

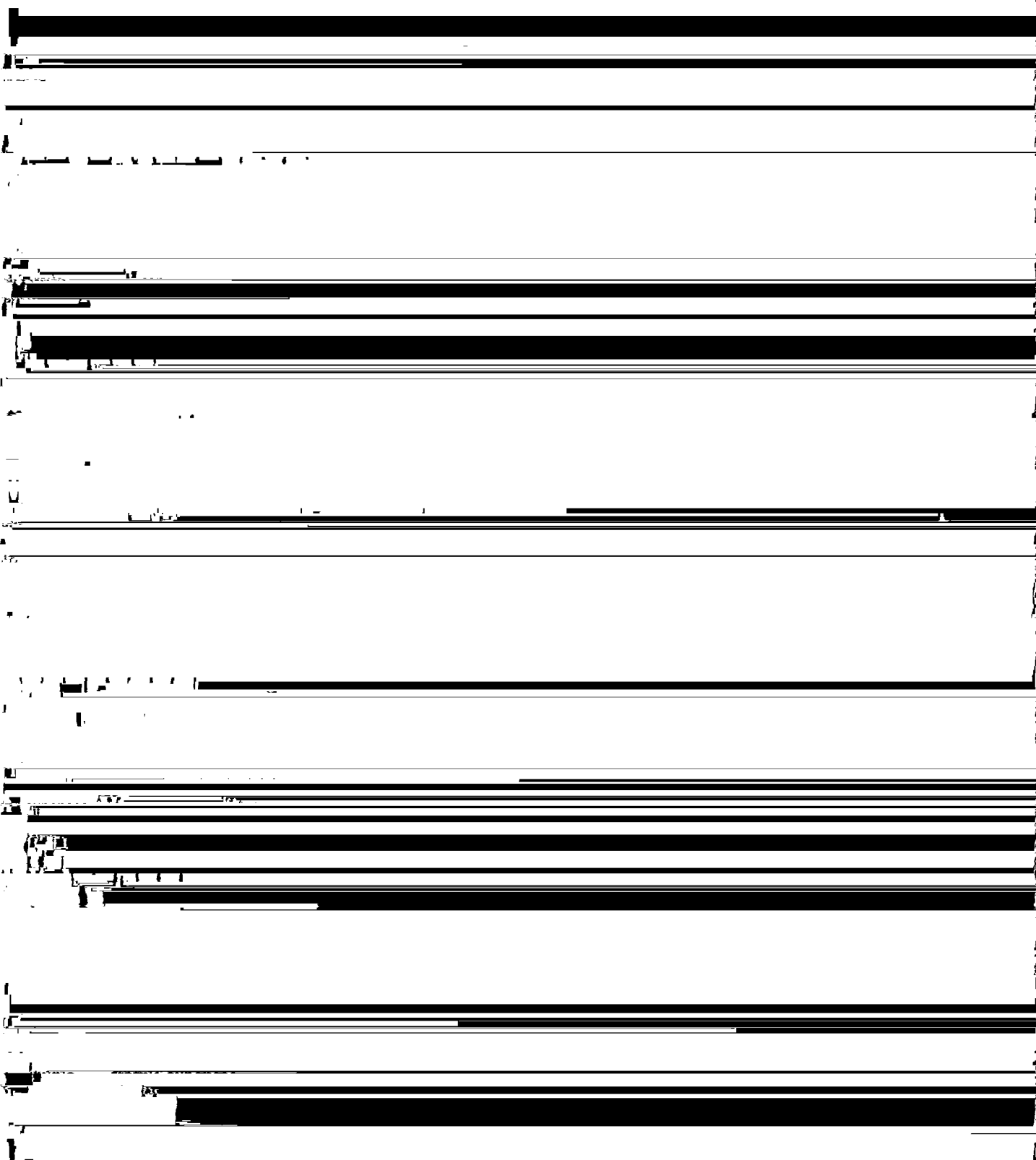
Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052
2016
Open to Public Inspection

