

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



**Return of Private Foundation** 

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

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

OMB No 1545-0052

Interr	nal Revenue Service Information about For	n 990-PF and its separate	insuucuons is at www.iis	.yovnonnaaopi.	Open to Public Inspection
	calendar year 2015 or tax year beginning DEC	8, 2015	, and ending	DEC 31, 2015	
Naı	me of foundation			A Employer identification	
	THE SAMUEL AND SYLVIA KAPL	AN			_
	FAMILY FOUNDATION			47-4971406	·
	mber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
9	0 SOUTH 7TH STREET		5500	612-375-11	.38
	y or town, state or province, country, and ZIP or foreign p	ostal code	<u>,                                      </u>	C If exemption application is p	pending, check here
	INNEAPOLIS, MN 55402				-
	Check all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	s, check here
	Final return	Amended return			
	Address change	Name change		2 Foreign organizations me check here and attach or	eeting the 85% test, omputation
H_C	Check type of organization: X Section 501(c)(3) ex	empt private foundation		  E   If private foundation sta	itus was terminated
	Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(1	)(A), check here 🕨 🔲
I Fa	air market value of all assets at end of year   J   Accountin	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
		her (specify)	<u> </u>	under section 507(b)(1	)(B), check here ►
	\$ 507,285. (Part I, colu	mn (d) must be on cash l	pasis)		1
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
7.	necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
231F	1 Contributions, gifts, grants, etc., received	531,029.		N/A	
6¥3	3 Interest on savings and temporary cash investments	2.4.5			
<b>⇔</b>	4 Dividends and interest from securities	346.	346.		STATEMENT 2
10 <u>1</u>	5a Gross rents	-			
	b Net rental income or (loss)	722	····		CM 2 MD 2 CM 2
<u>_</u>	58 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	-733.			STATEMENT 1
Revenue	b Gross sales price for all 82,684.		0.		
R.	7 Capital gain net income (from Part IV, line 2)		0.		-
1.	8 Net short-term capital gain				<u> </u>
	9 Income modifications 10a Gross sales less returns				
93	10a and allowances				
	b Less Cost of goods sold c Gross profit or (loss)				
	11 Other income		<del></del>		
	12 Total. Add lines 1 through 11	530,642.	346.		
	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages	***			
	15 Pension plans, employee benefits				
ses	16a Legal fees STMT 3	222.	0.		222.
en	b Accounting fees				
Administrative Expenses	c Other professional fees			RECEIVED	
Ν	17 Interest			TILOLI: ==	1 101
trat	18 Taxes .		42	MAY 2 3 2016	180
nis	19 Depreciation and depletion		1-2	. ,,,, ,,	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
텵	20 Occupancy		iu		102
Ă	21 Travel, conferences, and meetings			OCIEN	1 1 2 345 347 9
and	22 Printing and publications		<u> </u>	The state of the s	
ing	23 Other expenses		<del></del>		
erat.	24 Total operating and administrative	222	^		1 222
Operating	expenses. Add lines 13 through 23	222.	0.		222. 13,500.
_	25 Contributions, girls, grains paid	13,500.			13,500.
	26 Total expenses and disbursements	13,722.	0.		13,722.
	Add lines 24 and 25  27 Subtract line 26 from line 12:	13,144.			13,144.
		516,920.			
	a Excess of revenue over expenses and disbursements     b Net investment income (if negative, enter -0-)	J10,720.	346.		
	c Adjusted net income (if negative, enter -0-)			N/A	

