone number	or e-mail address of t	he person to whom ap	oplications should be a	ddressed
b	The form in which app	olications should be su	bmitted and information	on and materials they	should include	
C	Any submission dead	ines				
d	Any restrictions or I factors	imitations on awards	s, such as by geogra	aphical areas, charit	able fields, kinds of	f institutions, or other

art XV Supplementary Informatio	n (continuea)	<del></del>		
Grants and Contributions Paid De	uring the Year or App	roved for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
Paid during the year		1		
	ĺ			
	1	1 1		
	1	1 1		
		1		
		1 1		
	1			
		i	i	
	<b>]</b>		J	
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		1	1	
		1		
Total			<b>▶</b> 3a	
Approved for future payment	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<del></del>
3 Approved for luttire payment		1	t.	
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		[ ]		
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		1		
		1 1		
		1		
		1 1		
			İ	
Total	<del></del>	<del></del>	▶ 3b	
iulai				

Part XVI-A Analysis of Income-Prod	ucing Activ	แยร			
Enter gross amounts unless otherwise indicated	Unrelate (a) Business code	ed business income (b) Amount	(c)	(d) Amount	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a	<del></del>		<del> </del>		
b	<del></del>				<del></del>
cd	<del>                                     </del>				
<u> </u>	·		<del></del>		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -			14	10.	
4 Dividends and interest from securities			14	13,202.	
5 Net rental income or (loss) from real estate	ļ				
a Debt-financed property	<u> </u>	<u>.                                    </u>			
b Not debt-financed property	<del> </del>			<u></u>	
6 Net rental income or (loss) from personal property	<del></del>				
7 Other investment income			18	9,239.	<del></del>
8 Gain or (loss) from sales of assets other than inventory	1	<del></del>	10	3,239.	<del></del>
9 Net income or (loss) from special events	<u> </u>	-	<del></del>		<del></del>
<ul><li>10 Gross profit or (loss) from sales of inventory</li><li>11 Other revenue a</li></ul>	<del>                                     </del>		_	<del></del>	<del></del>
b			-		
c				-	
d					
e					
12 Subtotal Add columns (b), (d), and (e)				22,451.	
13 Total. Add line 12, columns (b), (d), and (e)		<i>.</i>		13	22,451.
Part XVI-B Relationship of Activitie  Line No. Explain below how each activities					ited importantly to the
▼ accomplishment of the foundation	-				
					· · · · ·
				<del></del>	
		_:			
			<u> </u>	<u> </u>	
		<del> </del>		<del></del> ,	·
				<del></del>	
		<del></del>	<del></del>		
	···- <u>-</u>		<del></del>		
		· <del></del>	-		
					<del></del>

