

### 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.
 ▶ Information about Form 990-PF and its separate instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>

For calendar year 2016 or tax year beginning		, and ending		
Name of foundation	· · · · · · · · · · · · · · · · · · ·		A Employer identification	number
GERSON FAMILY FOUNDATION	<del></del>	43-6100486		
Number and street (or P O box number if mail is not delivered to street a	doress)	Room/suite	B Telephone number	
1450 S LONE ELM	<del></del>		9132627400	<del></del>
City or town, state or province, country, and ZIP or foreign pool. ATHE, KS 66061	ostal code		C If exemption application is po	anding, check here
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
Final return	Amended return	,	1	_
Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H Check type of organization: X Section 501(c)(3) ex	empt private foundation		E if private foundation sta	tus was terminated
	Other taxable private founda	<del></del>	under section 507(b)(1)	(A), check here
I Fair market value of all assets at end of year J Accounting	· —	Accrual	F If the foundation is in a	
	her (specify)	<del></del>	under section 507(b)(1)	(B), check here
2,801,316. (Part I, colu				(d) Data and a
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received			N/A	
2 Check X if the toundation is not required to attach Sch. B				
Interest on savings and temporary cash investments				
4 Dividends and interest from securities	51,853.	51,853.		STATEMENT 1
5a Gross rents				> ** * · ·
h Net rental income or (loss)	* ` * * * *	<del>*                                    </del>	* * * *	3
68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all AAACQQ1	88,411.	<u>* * * * * * * * * * * * * * * * * * * </u>	, , ,	*
b Gross sales price for all assets on line 6a 446,881.	<del> </del>	88,411.		**
b Gross sales price for all 446,881.  7 Capital gain net income (from Part IV, line 2)	* * * * * * *	00,411.	* - ` `	
8 Net short-term capital gain 9 Income modifications	* * * * * * *	* * * * * * * * * * * * * * * * * * * *		
Gross sales less returns 10a and allowances	* * * **	****	, ,	7 , , , , , , , , , , , , , , , , , , ,
b Less Cost of goods sold	( , , , *	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>
c Gross profit or (loss)		* "		` ,
11 Other income	276.	0.		STATEMENT 2
12 Total. Add lines 1 through 11	140,540.	140,264.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				<u> </u>
15 Pension plans, employee benefits			<del> </del>	<b>!</b>
16a Legal fees  b Accounting fees  STMT 3	5,660.	0.	<del> </del>	5,660.
<b>a</b> l	13,661.	6,830.	<del> </del>	6,831.
c Other professional fees STMT 4	13,001.	0,050.	<del> </del>	0,031.
# 18 Taxes STMT 5	9,294.	255.		0.
2 19 Depreciation and depletion	, , , , , , , , , , , , , , , , , , , ,		<del> </del>	
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications RECEI	VED			
23 Other expenses	2017			
24 Total operating and administrative MAY 15	2017 28 615			
a exhenses. And times to thi addition	407/012	7,085.		12,491. 137,252.
25 Contributions, girts, grants gaid	137-,252.		<b> </b>	137,252.
26 Total expenses and disbursements. GDE	Ulestoca	7 005	<b>\</b>	140 743
Add lines 24 and 25	165,867.	7,085.	<b> </b>	149,743.
27 Subtract line 26 from line 12:	<25,327.>	3,		
Excess of revenue over expenses and disbursements     Net investment income (if negetive, enter -0-)	123,34,00	133,179.	<del> </del>	<del> </del>
C Adjusted net income (if negative, enter -0-)			N/A	<del> </del>
623501 11-23-16 LHA For Paperwork Reduction Act Notic	e, see instructions.		<del></del>	Form <b>990-PF</b> (2016)