THE SAMUEL AND SYLVIA KAPLAN

For	rm 99	90-PF (2015) FAMILY FOUNDATION		47-	4971406 Page 2
P	art	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>
_		CONDAIN SHOULD BE NOT END OF YEAR AND DAYS ONLY	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash'- non-interest-bearing		69,530.	<u>69,530.</u>
	2	Savings and temporary cash investments			
	3	Accounts receivable >		•	
		Less: allowance for doubtful accounts			<del></del>
	4	Pledges receivable -	_		
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use		·	<del>-</del>
Assets	9	Prepaid expenses and deferred charges			
¥	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	6	Investments - corporate bonds			<del> </del>
	ı	Investments - land, buildings, and equipment basis			<del></del>
	``	Less accumulated depreciation	<b>-</b>		
	12	Investments - mortgage loans			
	13	Investments - other STMT 4	0.	447,390.	437,755.
	14	Land, buildings, and equipment basis		11,,350.	13111331
	'7	Less accumulated depreciation	-		
	15	Other assets (describe			_
	1 '	Total assets (to be completed by all filers - see the			
	'"	instructions. Also, see page 1, item I)	0.	516,920.	507,285.
	17	Accounts payable and accrued expenses		310,320.	301,203.
	18	Grants payable			
	19	Deferred revenue			
Liabilities	1				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable  Other liabilities (describe			
	22	Other habitues (describe			
	22	Total liabilities (add lines 17 through 22)	0.	0.	
	23	Foundations that follow SFAS 117, check here	<del>                                     </del>	<u> </u>	
		and complete lines 24 through 26 and lines 30 and 31.			
S	24	Unrestricted			
Š	25	Temporarily restricted			
3ala	1		"		
Fund Balances	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			
Ψ̈́		and complete lines 27 through 31			
ŏ	27	Capital stock, trust principal, or current funds	0.	0.	
ets	ı	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Assets	28	Retained earnings, accumulated income, endowment, or other funds	0.	516,920.	
Net/	l	Total net assets or fund balances	0.	516,920.	
Z	30	I Utal liet assets of fully palatices		310,320.	
	31	Total liabilities and net assets/fund balances	0.	516,920.	
_				310,320.	
LP	art	Analysis of Changes in Net Assets or Fund	Balances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), lir	ne 30		<del></del>
		st agree with end-of-year figure reported on prior year's return)		1	0.
	•	r amount from Part I, line 27a		2	516,920.
_		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	- <del>-</del>	4	516,920.
		eases not included in line 2 (itemize)		5	0.
-		I net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	516,920.
<u>-</u>	- 14		• • • • • •		Form <b>990-PF</b> (2015)

523511 11-24-15

2-Story Drick We	ribe the kind(s) of property sold (e irehouse; or common stock, 200 s			( <b>b)</b> H P D	low acquire - Purchase - Donation	d (	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICALLY TRADED SECURITIES					P	7	VARIOUS	12/14/1
<u> </u>	<u></u>							
C						+		
<u>d</u>		· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>		-		<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		ost or other basis expense of sale				(h) Gain or (los (e) plus (f) minu	
a 82,684.			83,33	9.				-65
b							_	
C	·							
d							<u></u>	
<u>e</u>		1	10/04/00					
Complete only for assets showing	g gain in column (h) and owned b	1					Gains (Col. (h) ga k), but not less th	
(ı) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (1) r col. (1), if any			001. (	Losses (from col	. (h))
		-	, 00. (),, 11 0.1.		<del></del>			-65!
<u>a</u>				+				
b		1		$\dashv$			· <del>- · · · · · · · · · · · · · · · · · · </del>	
d	<del></del>			+				
e			***************************************					•
	C If nam, also en	ter in Part I, line	7	7				
2 Capital gain net income or (net ca	pital loss) If (loss), enter	-0- in Part I, line	e 7	<b>}</b> L	2			-65!
3 Net short-term capital gain or (los								
If gain, also enter in Part I, line 8,		\-/-		]				
If (loss), enter -0- in Part I, line 8				J I	3		N/.	Δ
	nder Section 4040(e) fo	r Reduce	d Tay on Net	Inve	etmen	Inco		· •
	nder Section 4940(e) for foundations subject to the section					Inco		N/A
For optional use by domestic private	foundations subject to the section					Inco		
(For optional use by domestic private If section 4940(d)(2) applies, leave th Was the foundation liable for the sec If Yes,* the foundation does not qual	e foundations subject to the section is part blank.  Ition 4942 tax on the distributable a fify under section 4940(e). Do not	n 4940(a) tax o amount of any y complete this p	n net investment in vear in the base per art.	riod?	.)	Inco		
(For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the section free, the foundation does not qual in the Enter the appropriate amount in the section of the se	foundations subject to the sections part blank.  Ition 4942 tax on the distributable and section 4940(e). Do not each column for each year, see the	n 4940(a) tax o amount of any y complete this p	n net investment in vear in the base per art.	riod?	.)	Inco	ome	N/A  Yes
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(For optional use by domestic private (For optional use by domestic private (For optional use by domestic private (If section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not qual 1. Enter the appropriate amount in a (a)  Base period years Calendar year (or tax year beginning 2014 2013 2012 2011 2010  2 Total of line 1, column (d) 3 Average distribution ratio for the street the foundation has been in existe 4. Enter the net value of noncharitate 5. Multiply line 4 by line 3.  6 Enter 1% of net investment incom 7. Add lines 5 and 6.  8 Enter qualifying distributions from	e foundations subject to the section is part blank.  Ition 4942 tax on the distributable a sify under section 4940(e). Do not each column for each year; see the major in a section of the	n 4940(a) tax o amount of any y complete this p e instructions be distributions al on line 2 by 5	n net investment in year in the base per art. efore making any e Net value of no	ncome riod? entries. (c) nnchari	ars		2 3 4 5 6	N/A  Yes   (d)  Tubution ratio