Par	t XVII	Information R Exempt Orga		nsfers To and Transact	tions and	Relationships With Non	chari	table	)
1	Did th	ne organization direct	tly or indirectly e	ngage in any of the following	ng with any	other organization described	1	Yes	No
	ın sec	tion 501(c) of the Co	ode (other than s	ection 501(c)(3) organization	ns) or in se	ection 527, relating to political			
	organ	izations?					1		l
а	Trans	fers from the reportir	ng foundation to a	a noncharitable exempt orga	nızatıon of.				
	(1) Ca	ash.,					1a(1)		_X_
	(2) O	ther assets		<i>.</i>			1a(2)		Х
b		transactions:						i i	
	(1) Sa	ales of assets to a no	ncharitable exem	pt organization			1b(1)		X
	(2) Pu	urchases of assets fro	om a noncharitab	le exempt organization			1b(2)		X
	(3) Re	ental of facilities, equ	ipment, or other a	issets ,			1b(3)	_	X
									_X
								1	X
							1b(6)		X
a						olumn (b) should always show If the foundation received less			
						of the goods, other assets, or s			
(a) I i	ne no	(b) Amount involved	· <del>····································</del>	inchantable exempt organization	<del></del>	inption of transfers, transactions, and sha			
(4) -	10 110	N/A	(c) realite of the	inchantagie exempt organizacon	N/A	inplion of transiers, transactions, and site	uig aire	ingente	
	-		<del> </del>		<del> ,</del>				
			†		<del> </del>				
			<del> </del>		<del>                                     </del>				
			†		<del> </del>	<del></del>			
		<del></del>	†		T	·····			
								_	
					<u>L</u>				
2a	Is the	foundation directly	or indirectly affil	iated with, or related to, or	ne or more	tax-exempt organizations			,
	descr			ier than section 501(c)(3)) oi	r in section	527?	Y	es X	No
b	If "Ye	s," complete the follo	wing schedule.						
		(a) Name of organization	n	(b) Type of organization		(c) Description of relations	ship	_	
			<del></del>			<del></del>			
		<del> </del>	<del></del>						
			<del></del>						
	Und	er penalties of penury. I ded	are that I have examine	d this return, including accompanying	schedules and	statements, and to the best of my knowledge	ne and i	pelief. it	is true
	com			payer) is based on all information of which				,	
Sigr	1	0.107.	$\sum_{i=1}^{n} V_{i} = V_{i}$	10-118 2011	8-	May the IR	discus		
Her	e   🛴	anature of officer or trustee	gran	Date 18,2016	Title	with the pr (see instruction	eparer	shown Yes	below No
	3"	Justine of Officer of Busines		<i>Date</i>	riuc	(see instruction	a).	ղ .ա. [	
_	!	Print/Type preparer's na		Preparer's signature		Date Check of	PTIN		
Paic	1	JEFFREY D HAS		JEFFREY D HASKELL			P013	4577	0
Pre	parer		OUNDATION SO	<del></del>		Firm's EIN ▶5103			<del></del>
	Only	Timis fiding	NE HOLLOW LN		<del></del>				

11042

Phone no 8008391754

LAKE SUCCESS,

NY

### Schedule B

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

Name of the organization

### **Schedule of Contributors**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its Instructions is at www irs gov/form990

OMB No 1545-0047

Employer identification number

HERBERT AND LILLIA FOUNDATION	N HEILPERN FAMILY	47-3087378
Organization type (check o	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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private fou	indation
	501(c)(3) taxable private foundation	
General Rule  X For an organizat	c)(7), (8), or (10) organization can check boxes for both the General Rule and the control of th	tributions totaling \$5,000
Special Rules		
regulations unde 13, 16a, or 16b,	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 and that received from any one contributor, during the year, total contribut 6 of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line tions of the greater of <b>(1)</b>
contributor, duri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ ting the year, total contributions of more than \$1,000 <i>exclusively</i> for religious ational purposes, or for the prevention of cruelty to children or animals. Con	s, charitable, scientific,
contributor, durii contributions tota during the year f General Rule ap	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ to the year, contributions exclusively for religious, charitable, etc., purpose alled more than \$1,000. If this box is checked, enter here the total contribution an exclusively religious, charitable, etc., purpose. Do not complete any coplies to this organization because it received nonexclusively religious, charitable or more during the year	s, but no such itions that were received of the parts unless the table, etc , contributions
	that is not covered by the General Rule and/or the Special Rules does not f must answer "No" on Part IV, line 2, of its Form 990, or check the box on	

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)

Employer identification number

	FOUNDATION		47-3087378
Part I	Contributors (see instructions) Use duplicate copies	of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	LILLIAN HEILPERN REVOCABLE TRUST  C/O TRUSTEES, 2000 LINWOOD AV, #11M  FORT LEE, NJ 07024	\$\$	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 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
		<b>\$</b>	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 Payroli 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