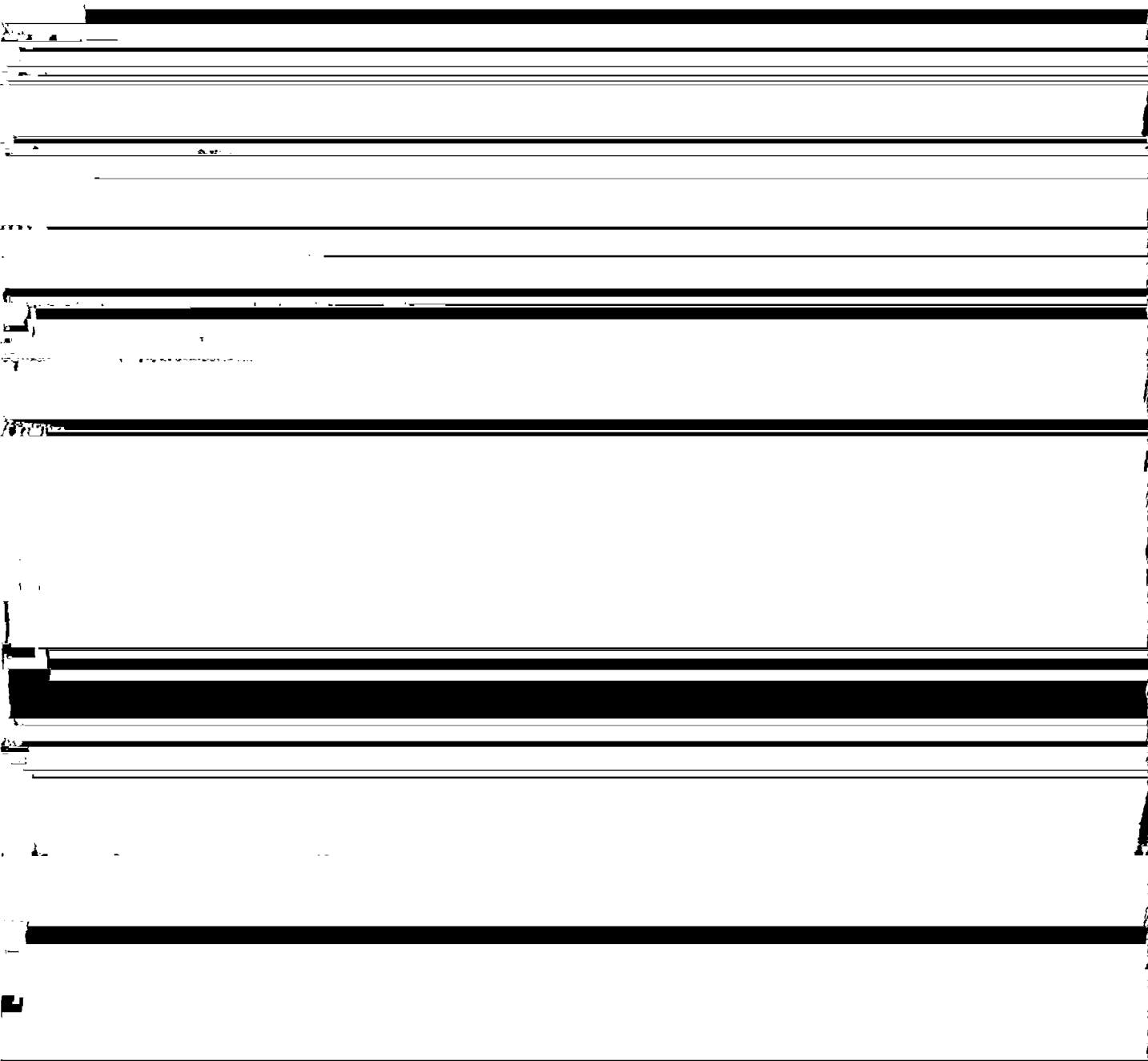
For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016