Form **990-PF** 

SCANNED MAY 1 6 2017

Forn	n 99	0-PF (2016) GERSON FAMILY FOUNDATION		43-6	5100466 Page 2
_		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<del></del>
Pa	rt	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\neg$	4	Cash - non-interest-bearing	<del>```</del>		
- 1		-	11,638.	279,683.	279,683.
		Savings and temporary cash investments	11,036.	213,003.	273,0031
1	3	Accounts receivable  947.			
ļ		Less: allowance for doubtful accounts		947.	947.
	4	Pledges receivable			
l		Less: allowance for doubtful accounts ▶			
l		Grants receivable			<del></del>
-	_				
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
١	7	Other notes and loans receivable			
ļ		Less; allowance for doubtful accounts			
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ş	-	Investments - U.S. and state government obligations			
`	1		2 276 070	2,078,910.	2,110,499.
	b	Investments - corporate stock	2,3/6,3/3.	2,078,310.	2,110,433.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	300,000.	300,000.	410,187.
		111/03/11/01/13 01/01	* * * * *	<i>**</i> ** **	
	14	Land, buildings, and equipment basis		L. S. Me Sit. Man San	Aug Marandillan ( in a " aug " in in in a
	l	Less accumulated depreciation		<del></del>	
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
	1	instructions. Also, see page 1, item I)	2,688,617.	2,659,540.	2,801,316.
_	17	Accounts payable and accrued expenses			
	ı	Grants payable	8,000.	4,250.	
	18	· ·	0,000.	170501	
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
Ξ	22	Other liabilities (describe )			
	Ì				
	23	Total liabilities (add lines 17 through 22)	8,000.	4,250.	
_	20	Foundations that follow SFAS 117, check here			
	Ì	and complete lines 24 through 26 and lines 30 and 31.			
ces	24	· · · · · · · · · · · · · · · · · · ·		<del></del>	
		Temporarily restricted			
Bal	26	Permanently restricted			
둳		Foundations that do not follow SFAS 117, check here			
Ž	1	and complete lines 27 through 31.			1
5	07	•	0.	0.	'
23	27	· · · · · · · · · · · · · · · · · · ·	0.	0.	1
Assets or Fund Balar	28			2,655,290.	STATEMENT 6
Ä	29	Retained earnings, accumulated income, endowment, or other funds	2,680,617.		STATEMENT 6
Net	30	Total net assets or fund balances	2,680,617.	2,655,290.	'
_	1				,
	31	Total liabilities and net assets/fund balances	2,688,617.	2,659,540.	
F	art	Analysis of Changes in Net Assets or Fund Ba	liances		
-	T - A	-last acceptance of horses of horses of years. Dort II column (a) line	20		1
1		al net assets or fund balances at beginning of year - Part II, column (a), line	JU		2 600 617
	•	ust agree with end-of-year figure reported on prior year's return)		1_1	2,680,617.
2	Ent	er amount from Part I, line 27a		2	<25,327.>
3	Oth	ner increases not included in line 2 (itemize)		3	0.
4		d lines 1, 2, and 3		4	2,655,290.
5		creases not included in line 2 (itemize)		5	0.
9		al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	nlumn (h) Jine 30		2,655,290.
0	101	at the assets of turio valances at end of year (line 4 millos line 3) - Fart II, co	namin (u), ime au		Form 990-PF (2016)