Employer identification number 47-3087378

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

Part II	Noncash Property (see instructions) Ose duplicate copies	of Fart II II additional space is need	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1_	ABBOTT LABS ABT, 446.00000000 SH.		
		\$\$.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ACCENTURE PLC ACN, 8.00000000 SH.		
		<b>\$</b>	09/08/2015
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ACCENTURE PLC ACN, 170.00000000 SH.		
		<b>\$\$</b> 16,435.	09/08/2015
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ALLERGAN PLC AGN, 89.00000000 SH.		
		\$\$	09/08/2015
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	AMERISOURCEBERGEN CORP ABC, 116.00000000 SH.		
		\$11,656.	09/08/2015
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	AMGEN INC AMGN, 94.00000000 SH.	_	
		\$14,366.	09/08/2015
	L		000 000 E7 a- 000 DE) (2

Employer identification number 47-3087378

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
	PROSHARES ULTRA NASDAQ BIOTECHNOLOGY		
1	BIIB, 6.00000000 SH.		
		\$1,835.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PROSHARES ULTRA NASDAQ BIOTECHNOLOGY		-
1	BIIB, 15.00000000 SH.		
		\$4,588.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_	BRISTOL-MYERS SQUIBB CO		<del>-</del>
1	BMY, 72.00000000 SH.		
		\$4,154.	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·-·	CARNIVAL CORP		
1	CCL, 341.00000000 SH.	<del>-</del> 1	
		\$ 17,123.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	CELGENE CORP		-
1	CELG, 140.0000000 SH.		
		\$	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-	CERNER CORPORATION		-
1	CERN, 265.00000000 SH.		
		\$16,484.	09/08/2015

Employer identification number

47-3087378

### Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
	\$ 15,808.	09/08/2015
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$16,041.	09/08/2015
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$1,824.	09/08/2015
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$.	09/08/2015
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<b>\$</b> 304.	09/08/2015
		l .
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	FMV (or estimate)	
	Description of noncash property given  IZANT TECHNOLOGY SOLUTIONS CORPORAT , 251.00000000 SH.  (b)  Description of noncash property given  ATE-PALMOLIVE COMPANY 255.00000000 SH.  (b)  Description of noncash property given  CO WHOLESALE CORPORATION , 13.00000000 SH.  (b)  Description of noncash property given  (c)  (b)  Description of noncash property given  (c)  (d)  Description of noncash property given  (d)  (e)  Description of noncash property given  (e)  (f)  Description of noncash property given  (f)  (h)  Description of noncash property given  (h)  (h)  (h)  (h)  (h)  (h)  (h)  (h	Description of noncash property given  IZANT TECHNOLOGY SOLUTIONS CORPORAT , 251.00000000 SH.   (b)  Description of noncash property given  ATE-PALMOLIVE COMPANY 255.00000000 SH.  (c)  FMV (or estimate) (see instructions)  \$ 16,041.  (c)  FMV (or estimate) (see instructions)  \$ 16,041.  (c)  FMV (or estimate) (see instructions)  \$ 16,041.  (c)  FMV (or estimate) (see instructions)  \$ 1,824.  (c)  FMV (or estimate) (see instructions)  \$ 1,824.  (c)  FMV (or estimate) (see instructions)  \$ 1,824.  (c)  FMV (or estimate) (see instructions)  \$ 1,824.  (c)  FMV (or estimate) (see instructions)  (d)  Description of noncash property given  (c)  FMV (or estimate) (see instructions)  \$ 1,824.  (c)  FMV (or estimate) (see instructions)  (d)  Description of noncash property given  (c)  FMV (or estimate) (see instructions)

Employer identification number 47-3087378

### Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

raitii	Troncasii i roporty (dee matadaem) ede dapiidate depied t		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1_	DB X TRACKERS MSCI EAFE HEDGED EQUITY F DBEF, 974.00000000 SH.		
		\$26,167.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	DOLLAR GENERAL CORP DG, 127.00000000 SH.		
		<b>\$</b>	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	DOLLAR TREE INC DLTR, 33.00000000 SH.		
		\$\$	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	DOLLAR TREE INC DLTR, 209.0000000 SH.		
		\$14,337.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FACEBOOK INC FB, 159.00000000 SH.		
		\$\$14,236.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FT NYSE ARCA BIOTECH INDEX FUND FBT, 67.00000000 SH.	_	
		\$	09/08/2015
	<u> </u>		