THE SAMUEL AND SYLVIA KAPLAN

Part VI   Excise Tax Based on Investment Income (Section 4940(p), 4940(p), or 4948 - see instructions)   1a   Exempt operating foundations discreted in section 4940(p) (capt.check here	orm	1 990-PF (2015) FAMILY FOUNDATION		<u>47-</u>	49714	06		Page 4
Date of primity or determination letter:	Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b)	<u>), 4940(e), o</u>	r 4948	- see in	stru	ctio	ns)
b Domestic foundations that met the section 494(a)(e) requirements in Part V, check here	1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line	։1. ]					
of Part I, line 27b		Date of roling or determination letter: (attach copy of letter if necessary-see instr	ructions)					
c All other domestic foundations enter 2% of the 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  3 Add lines 1 and 2  4 Subtile A (income) (ax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  5 CredistraPayments:  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6 CredistraPayments:  8 2015 estimated tax payments and 2014 overpayment credied to 2015  8 Exempt foreign organizations - tax withhold at source  6 Tax paid with application for extension of time to file (Form 8588)  8 Exempt foreign organizations - tax withhold at source  6 Tax paid with application for extension of time to file (Form 8588)  8 Extensive any partity for underpayment of destinated tax. Check here I of Form 2220 is attached  9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount ower and time to tax of lines 10 overpayment. Ill line 7 is more than the total of lines 5 and 8, either the amount overpaid  10 Interest the amount of line 10 to the Credified to 2016 estimated tax ▶  Part VII-A   Statements Regarding Activities  1 Interest the amount of line 10 to the Credified to 2016 estimated tax ▶  10 During the tax year, did the foundation attempt to mitience any national, state, or local legislation or did it participate or intervers an any potable clampaign?  1 Interest the amount of line 10 to the Credified to 2016 estimated tax ▶  1 During the tax year, did the foundation attempt to mitience any national, state, or local legislation or did it participate or intervers and any partity of the Condition of the activities and copies of any materials published or distributed by the foundation on connection with the activities  1 Interest the amount (if any) of tax on political expenditure (if any) paid by the foundation du	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter	er 1%	1				<u>7.</u>
2 Tax under section 511 (Gomestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Subtitle A (Income) bax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment lineame. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment lineame. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment lineame. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment lineame. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment lineame. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment lineame. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment lineame and the subtract line 4 from line 3. If zero or less, enter -0- 6 Bate similar or lineame and the subtract lineame and the subtract lineame and subtract lin		of Part I, line 27b						
3	C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12	2, col. (b). 👃					
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managers.  \$				<u>).</u>				
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 incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  4b If "Yes," has it filed a tax return on Form 990-T for this year?  5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.  6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  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  7 X  8a Enter the states to which the foundation reports or with which it is registered (see instructions)  MN  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation  9 is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV  9 X  10 Did any persons become substantial contributors during the tax year? if "res," attach a schedule listing their names and addresses  5 TMT  5 In X	е		d on foundation					
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				SТМТ	· 5		x	<del></del>
	10	Die drif persons booting beginning to the four in 155, attach a Schedule listing their name	op mid additioned					(2015)

Form	990-PF	(2015)