		nd(s) of property sold ( or common stock, 200			( <b>p</b> )	low ac	quired hase			(d) Date sold (mo., day, yr.)
					۳	- Dona	ition	(,	3,3 7	(, 0-3, 3)
					—					
<u></u>			<del></del>		<del></del>					
(e) Gross sales price	(1) [	Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss (f) minus	
	<u> </u>									
116 001	ļ			250 45						- 00 44
446,881.		column (h) and owned	by the foundation	358,47	70.				1.763	88,41
Complete only for assets shown	<del></del>	(i) Adjusted basis	<del>- 1</del>	cess of col. (i)					ol. (h) gaın ıot less tha	
(i) F.M.V. as of 12/31/69	ļ'	as of 12/31/69		col. (j), if any				Losses	(from col. (	h))
	<del> </del>		<del>                                     </del>							
<del></del>	<del> </del>	<del></del>	+				<del></del>			
<u> </u>	<del> </del>	<del></del>	+							
<u> </u>	<del> </del>				$\dashv$					88,41
<u>'</u>		( If gain, also o	enter in Part I, line	7			<u> </u>			00,11
Capital gain net income or (net c	apıtal loss)	If (loss), ente	r -0- in Part I, line	<i>1</i> :7	- } [	2				88,41
Net short-term capital gain or (lo	nss) as defi									
If gain, also enter in Part I, line 8	•	•	, and (o).		] [					
If (loss), enter -0- in Part I, line 8	n .									
or optional use by domestic private ection 4940(d)(2) applies, leave	Jnder S te foundation this part bla	ons subject to the section	on 4940(a) tax on	net investment ii	ncome.		ent Inco	ome	N/A	
or optional use by domestic private section 4940(d)(2) applies, leave as the foundation liable for the section 495," the foundation does not quarter than the foundation does not quarter that the foundation does not quarter than the foundation does not quarter that the f	Jnder S te foundation this part bla ction 4942 alify under	ons subject to the section ank, tax on the distributable section 4940(e). Do not	on 4940(a) tax on e amount of any ye t complete this pa	net investment in ear in the base pe rt.	ncome.	.)	ent Inco	ome	N/A	
or optional use by domestic private section 4940(d)(2) applies, leave that the foundation liable for the section 4945, the foundation does not quare the appropriate amount in	Jnder S te foundation this part bla ction 4942 alify under	ons subject to the section ank. tax on the distributable section 4940(e). Do not mn for each year; see the	on 4940(a) tax on e amount of any ye t complete this pa	net investment in ear in the base pe rt.	riod?	.)	ent Inco	ome		Yes X
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	990-PF (2016) GERSON FAMILY FOUNDATION .	43-6	<u> 510048</u>	6	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	<u> 48 - 5</u>	see instr	uction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1.	1 1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1 1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		2,6	64.
	of Part 1, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1 1			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3		2,6	64.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		2,6	64.
6	Credits/Payments:				
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 3,580.	1 1			
ь	Exempt foreign organizations - tax withheld at source 6b	1 1	*		
	Tax paid with application for extension of time to file (Form 8868)  6c	1 1			
	Backup withholding erroneously withheld 6d	1 1			
	Total credits and payments. Add lines 6a through 6d	7		3.5	80.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		9	16.
	Enter the amount of line 10 to be; Credited to 2017 estimated tax	11			0.
Pa	rt VII-A Statements Regarding Activities				<del></del> -
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene		$\neg \neg$	Yes	No
	any political campaign?	""	-	a l	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	12		<u>.</u>	X
		•	<u>                                   </u>	<u> </u>	1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ea or	İ	e. A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
^	distributed by the foundation in connection with the activities  Did the foundation file Form 1120-POL for this year?			c	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year;			<u> </u>	+
u	(1) On the foundation. $\blacktriangleright$ \$ 0 • (2) On foundation managers. $\blacktriangleright$ \$ \$		1^		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•	4	* ,	1 %
6	managers. > \$			\$ .	) · .
9	Has the foundation engaged in any activities that have not previously been reported to the IRS?		÷	2 -	X
2			<del>  '</del>	<del>-</del>	+
2	If "Yes," attach a detailed description of the activities  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			'   ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		3	x
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/a	b	<del>  ^</del> -
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-11	_	5	X
3			<u> </u>	<del>'-</del>	+
6	If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			-	ł
Ü	By language in the governing instrument, or				1
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state</li> </ul>	. Imu			1
	remain in the governing instrument?	iaw	-	6 X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV			6 X 7 X	+
′	The foundation have at least \$5,000 in assets at any time outling the year of "Yes," complete Part II, col (c), and Part XV	,		<del>'   ^</del>	+
0	Enter the states to which the foundation reports or with which it is required for a network and				
oa	Enter the states to which the foundation reports or with which it is registered (see instructions)		<del></del>		i
0	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		1:	- <del></del> -	
_	of each state as required by General Instruction G? If "No," attach explanation	.m.d	<u> </u> -8	b X	+
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	-	-	
4.0	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		-	9	$\frac{x}{x}$
_10_	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			000 DE	
			Form :	990-PF	(2016)