Employer identification number 47-3087378

### 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
_1	GILEAD SCIENCES INC GILD, 199.00000000 SH.		
		\$ 20,682.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	GLOBAL X FTSE NORDIC REGION ETF GXF, 159.00000000 SH.		
		\$\$.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ALPHABET INC CL A GOOGL-OLD, 4.00000000 SH.		
		\$\$.	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ALPHABET INC CL A GOOGL-OLD, 7.00000000 SH.		
		\$	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ALPHABET INC CL A GOOGL-OLD, 8.00000000 SH.		
		\$5,112.	_09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ALPHABET INC CL A GOOGL-OLD, 9.00000000 SH.		
		\$5,751.	_09/08/2015

Employer identification number 47-3087378

### Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed Part II

raitii	Noncasi i Toperty (ace manuciona): Oac dupinoate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ALPHABET INC CL A GOOGL-OLD, 17.00000000 SH.	\$10,863.	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	HONEYWELL INTL HON, 162.00000000 SH.	\$\$.	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1_	ISHARES S&P ASIA 50 INDEX AIA, 157.00000000 SH.	\$	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1_	ISHARES MSCI-JAPAN EWJ, 4134.00000000 SH.	\$\$.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ISHARES MSCI PACIFIC EX-JAPAN EPP, 55.00000000 SH.	\$\$\$	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ 1	ISHARES MSCI PACIFIC EX-JAPAN EPP, 77.00000000 SH.	\$\$.	09/08/2015

Employer identification number 47-3087378

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

alti	recitable in topolity (500 mondonomo) 500 dapmonto copios t	or are in a additional opage to mee	404
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ISHARES DJ US HCIF ITB, 434.00000000 SH.		
		\$\$.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ISHARES CURRENCY HEDGED MSCI GERMANY HEWG, 1177.00000000 SH.		
_		\$\$.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ISHARES CURRENCY HEDGED MSCI ITALY ETF HEWI, 657.00000000 SH.	_	
		\$\$15,431.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	ISHARE MSCI UK INDEX EWU, 657.00000000 SH.		
		<b>\$</b> \$.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ISHARES DOW JONES US CONSUMER INDEX FUN IYK, 85.00000000 SH.		
		\$	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ISHARES DJ US ENERGY IYE, 345.00000000 SH.		
		\$\$	09/08/2015
	<u> </u>		

Employer identification number 47-3087378

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

ai t ii	Monday Topolty (See mendeacing) 200 depriod copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ESTEE LAUDER COMPANIES INC EL, 215.00000000 SH.		
		\$16,716.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MASTERCARD INC MA, 144.00000000 SH.		
		\$13,299.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MCKESSON CORP MCK, 15.00000000 SH.		
·		\$\$.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MCKESSON CORP MCK, 42.00000000 SH.		
		<b>\$</b>	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1_	MONDELEZ INTERNATIONAL INC MDLZ, 6.00000000 SH.		
		\$257.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MONDELEZ INTERNATIONAL INC MDLZ, 596.00000000 SH.		
			09/08/2015

Employer identification number 47-3087378

### 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
	NIKE INC-CL B		
1	NKE, 104.0000000 SH.	<del></del>	
<del></del>		<del>-</del>	
		<b>\$</b> 11,549.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	OCCIDENTAL PETROLEUM CORP		
1	OXY, 96.00000000 SH.	<del></del>	
		<b>\$</b> 6,605.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ORACLE CORP		
1	ORCL, 137.00000000 SH.	<del></del>	
		1	
		<b>\$</b> 5,107.	09/08/2015
			<u>.</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_	PEPSICO INC		
1	PEP, 271.0000000 SH.		
	111, 271.0000000 5		
		\$\$24,929.	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PFIZER INC		
1	PFE, 182.0000000 SH.		
		<b>\$</b> 5,860.	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	POWERSHARES EXCHANGE TRADED FUND TRUST		1
1	FXEU, 448.00000000 SH.	<del>-</del>	
1		<del></del> 1	
1			
		<b>\$</b> 10,559.	09/08/2015