FAMILY	TIMITO T	ATION

Pa	art VII-A   Statements	Regarding Activities (continued)			
				Yes	No
11	At any time during the year, di	the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," at	tach schedule (see instructions)	11		X
12	Did the foundation make a dist	ribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see	nstructions)	12		X
13	Did the foundation comply with	n the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address   N				
14	The books are in care of 🕨	SAMUEL KAPLAN Telephone no. ► 612-37			
		H 7TH STREET, SUITE 5500, MINNEAPOLIS, MN ZIP+4 ▶55	402		
15		t charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, .▶	· []
		empt interest received or accrued during the year	N	/A	
16		ar 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	ı
	securities, or other financial ac		16		X
		ions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Pa	foreign country	Regarding Activities for Which Form 4720 May Be Required			
		is checked in the "Yes" column, unless an exception applies.	· · · · · ·	Yes	No
12	•	tion (either directly or indirectly):			1.35
	• •	nange, or leasing of property with a disqualified person?			
	· · · · ·	money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	Yes X No			
		or facilities to (or accept them from) a disqualified person?			
	• •	pay or reimburse the expenses of, a disqualified person?			
	• • • • • • • • • • • • • • • • • • • •	sets to a disqualified person (or make any of either available			
	for the benefit or use of a				
	(6) Agree to pay money or pr	operty 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 governmen	t service, if terminating within 90 days.)			
b	b If any answer is "Yes" to 1a(1)-	(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a ci	urrent notice regarding disaster assistance (see instructions)? $\mathbf{N}/\mathbf{A}$	1b		
		rent notice regarding disaster assistance check here			
C	c Did the foundation engage in a	prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax y		1c		X
2		come (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) o				
а	·	d the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015?	Yes X No			
	If "Yes," list the years   Are there apply years listed in 25	i for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		}	
D	• •				İ
	statement - see instructions.)	's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach  N/A	2b		
^	•	42(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
			1		
3a	a Did the foundation hold more	than a 2% direct or indirect interest in any business enterprise at any time			
-	during the year?	Yes X No	1		
ь	· · · · · · · · · · · · · · · · · · ·	iness holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
		the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	• • • • • • • • • • • • • • • • • • • •	bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1	ŀ	
		the foundation had excess business holdings in 2015) N/A	3b_		
4a		ng the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	b Did the foundation make any i	nvestment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from je	opardy before the first day of the tax year beginning in 2015?	4b_	<u></u>	X
		Fo	rm 99(	1-PF	(2015)

THE SAMUEL AND SYLVIA KAPLAN 47-4971406 FAMILY FOUNDATION Form 990-PF'(2015) Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly. Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A Yes No expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other (If not paid, (a) Name and address enter -0-) allowances 0. 0 0 SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week (c) Compensation devoted to position allowances NONE

Form **990-PF** (2015)

Total number of other employees paid over \$50,000

#### THE SAMUEL AND SYLVIA KAPLAN

Form 990-PF (2015) FAMILY FOUNDATION	47-4	971406 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(3) 1) p 2 1 2 3 1 1 1	(c)
HOND	<del></del>	
	<del> </del>	
No. 1. The Park of the Park of		<del></del> _
	—	
	<del> </del>	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the oduced, etc.	Expenses
1 N/A		<del></del>
·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments  Describe the two largest program-related investments made by the foundation during the tax year or	n lippe 1 and 2	Amount
The state of the s	Times Tanu 2.	AIIIUUIII
N/A		
2		
The state of the s		
All other program-related investments. See instructions.	†	
}		

Form **990-PF** (2015)

Total. Add lines 1 through 3

FAMILY FOUNDATION

	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions)
<u> </u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	A Company of the Comp	1a	437.755.
	Average of monthly cash balances	1b	437,755. 69,530.
	Fair market value of all other assets	1c	<u> </u>
	Total (add lines 1a, b, and c)	10	507,285.
	Reduction claimed for blockage or other factors reported on lines 1a and	<u> </u>	<u> </u>
·	1c (attach detailed explanation) le le le 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	507,285.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,609.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	499,676.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	1,643.
_	Part XI   Distributable Amount (see instructions) (Section 4942())(3) and ())(5) private operating foundations are		270,250
L-	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	1,643.
	Tax on investment income for 2015 from Part VI, line 5		
ь			
C		2c	7.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,636.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,636.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,636.
ÍΡ	art YII	· · · · · · · · · · · · · · · · · · ·	
	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	13,722.
Ь	The state of the s	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	13,722.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	13,722.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2015)

### Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
Distributable amount for 2015 from Part XI,	Corpus	rears prior to 2014	2014	2013
line 7				1,636.
2 Undistributed income, if any, as of the end of 2015				27030.
a Enter amount for 2014 only			0.	
<b>b</b> Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
<b>b</b> From 2011				
c From 2012				
<b>d</b> From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ▶\$ 13,722.				
a Applied to 2014, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		····		
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount	0.			1,636.
e Remaining amount distributed out of corpus	12,086.		· ··· · · · · · · · · · · · · · · · ·	1,030.
	12,080.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,086.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			<del> </del>	
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line		•		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract		· · · · · · · · · · · · · · · · · · ·	<del></del>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of		NB		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.	İ		
9 Excess distributions carryover to 2016	, , <b></b>			
Subtract lines 7 and 8 from line 6a	12,086.			
10 Analysis of line 9:	•		•	
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015 12,086.				
523581 11-24-15				Form <b>990-PF</b> (2015)

Part XIV Private Operating I	Foundations (see ins	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter that	it is a private operating			
foundation, and the ruling is effective f	or 2015, enter the date of the	he ruling	▶		
<b>b</b> Check box to indicate whether the four	idation is a private operatin	g foundation described i		4942(j)(3) or 494	2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					· · · · · · · · · · · · · · · · · · ·
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	1: (2 1		ent e lui	1 105 000	<del> </del>
Part XV Supplementary Info			it the foundation	nad \$5,000 or mo	re in assets
at any time during		uctions.j			
1 Information Regarding Foundati	•				
a List any managers of the foundation w year (but only if they have contributed			ributions received by the	foundation before the close	e of any tax
SAMUEL KAPLAN					
<b>b</b> List any managers of the foundation w			or an equally large portio	in of the ownership of a pai	tnership or
other entity) of which the foundation h	as a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribute		• • • •	<b>-</b>		
Check here ► X if the foundation					
the foundation makes gifts, grants, etc	<del></del>		· · · · · · · · · · · · · · · · · · ·		<u>.                                    </u>
a The name, address, and telephone nur	nber or e-mail address of th	he person to whom apple	cations should be addres	sed:	
<b>b</b> The form in which applications should	be submitted and informat	ion and materials they sh	ould include:		
c Any submission deadlines:	•				
d Any restrictions or limitations on awars	te such as hy nongraphics	Il areae charitable fielde	kinds of institutions or o	ther factors:	
d Any restrictions or limitations on award	is, such as by yeographica	n arcas, chandole neigs,	กเกนอ บา เกริเเนเเบกร, OF C	ruici Idului5.	

Form 990-PF (2015) FAMILY FOUNDATION

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE PUBLIC CHARITY OPERATING SUPPORT JUVENILE JUSTICE ADVOCATES INTERNATIONAL 2905 EAST RUN RIVER DRIVE S CAMBRIDGE, MN 55008 1,000. NONE PUBLIC CHARITY OPERATING SUPPORT ACCESS INSTITUTE 110 GOUGH STREET, SUITE 301 SAN FRANCISCO CA 94102 2,500. KID MUSEUM NONE PUBLIC CHARITY OPERATING SUPPORT 6400 DEMOCRACY BLVD. BETHESDA, MD 20817 10,000. ▶ 3a Total 13,500. b Approved for future payment NONE Total

Form **990-PF** (2015)

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	COUC		-		
a			ļ		
b					
C					
d			L		
e					
f			<u> </u>		
g Fees and contracts from government agencies					l
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities		··-·	14	346.	
5 Net rental income or (loss) from real estate:		·		310.	
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			18	-733.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
Α		<u> </u>			
12 Subtotal. Add columns (b), (d), and (e)		0.		-387	
13 Total. Add line 12, columns (b), (d), and (e)		· ·		12	0. -387.
(See worksheet in line 13 instructions to verify calculations.)				· · · · · · · · · · · · · · · · · · ·	307.
Part XVI-B Relationship of Activities to	the Acco	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than be			contrib	outed importantly to the accom	plishment of
	·			<del></del>	<del></del>
		v			
	·	· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·			<del></del>
					<del></del>
					<del></del>
				<del></del>	
		·		<del></del>	
					<del> </del>
523621 11-24-15					Form <b>990-PF</b> (2015)