orm 990-PF (2016) GERSON FAMILY FOUNDATION			43-610048	6 Page	6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired <sub>(continu</sub>	ued)		_
5a During the year did the foundation pay or incur any amount to:			_		_
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			1 1	'
any voter registration drive?	,,	• •	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	2		s X No	1 1	,
(4) Provide a grant to an individual for basel, study, or other similar purposes		۰۰ رے	5 (21 NV	1 1	
• • • • • • • • • • • • • • • • • • • •	i described ili section	Г , ,	( <del>ए</del> )		4
4945(d)(4)(A)? (see instructions)			s X No	1 1	ł
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or to		(SE)	1 1	
the prevention of cruelty to children or animals?		Ye	s X No	1 1	1
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	ib	
Organizations relying on a current notice regarding disaster assistance check h	еге				_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned			
expenditure responsibility for the grant?		[/A □] Y€	s No		
		.,			
If "Yes," attach the statement required by Regulations section 53 4945  6a Did the foundation, during the year, receive any funds, directly or indirectly, to	· /		ì	] ]	
, , , , , , , , , , , , , , , , , , , ,	pay premiums on	<u></u>	( <del>V</del> )		
a personal benefit contract?		Ye	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u>  6</u>	ib X	
If "Yes" to 6b, file Form 8870				*	j
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A 7	'b	
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly			_
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.				_
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	-
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, othe allowances	31
ELIZABETH HJALMARSON	to position	enter -0-)	compensation	alluwances	_
	PRES/DIR	ļ			
1450 S LONE ELM				•	
OLATHE, KS 66061	0.00	0.	0.	0	<u>•</u>
JIM GERSON	VP/DIR				
1450 S LONE ELM	j				
OLATHE, KS 66061	0.00	0.	0.	0	
DAVID GERSON	VP/DIR	T		•	_
1450 S LONE ELM	1				
OLATHE, KS 66061	0.00	0.	0.	0	
DEBBIE LINDEBAUM	SEC/DIR	<del> </del>		<u> </u>	÷
1450 S LONE ELM	DEC/DIK				
	1 000			•	
OLATHE, KS 66061	0.00	0.	0.		<u>•</u>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to		_
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	er
	devoted to position	(G) compendation	compensation	allowances	
NONE	]				
					_
	1		}		
	<del> </del>	<del>                                     </del>	<del> </del>	<del></del>	_
	1		]		
	<del> </del>	<del> </del>	<del> </del> -		_
	1		]		
	<del> </del>	<b></b>	<b></b>		_
	1				
	<u>L</u>		<u>                                     </u>		_
Total number of other employees paid over \$50,000			<b></b>		0
			Form	990-PF (201	6)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE	$\overline{}$	
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	<u> </u>	Expenses
1 N/A	]	_
		0.
2	_}	
	_	
<del></del>	——	
3	-	
	4	
	+	
4	-	
<del></del>	┪	
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	$\Box$	Amount
1 <u>N/A</u>	_	
<del></del>	_	
	——	
2	4	
	-	
All other program related investments. See instructions	+	
All other program-related investments. See instructions.  3	1	
· <del></del>	┥	
	7	
	-	
	7	
	┥	
Total. Add lines 1 through 3		0.
	Forr	n <b>990-PF</b> (2016

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations	, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del></del>
a	Average monthly fair market value of securities	1a	2,737,590. 40,231.
b	Average of monthly cash balances	16	40,231.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	2,777,821.
е	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	2,777,821.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	41,667.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,736,154.
6	Minimum investment return. Enter 5% of line 5	6	136,808.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
<u> </u>	Minimum investment return from Part X, line 6	1	136,808.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	2,664.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	134,144.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	134,144.
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	134,144.
P	art XIIs Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<b>3</b> 2	<del></del>
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	149,743.
b	Program-related investments - total from Part IX-B	1b_	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	149,743.
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	149,743.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies f	or the section