Employer identification number

47-3087378

### Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

aren	Tronsactive (coo mondonom) coo depricate copics c		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	POWERSHARES S&P 500 EX RATE SENSITIVE L XRLV, 202.00000000 SH.	_	· · · · · · · · · · · · · · · · · · ·
		\$ 4,858.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	POWERSHARES KBW BANK PORTFOLIO KBWB, 383.00000000 SH.	_	
		\$\$.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	POWERSHARES AEROSPACE-DEF PPA, 181.00000000 SH.	_	
		<b>\$6</b> ,197.	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	QUALCOMM INC QCOM, 4.00000000 SH.		
		\$\$	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 _	QUALCOMM INC QCOM, 51.00000000 SH.	_	
		\$\$.	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	CONSUMER STAPLES SELECT SECTOR SPDR XLP, 183.00000000 SH.		
		<b>\$</b> 8,645.	09/08/2015
	<u> </u>		L <u></u>

Employer identification number

47-3087378

### Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

FINANCIAL SEL SPDR	Part II				
XLF, 401.0000000 SH.	from			FMV (or estimate)	(d) Date received
(a) No. from Part I    STREETTRACKS SER TR MORGAN STANLEY TECH MTK, 222.00000000 SH.	1				
from Part I Description of noncash property given			\$	9,259.	09/08/2015
MTK, 222.00000000 SH.	from		•	FMV (or estimate)	(d) Date received
(a) No. from Part I    STARBUCKS CORP COM   SBUX, 111.00000000 SH.   STARBUCKS CORP COM   SBUX, 111.00000000 SH.   STARBUCKS CORP COM   SBUX, 120.0000000 SH.   STARBUCKS CORP COM   SBUX, 120.0000000 SH.   STARBUCKS CORP COM   SBUX, 220.00000000 SH.   SBUX, 220.000000000 0 SH.   SBUX, 220.0000000000 SH.   SBUX, 220.0000000000 SH.   SBUX, 220.000000000 SH.   SBUX, 220.000000000 SH.   SBUX, 220.000000000 SH.   SBUX, 220.000000000 SH.   SBUX, 220.0000000000 SH.   SBUX, 220.0000000000 SH.   SBUX, 220.000000000 SH.   SBUX, 220.0000000000 SH.   SBUX, 220.0000000000 SH.   SBUX, 220.0000000000 SH.   SBUX, 220.0000000000 SH.   SBUX, 220.00000000000 SH.   SBUX, 220.0000000000 SH.   SBUX, 220.000000000 SH.   SBUX, 220.0000000000 SH.   SBUX, 220.0000000000 SH.   SBUX, 220.00000000000 SH.   SBUX, 220.00000000000 SH.   SBUX, 220.00000000000 SH.   SBUX, 220.000000000000 SH.   SBUX, 220.0000000000000 SH.   SBUX, 220.0000000000000000000000000000000000	1		_		
Thermo Fisher Scientific Inc   Thermo Fisher Scientific Inc			\$	22,208.	09/08/2015
SBUX, 111.00000000 SH.   SBUX, 111.00000000 SH.   SBUX, 111.00000000 SH.   (c) FMV (or estimate) (see instructions)   (d) Date received   STARBUCKS CORP COM SBUX, 220.00000000 SH.   (c) FMV (or estimate) (see instructions)   (d) Date received   (e) FMV (or estimate) (see instructions)   (e) Description of noncash property given   (f) Date received   (f) Date rec	from			FMV (or estimate)	(d) Date received
(a) No. from Part I Description of noncash property given STARBUCKS CORP COM SBUX, 220.00000000 SH.  (b) Description of noncash property given SUX, 220.00000000 SH.  (a) No. from Part I THERMO FISHER SCIENTIFIC INC TMO, 36.00000000 SH.  (b) Description of noncash property given SUX (c) FMV (or estimate) (see instructions) SUX (c) PMV (or estimate) SUX (c) PMV (or es	1		_		
from Part I Description of noncash property given FMV (or estimate) (see instructions)  STARBUCKS CORP COM SBUX, 220.00000000 SH.  (a) No. from Part I Description of noncash property given			<u>_</u>   \$	6,104.	09/08/2015
SBUX, 220.00000000 SH.   \$ 12,098.   09/08/20	from			FMV (or estimate)	(d) Date received
(a) No. from Part I  Description of noncash property given  THERMO FISHER SCIENTIFIC INC  TMO, 36.00000000 SH.  (b) FMV (or estimate) (see instructions)  \$ 4,428. 09/08/20  (a) No. from Part I  Description of noncash property given  (b) FMV (or estimate) (see instructions)	1		_		
from Part I  Description of noncash property given  THERMO FISHER SCIENTIFIC INC TMO, 36.00000000 SH.  (a) No. from Part I  Description of noncash property given  (b) CC FMV (or estimate) (see instructions)  (c) FMV (or estimate) (d) Date received (see instructions)			\$_	12,098.	09/08/2015
1 TMO, 36.00000000 SH.  \$ 4,428. 09/08/20  (a) No. from Part I Description of noncash property given (c)  (b)  FMV (or estimate) (see instructions)  (d)  Date received	from	(b) Description of noncash property given		FMV (or estimate)	(d) Date received
(a) No. from Part I Description of noncash property given \$ 4,428. 09/08/20  (b) FMV (or estimate) (see instructions) Date received the contraction of the contractio	1		_		
from Part I Description of noncash property given FMV (or estimate) (d) Date received (see instructions)			   \$_	4,428.	09/08/2015
THERMO FISHER SCIENTIFIC INC	from			FMV (or estimate)	(d) Date received
1 TMO, 125.00000000 SH.	1		_ -		
	<del></del>		 	15,374.	09/08/2015