Part XVII	Information Reg Exempt Organia		sfers To a	and Transactions a	and Relations	hips With Noncl	naritable		
1 Did the dr	<del></del>		of the followin	g with any other organizati	on described in sect	ion 501(c) of		Yes	No
				7, relating to political organ		1011 30 1(0) 01		-	
	from the reporting foundat				iizations.				
(1) Cash	ironi ine reporting tourioat	ion to a nonchantau	ne exempt on	ganization of.			1a(1)		X
(2) Other	accate						1a(1)	$\dashv$	X
b Other tran							ialel		
	of assets to a noncharitab	le evemnt ornanizati	nn				16(1)		X
	ases of assets from a non-						1b(2)		X
• •	I of facilities, equipment, o		gamzanon				1b(3)	<u> </u>	X
	oursement arrangements	Total doors					1b(4)	+	X
	s or loan guarantees						1b(5)		X
• •	rmance of services or men	obership or fundrais	ing solicitatio	ns			1b(6)		X
	facilities, equipment, mail	•	_				1c		X
-				dule. Column (b) should al	ways show the fair i	narket value of the good	ls, other asse	ets,	
or service	s given by the reporting for	undation. If the foun	dation receive	ed less than fair market vali	ue in any transactioi	or sharing arrangemen	it, show in		
column (d	) the value of the goods, o								
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	n of transfers, transactions, a	and sharing arra	ingemen	its
			<u> N/A</u>				<del> </del>		
						····			
<del></del>				<del></del>					
i									
	•	•	•	or more tax-exempt organ	izations described		<u> </u>	77	1
	501(c) of the Code (other		(3)) or in sect	ion 527?			Yes	X	l No
b If Yes, co	omplete the following sche (a) Name of orga		-	(b) Type of organization	1	(c) Description of relation	nehin		
	N/A	Mization		(b) Type of organization		(c) Description of relation	лыпр		
	N/A				<del>                                     </del>				
					-		_		
	· · · · · · · · · · · · · · · · · · ·								
				g accompanying schedules and n taxpayer) is based on all inforr			May the IRS d	scuss th	113
Sign   L		Plan		1 de la	<b>A</b> •		return with the shown below	prepare see insti	)?
Here	Sumulik	h. Fape	an _	3/12/16	Men	n bev	X Yes	L	No
Sigr	ature of officer or trustee		Dunanala a	Date	Title	Chook if DT	IM		
	Print/Type preparer's nar	iie	Preparer's s	gnature	Date	Check if PTI self- employed	114		
Paid STACY RIBSAM					5/12/14		00514	115	
Preparer	STACY RUBSA Firm's name ► CLII	{	NIZ LI MAI	NI.D		Firm's EIN ▶ 41 -	00514		
Use Only	THE SHALLS	FONDERPOOL	AVITER	<b>グ</b>		THIN SEIN P 41	J / ± U / '	<b>z</b> J	
	Firm's address > 2.2.0	SOUTH S	IXTH S	TREET, SUITE	300				
		NNEAPOLIS			<del>-</del>	Phone no. 612-	376-4	500	
						<del></del>	Form 990		2015)

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

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

OMB No 1545-0047

Name of the organization

THE SAMUEL AND SYLVIA KAPLAN FAMILY FOUNDATION

**Employer identification number** 

47-4971406

Organization type (check one)							
Filers of	:	Section:					
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization					
		4947(a)(1) nonexempt chantable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	X 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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 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, line 1 Complete Parts I and II.					
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for uelty to children or animals. Complete Parts I, II, and III					
	year, contributions is checked, enter he purpose Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year.					
but it mu	ıst answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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) (2015)

Name of organization

Employer identification number

THE SAMUEL AND SYLVIA KAPLAN

FAMILY FOUNDATION

47-4971406

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAMUEL L. KAPLAN  510 RIVER STREET  MINNEAPOLIS, MN 55401	\$46,625. 	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
2	SAMUEL L. KAPLAN  510 RIVER STREET  MINNEAPOLIS, MN 55401	\$105,430.	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
3	SAMUEL L. KAPLAN  510 RIVER STREET  MINNEAPOLIS, MN 55401	\$58,580. 	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
4	SAMUEL L. KAPLAN  510 RIVER STREET  MINNEAPOLIS, MN 55401	\$83,190.	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
5	SAMUEL L. KAPLAN  510 RIVER STREET  MINNEAPOLIS, MN 55401	\$\$	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
6	SAMUEL L. KAPLAN  510 RIVER STREET  MINNEAPOLIS, MN 55401	\$80,215.	Person Payroll Noncash X (Complete Part II for noncash contributions)
523452 10-2	A_15	Schedule R (Form	990 990-EZ or 990-PF) (2015

Name of organization
THE SAMUEL AND SYLVIA KAPLAN
FAMILY FOUNDATION

Employer identification number

47-4971406

Part I Cor	tributors (see instruction	s). Use duplicate copies o	of Part I if additional space is needed.
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	, , , ,	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SAMUEL L. KAPLAN  510 RIVER STREET  MINNEAPOLIS, MN 55401	\$ <u>222.</u>	Person X Payroll
(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
		\$	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.)