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Part XIV   Private Operating Fo	undations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	t it is a private operating			
foundation, and the ruling is effective for	2016, enter the date of t	the ruling	<b>▶</b> L		
<b>b</b> Check box to indicate whether the foundate		ng foundation described	ın section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for			]		
each year listed		<u> </u>	<u> </u>		
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,	·			]	
line 4 for each year listed			1	<u>l</u>	l
d Amounts included in line 2c not					
used directly for active conduct of					1
exempt activities		)			1
e Qualifying distributions made directly					
for active conduct of exempt activities.			Ì	1	i
Subtract line 2d from line 2c			, II		
3 Complete 3a, b, or c for the	<del></del>	<del></del>	<del> </del>	<del>                                     </del>	<del> </del>
alternative test relied upon:		1			1
a "Assets" alternative test - enter: (1) Value of all assets		}	}	}	1
``		<del> </del>	<del> </del>	<del> </del>	<del> </del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			1		
b "Endowment" alternative test - enter		1	<del></del>	<del> </del>	· · · · · · · · · ·
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		<del>                                     </del>		<del> </del>	<del> </del>
(1) Total support other than gross			1	1	)
investment income (interest,					
dividends, rents, payments on					
securities loans (section			}		Ì
512(a)(5)), or royalties)		<del> </del>	<del></del>	<del></del>	<del> </del>
(2) Support from general public and 5 or more exempt			1	1	1
organizations as provided in					<b>)</b>
section 4942(j)(3)(B)(iii)	<del></del>	<del> </del>	<del></del>	<del></del>	<b></b>
(3) Largest amount of support from				1	1
an exempt organization	<del></del>	<b></b>	<del></del>	<del></del>	<del> </del>
(4) Gross investment income		<del> </del>	<del></del>	1 10 000	<del></del>
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during the	<del></del>	uctions.)			
1 Information Regarding Foundation	-	than 20/ of the total and	starbustrono vocarrad brestha	formulation before the alor	
a List any managers of the foundation who year (but only if they have contributed m			iuributions received by the	touridation before the clos	se of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large portion	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan	, Scholarship, etc., F	Programs:		<del> </del>
Check here  if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions	to preselected charitable	e organizations and does i		
a The name, address, and telephone numb					
ELIZABETH HJALMARSON			0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del>-</del>	
1450 S LONE ELM, OLA					
b The form in which applications should b			should include:		
N/A	o submitted and impflik	mon and materials triey	andulu include,		
c Any submission deadlines;				,	
N/A		<del></del>	<del></del>	<del> </del>	
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable field	s, kinds of institutions, or	other factors:	
N/A					
623601 11-23-16					Form 990-PF /201

GERSON FAMILY FOUNDATION 43-6100486 Page 11 Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Recipient Purpose of grant or contribution Foundation **Amount** status of Name and address (home or business) or substantial contributor recipient a Paid dunng the year SEE ATTACHED LIST I 137,252. 137,252. **b** Approved for future payment NONE