Employer identification number 47-3087378

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

aitii	Noncasi i Toperty (see instructions) Ose duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	TJX COMPANIES INC		
1	TJX, 104.00000000 SH.		
		\ \$ 7,454.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	TJX COMPANIES INC		
1	TJX, 154.00000000 SH.	<del></del>	
		\ <b>\$</b> 11,037.	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	UNION PACIFIC		
1	UNP, 9.00000000 SH.		
		<del></del>	
		<b>\\$</b> 785.	09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	UNION PACIFIC		- <u>-</u>
1	UNP, 32.00000000 SH.	<del></del>	
	<u> </u>	<del></del> }	
		\$ 2,792.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	UNION PACIFIC	<del></del>	
1	UNP, 42.0000000 SH.		
		<b>3</b> ,665.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	UNITED PARCEL SERVICE		
1	UPS, 84.00000000 SH.		
		\$ 8,161.	09/08/2015

Employer identification number 47-3087378

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	Workash Property (see instructions). Ose duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	UNITED PARCEL SERVICE		
1	UPS, 117.00000000 SH.	<del></del>	
		<b>\$</b> 11,368	. 09/08/2015
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	VANGUARD MSCI EUROPEAN ETF		
1	VGK, 181.00000000 SH.		
		9,255	. 09/08/2015
		\	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del>	VANGUARD FTSE DEVELOPED MARKETS		
1.	VEA, 99.00000000 SH.		
		<del></del>	
		3,643	. 09/08/2015
		Ψ	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	VANGUARD FTSE DEVELOPED MARKETS		
1	VEA, 405.00000000 SH.		
_1	VEA, 405.0000000 SH.		
			. 09/08/2015
		\$14,904	- 09/08/2013
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	VANGUARD INFORMATION TECHNOLOGY ETF		
1	VGT, 48.00000000 SH.	<del></del>	
	101, 1010000000 011.	<del></del> -	
		<b>s</b> 4,911	. 09/08/2015
		\ \$4,911	-   -05/00/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	VANGRD TEL SVC ETF		<del> </del>
1	VOX, 65.00000000 SH.		
1	VOX, 65.00000000 SH.	<del></del>	
1	VOX, 65.00000000 SH.	   \$ 5,450	09/08/2015