Name of organization
THE SAMUEL AND SYLVIA KAPLAN
FAMILY FOUNDATION

Employer identification number

47-4971406

Part II Noncash Property (see instructions)	Use duplicate copies of Part II if additional space is needed
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Part II	Noncash Property (see instructions) Use duplicate copies of Part	i ii ii 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	1,500 SHARES OF BEST BUY INC.		
		\$\$	12/08/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	1,000 SHARES OF FACEBOOK		
		\$\$	12/08/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	1,000 SHARES OF GENERAL MILLS		
		\$ 58,580.	12/08/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	2,000 SHARES OF PIPER JAFFRAY CO		
		\$83,190.	12/08/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>5</u>	1,000 SHARES OF 3M CO		
		\$156,768.	12/08/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	1,100 SHARES OF TARGET		_ • •••
	D-15	\$ 80,215.	12/08/15 990, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number THE SAMUEL AND SYLVIA KAPLAN 47-4971406 FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, chantable, 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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

FORM 990-PF	GAIN OF	(LOSS)	FROM S	SALE C	F ASSE	TS		STA	ATEMENT	1
(A) DESCRIPTION OF PROE	PERTY				MANN ACQUI		DA' ACQU		DATE S	OLD
PUBLICALLY TRADED S	SECURITIES				PURCHA	SED	VARIO	OUS	12/14	/15
(B) GROSS		C) T OR		(D) ENSE C	ነፑ	(E)			(F)	
SALES PRIC		BASIS		SALE		EPRE	c.	GAI	OR LOS	S
82,6	584.	83,417.			0.		0.		-7	33.
CAPITAL GAINS DIVII	ENDS FROM	PART IV								0.
TOTAL TO FORM 990-F							-			33.
1011111 10 101111 330 1	1, 11111 1,		•				=			===
FORM 990-PF	DIVIDEND	S AND IN	TERES	r FROM	I SECUR	ITIE	S	STA	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPI' GAI DIVID	NS	REV	A) ENUE BOOKS		(B) INVES		(C) ADJUST NET INC	
US BANK US BANK	345		0.		345.	-	34	45. 1.		
TO PART I, LINE 4	346	· ·	0.		346.		34	46. ====================================		
FORM 990-PF		LE	GAL F	EES				STA	ATEMENT	3
DESCRIPTION		(A) EXPENSE PER BOO		(B) ET INV ENT IN	EST-	AD	(C) JUSTEI INCOI		(D) CHARITA PURPOS	
ATTORNEY FEES	_	2	22.		0.	•			2	22.
TO FM 990-PF, PG 1,	LN 16A	2	22.		0.				2	22.
	=							=		

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BEST BUY		COST	31,083.	30,450
FACEBOOK		COST	105,430.	104,660
GENERAL MILLS		COST	43,935.	43,245
PIPER JAFFRAY		COST	83,190.	80,800
3M CO		COST	125,414.	58,088
TARGET		COST	58,338.	120,512
TOTAL TO FORM 990-PF,	PART II, LINE 1	3	447,390.	437,755
FORM 990-PF	LIST OF SUBSTAN PART VII-	TIAL CONTRIB A, LINE 10	UTORS	STATEMENT !
NAME OF CONTRIBUTOR	A	DDRESS		
SAMUEL KAPLAN		10 RIVER STR		

	T OF OFFICERS, DI FOUNDATION MANAG	STATEMENT 6		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
SYLVIA KAPLAN 510 RIVER STREET MINNEAPOLIS, MN 55401	PRESIDENT 0.00	0.	0.	0.
SONIA CHESSEN 4625 HUNT AVENUE CHEVY CHASE, MD 20815	VICE PRESIDENT 0.00	0.	0.	0.
KERRI LEHMANN 25 SCENIC WAY SAN FANCISCO, CA 94121	TREASURER 0.00	0.	0.	0.
JILL CHESSEN 7715 OLDCHESTER ROAD BETHESDA, MD 20817	SECRETARY 0.00	0.	0.	0.
SAMUEL KAPLAN 510 RIVER STREET MINNEAPOLIS, MN 55401	OFFICER 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.