Total

<u>3b</u>

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Gerson Family Foundation			$\Box$				
2016 Donations	7						
		RELATIONSHIP AND PURPOSE				RECIPIENT	
RECIPIENT NAME	} '	OF GRANT	۱ ۱	Street Address	City, State, Zip	STATUS	AMOUNT
American Heart Association	1-	Unrestricted		7272 Greenville Ave	Dallas, TX 75231	501(c)(3)	\$2,500
American Red Cross	1	Unrestricted		211 W Armour Blvd	Kansas City, MO 64111	501(c)(3)	\$1,500
Aspen Institute		Unrestricted	Ι.	One Dupont Circle, NW, Ste 700		501(c)(3)	\$5,000
Boys Town		Unrestricted		14100 Crawford St	Boys Town, NE 68010	501(c)(3)	\$250
Change the Truth	1	Unrestricted		4950 Central Street #405	Kansas City, MO 64112	501(c)(3)	\$1,250
Children's TLC		Unrestricted		3101 Main	Kansas City, MO 64111	501(c)(3)	\$1,000
Congregation Beth Shalom	7	Unrestricted	Г	14200 Lamar Ave	Overland Park, KS 66223	501(c)(3)	\$1,190
Congregation Rodef Shalom		Unrestricted	Г	450 S Kearney St	Denver, CO 80224	501(c)(3)	\$1,650
Feeding America	$\neg \neg$	Unrestricted	Г	1150 18th Street, NW, Ste 200	Washington, DC 20036	501(c)(3)	\$250
Folly Theatre	$\top$	Unrestricted	П	300 W 12th St	Kansas City, MO 64105	501(c)(3)	\$250
Fnends of University Academy		Unrestricted	Γ	4049 Pennsylvania Ave #400	Kansas City, MO 64111	501(c)(3)	\$2,500
Hamman Jewell Arts Senes		Unrestricted	Г	500 College Hill, Campus Box 1015	Liberty, MO 64068-1896	501(c)(3)	\$2,500
Harvesters	7.	Unrestricted	Г	3801 Topping Ave	Kansas City, MO 64129	501(c)(3)	\$250
Inclusion Connections	7.	Unrestricted	Γ	2083 E Santa Fe	Olathe, KS 66062	501(c)(3)	\$1,000
Jewish Family Services	7 -	Unrestricted	П	5801 W 115th St Surte 103	Overland Park, KS 66211	501(c)(3)	\$11,000
Jewish Federation of KC		Unrestricted	Γ.	5801 W 115th St Surte 103	Overland Park, KS 66211	501(c)(3)	\$71,000
Jewish Vocational Services	$\top$	Unrestricted	П	4600 The Paseo	Kansas City, MO 64110	501(c)(3)	\$3,000
KC Symphony		Unrestricted	Г	1703 Wyandotte, Suite 200	Kansas City, MO 64108	501(c)(3)	\$10,000
KU Endowment		Unrestricted	L	PO Box 928	Lawrence, KS 66044-0928	501(c)(3)	\$10,000
Nelson Gallery Foundation		Unrestricted		4525 Oak St	Kansas City, MO 64111	501(c)(3)	\$3,500
New Reform Temple	$\Box$	Unrestricted		7100 Main St	Kansas City, MO 64114	501(c)(3)	\$1,750
Redwood High School Foundation		Unrestricted		395 Doherty Dr	Larkspur, CA 94939	501(c)(3)	\$2,000
Temple B'nai Jehudah		Unrestricted	ļ	12320 Nall Ave	Overland Park, KS 66209	501(c)(3)	\$3,912
TOTAL	+-		+			<del> </del>	\$137,252

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Part XVI-A Analysis of Income-Producing Activities

		d business income		ded by section 512, 513, or 514	(e)
4.8	(a) Business	( <b>b)</b> Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	Tanction income
a			+		
b			+-+		<del></del>
c	- [ [		+1		
			+		
e	-		+-		
g Fees and contracts from government agencies	-		+		<del></del>
2 Membership dues and assessments			<del>                                     </del>		
3 Interest on savings and temporary cash	<u> </u>		1	· · · · · · · · · · · · · · · · · · ·	
investments	1 1		14		
4 Dividends and interest from securities			14	51,853.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	]				
than inventory		 <del></del>	18	88,411.	
9 Net income or (loss) from special events	L		<u> </u>		
10 Gross profit or (loss) from sales of inventory	<u> </u>				
11 Other revenue:	l l				
a MISCELLANEOUS INCOME	_	<del></del>	01	276.	
b	_	<del> </del>	<del></del>	<u> </u>	
c	-	<del></del>	┦		_ <del></del>
d	_		+	<u> </u>	<del> </del>
e				140 540	
19 Subtotal Add columns (b) (d) and (e)	* * * 4		2 %		4 4 0 = 4 0
				13	140,540
13 Total. Add line 12, columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.					<del></del>
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.		mplishment of Ex	empt	Purposes	<del></del>
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities	to the Acco				inlishment of
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.  Part XVI-B <sub>7</sub> Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.  Part XVI-B <sub>7</sub> Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.  Part XVI-B <sub>7</sub> Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.  Part XVI-B <sub>7</sub> Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.  Part XVI=B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of
13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.  Part XVI=B  Relationship of Activities  Line No. Explain below how each activity for which in	s to the Acco	n column (e) of Part XVI-			plishment of  Form <b>990-PF</b> (201