Employer identification number

47-3087378

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
1	VISA INC V, 397.00000000 SH.		
		\$\$27,901.	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	WELLS-GARDNER ELECTRONICS CORP WBA, 250.00000000 SH.		
		\$\$	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	WELLS FARGO & CO WFC, 206.00000000 SH.		
		\$\$	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	WISDOM TREE EUROPE HEDGED EQUITY FUND HEDJ, 1752.00000000 SH.		
		\$	_09/08/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	WISDOMTREE JAPAN HEDGED EQUITY FUND DXJ, 462.00000000 SH.		
		\$\$	09/08/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	WISDOM TREE JAP SM CAP DIV DFJ, 80.00000000 SH.	_	
	223, 3010000000000000000000000000000000000	<del></del>	

Employer identification number

Name of organization HERBERT AND LILLIAN HEILPERN FAMILY

	FOUNDATION			47-3087378				
Part III	Exclusively religious, charitable, etc., co (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							
	contributions of \$1,000 or less for the y			ee instructions ) ► \$				
(a) Na	Use duplicate copies of Part III if addition	al space is need	ed.	<del></del>				
(a) No from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
Part I		<del>.</del>						
		<del></del>						
			····					
		<del></del>						
	<u> </u>	(e) Transf	er of aift	L				
		(0)	5. 5. g					
	Transferee's name, address, and Z	IP + 4	Relatio	nship of transferor to transferee				
		<u>.</u>						
(a) No from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
Part I								
		_ <del>_</del>						
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No	<del></del>	···						
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
raiti	<del> </del>							
		_ <del></del>	<del></del>					
		(e) Trans	fer of gift					
	Transferee's name, address, and Z	<u>IP + 4</u>	Relatio	nship of transferor to transferee				
		<del></del>						
		<del></del>	ĺ ————					
(a) No. from	<del> </del>			<del></del>				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Trans	fer of gift					
	Tennafaranta menana addana an	anohin of transfers to transfer						
	Transferee's name, address, and 2	ur + 4	Relatio	enship of transferor to transferee				
				<del></del>				

47-3087378

ATTACHMENT 1

- OTHER PROFESSIONAL FEES PART I FORM 990PE, REVENUE AND DESCRIPTION

5,240. NET INVESTMENT INCOME 5,240. 5,240. EXPENSES PER BOOKS

5,240.

TOTALS

INVESTMENT MANAGEMENT SERVICES

ATTACHMENT 2

### FORM 990PF, PART I - TAXES

REVENUE
AND
EXPENSES
PER BOOKS

DESCRIPTION

990-PF ESTIMATED TAX FOR 2015

1,000.

TOTALS

1,000.

HERBERT AND LILLIAN HEILPERN FAMILY

47-3087378

ATTACHMENT

- OTHER EXPENSES PART I FORM 990PE,

ADMINISTRATIVE FEES
ADMINISTRATIVE SET-UP FEE
DELAWARE INCORPORATION FEES
IRS APPLICATION FEES DESCRIPTION

EXPENSES PER BOOKS

REVENUE AND 7,238. 4,500. 500. 850.

13,088.

TOTALS

..ARITABLE <u>PURPOSES</u>
7,238.
4,500.
850.

13,088.