Name of foundation COPEN FOUNDATION INC		A Employer identification number 11-6018654
Number and street (or P O box number if mail is not delivered to street address) C/O LUSTHAUS 497 S OYSTER BAY RD	Room/suite	B Telephone number (see instructions) (516) 767-7474
City or town, state or province, country, and ZIP or foreign postal code PLAINVIEW, NY 118033316		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>



Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

	Beginning of year	End of year	
	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash—non-interest-bearing			
2 Savings and temporary cash investments	2,413	3,315	3,315
3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
5 Grants receivable			



1 a AMERICAN FUNDS INCOME FUND OF AMERICA CL A	P	2005-12-20	2016-12-15
b			
c			

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		2
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	3	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
3 Add lines 1 and 2.		
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		

	11
	0
	11
	0

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			

Part VII. Foundation Records. Applications Which Form 990-PF Are Required (Continued)

unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

ILEEN GUSOFF
323 EAST OVERLOOK
PORT WASHINGTON, NY 11050
(516) 767-7474

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

A LETTER CONTAINING INFORMATION ABOUT THE CHARITABLE PURPOSE

c Any submission deadlines

NONE

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

NONE

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer or trustee	2017-11-11 Date	***** Title

May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00006403
	Firm's name ▶ ROBERT S LUSTHAUS CPA PC				Firm's EIN ▶ 82-0540541
	Firm's address ▶ 497 S OYSTER BAY RD PLAINVIEW, NY 11803				Phone no (516) 937-1366

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	70,954
b	Average of monthly cash balances.	1b	2,263
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	73,217
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	73,217
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				3,595
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.	830			
b From 2012.	494			
c From 2013.	2,220			
d From 2014.				
e From 2015.	85			
f Total of lines 3a through e.	3,629			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>2,282</u>				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				2,282
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2016	1,313			1,313
<i>(If an amount appears in column (d) the</i>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL MULTIPLE SCLEROSIS 733 3RD AVENUE NEW YORK, NY 10017	NONE		FOR RECOGNIZED CHARITABLE PURPOSES	36
NY PUBLIC RADIO 160 VARICK STREET 8TH FLOOR NEW YORK, NY 10013	NONE		FOR RECOGNIZED CHARITABLE PURPOSES	40
PLANNED PARENTHOOD 540 FULTON AVENUE HEMPSTEAD, NY 11550	NONE		FOR RECOGNIZED CHARITABLE PURPOSES	50
PORT WASHINGTON FIRE DEPT 423 PORT WASHINGTON BLVD PORT WASHINGTON, NY 11050	NONE		FOR RECOGNIZED CHARITABLE PURPOSES	25
ST. JAMES CHILDREN'S RESEARCH	NONE		FOR RECOGNIZED CHARITABLE	25

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEMPLE BETH SHOLOM 401 ROSLYN ROAD ROSLYN HEIGHTS, NY 11577	NONE		FOR RECOGNIZED CHARITABLE PURPOSES	1,500
TEMPLE SINAI 425 ROSLYN ROAD ROSLYN HEIGHTS, NY 11577	NONE		FOR RECOGNIZED CHARITABLE PURPOSES	44
WEILL CORNELL MEDICAL CENTER 1300 YORK AVENUE NEW YORK, NY 10065	NONE		FOR RECOGNIZED CHARITABLE PURPOSES	50
Total ▶ 3a				2,282

TY 2016 Accounting Fees Schedule**Name:** COPEN FOUNDATION INC**EIN:** 11-6018654

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING & TAX PREPARATION	1,700	1,700		0

TY 2016 Investments - Other Schedule**Name:** COPEN FOUNDATION INC**EIN:** 11-6018654**Category/ Item****Listed at Cost or
FMV****Book Value****End of Year Fair
Market Value**

TY 2016 Other Expenses Schedule**Name:** COPEN FOUNDATION INC**EIN:** 11-6018654**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	245	245		0
MISCELLANEOUS	30	30		0

TY 2016 Taxes Schedule**Name:** COPEN FOUNDATION INC**EIN:** 11-6018654

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	36	0		0
NYS FEE	50	50		0