47-3087378

ATTACHMENT

ENDING

## FORM 990PF, PART II - CORPORATE STOCK

ENDING BOOK VALUE	3,767. 13,791. 12,374. 16,613. 8,039. 12,872. 12,857. 11,041. 11,041. 11,041. 13,694. 11,694. 11,694. 11,694. 11,694. 11,640. 2,634. 2,634. 11,036.
DESCRIPTION	ABBOTT LABS ACCENTURE PLC ALLERGAN PLC ALLERGAN PLC ALPHABET INC CL A AMERISOURCEBERGEN CORP AMGEN INC BRISTOL-MYERS SQUIBB CO CARNIVAL CORP CATERPILLAR INC CELGENE CORP CELGENE CORP COGNIZANT TECHNOLOGY SOLUTIONS COGNIZANT TECHNOLOGY SOLUTIONS COLGATE-PALMOLIVE COMPANY CONSUMER STAPLES SELECT SECTOR COSTCO WHOLESALE CORPORATION CVS CAREMARK CORP DB X TRACKERS MSCI EAFE HEDGED DOLLAR GENERAL CORP DOLLAR TREE INC ESTEE LAUDER COMPANIES INC FACEBOOK INC FACEBOOK INC FINANCIAL SEL SPDR FT NYSE ARCA BIOTECH INDEX FUN GILEAD SCIENCES INC GLOBAL X FTSE NORDIC REGION ET HONEYWELL INTL ISHARE MSCI UK INDEX ISHARE MSCI UK INDEX ISHARE MSCI UK INDEX ISHARES CURRENCY HEDGED MSCI G

3,615. 13,147. 13,376. 20,228. 8,297. 13,798. 13,798. 10,624. 11,725. 12,436. 12,436. 12,436. 12,436. 12,436. 12,133. 11,333. 12,536. 11,333. 12,536. 11,333.

### HERBERT AND LILLIAN HEILPERN FAMILY

47-3087378

### FORM 990PF, PART II - CORPORATE STOCK

r 4 (conr'b)	ENDING FMV	13,469. 41,963. 41,963. 56,819. 8,809. 10,848. 10,848. 10,848. 10,192. 20,128. 3,068. 22,382. 4,713. 11,978. 11,978. 11,978. 11,978. 11,978. 11,978. 11,978. 11,586. 16,596. 14,723. 14,723.
ATTACHMENT	ENDING BOOK VALUE	14,026. 42,811. 42,811. 8,030. 8,737. 10,737. 18,333. 21,780. 2,057. 20,869. 13,920. 11,438. 15,852. 14,451. 14,865.

### FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION		VANGUARD INFORMATION TECHNOLOG	VANGUARD MSCI EUROPEAN ETF	VISA INC	WELLS FARGO & CO	WALGREENS BOOTS ALLIANCE		WISDOM TREE JAP SM CAP DIV	WISDOMTREE JAPAN HEDGED EQUITY
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ENDING <u>EMV</u>	21,738 5,090 16,660 19,930 9,513 17,372 91,476 5,882	961,534
ENDING BOOK VALUE	21,790. 4,808. 17,325. 18,062. 9,287. 18,219. 97,551. 5,512.	941,586.

HERBERT AND LILLIAN HEILPERN FAMILY 47-3087378
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		INS AND LOSSES FOR TAX ON INVEST  Description				Orl	Date acquired	Date sold
Gross sale price less xpenses of sale	Depreciation allowed/	Cost or other	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over	D	Gain or (loss)	
xpenses of sale	allowable	basis			adı basıs	$\parallel$	(IOSS)	
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# FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

### NAME AND ADDRESS

LILLIAN HEILPERN REVOCABLE TRUST C/O TRUSTEES, 2000 LINWOOD AV, #11M FORT LEE, NJ 07024

ATTACHMENT 5

47-3087378

AND TRUSTEES
S, DIRECTORS, AND T
LIST OF OFFICERS,
1
, PART VI
FORM 990PF

ATTACHMENT 6	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	.0	.0	0.
	COMPENSATION	Ö	.0	0
RS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CO-PRES / DIR / SEC / TREAS 1.00	CO-PRES / DIR 1.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	NAME AND ADDRESS	JILL COHEN FOUNDATION SOURCE 501 SILVERSIDE RD 123 WILMINGTON, DE 19809-1377	LILLIAN HEILPERN * FOUNDATION SOURCE 501 SILVERSIDE RD 123 WILMINGTON, DE 19809-1377 * REMOVED IN 2015	