Part X\	Information Re Exempt Organ		To and Transactions and	d Relationships With Noncha	ritable		
1 Did th			following with any other organization	described in section 501(c) of	$\top$	Yes	No
	,	. , • ,	ction 527, relating to political organiza	tions?			
a Trans	fers from the reporting found	ation to a noncharitable exe	empt organization of:				
(1) (	ash				1a(1)		X
(2)	Other assets				1a(2)		X.
<b>b</b> Other	transactions:						
	Sales of assets to a noncharita	· -			16(1)	_	X
	Purchases of assets from a no		ation		1b(2)	├─-	X
, ,	Rental of facilities, equipment,				1b(3)	├	X
	Reimbursement arrangements				1b(4)		X
• •	oans or loan guarantees	1	- No. Andrews		1b(5)		X
	Performance of services or me	•			1b(6)	├	X
	ng of facilities, equipment, ma				<u>1c</u>	<u> </u>	X
				ys show the fair market value of the goods		sets,	
	nn ( <b>d)</b> the value of the goods,			n any transaction or sharing arrangement	, SHOW III		
(a) Line no	(b) Amount involved		haritable exempt organization	(d) Description of transfers, transactions, ar	nd shering arr	angeme	nts
(=)=====	(2)	<del></del>	N/A	(5)			
<del></del>		<del> </del>					
		<del></del>	<del></del>				
		<u> </u>					
	<u> </u>	<u>L</u>		<u> </u>			
	•	•	d to, one or more tax-exempt organiza	tions described		_	_
	ction 501(c) of the Code (othe		r in section 527?		Yes	L <u>X</u>	☐ No
<b>b</b> If "Ye	s," complete the following scl				<del></del>		
	(a) Name of or	ganization	(b) Type of organization	(c) Description of relation	nship		
	N/A		<del></del>				
				<del></del>			
			<del></del>			_	
	<del></del>		<del></del>	<del></del>			
	Inder penalties of persery I declare	that I have examined this retire	, including accompanying schedules and state	aments and to the best of my knowledge			
			other than taxpayer) is based on all informatio		May the IRS return with th		
	NU(	1 1	えん しょっち		shown below		
Here		$\alpha n =$	N . 7 ~ 1 J~ 1 I	$\blacksquare$ $V \cup QC \cup A$ $\blacksquare$	X Yes		] No

Phone no. 816-945-5500 Form **990-PF** (2016)

P00435991

Paid

Preparer Use Only

SUITE 1100

Firm's address ► 700 WEST 47TH STREET,

KANSAS CITY, MO 64112

self- employed

655 601 514TII 50II	NT 3 TT 0 N					990-PF,		_
GERSON FAMILY FOUR Part IV   Capital Gains and Loss	NDATION ses for Tax on Investment Income	4.3-	61004	86	P.	AGE 1	OF	1
(a) List and o	describe the kind(s) of property sold ok warehouse; or common stock, 200			(b) How ac P - Purc D - Dona	quired hase	(c) Date acquired (mo., day, yr.)	(d) Date (mo., day	
1a AMERICAN BEACON				P		VARIOUS	12/15	/16
b METROPOLITAN WE		CLASS I		P		VARIOUS	12/08	
c AMERICAN BEACON				P		VARIOUS	12/15	
d LORD ABBETT SHO		P		VARIOUS	01/14			
e METROPOLITAN WE	P		VARIOUS					
f SECTOR SPDR TR	P		VARIOUS					
g THIRTEEN PARTNE h CAPITAL GAINS D			_	- F		VARIOUS_	06/24	/10
CALTIAL ONING D	TVIDBNOD			<del></del>			+-	
_ <del>'</del>					_			
k								
<u>m</u>							<u> </u>	
n				<del> </del>			<del> </del>	
	(A) Depression allowed	(a) Cost or other house		<u> </u>		Corp.or (loss)	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale				Gain or (loss) lus (f) minus (g)		
a 2,611.		2,56	1.					50.
b 4,916.		4,99	6.					30.>
c 46,389.		45,33						) <u>59.</u>
d 10,000.		10,54						12.>
e 261,712.		249,97					11,7	
f 44,507. g 54,465.		45,06	98.				54,4	51.>
g 34,465. h 22,281.			<del></del>	-		<del></del>	22,2	
<u> </u>				_				
k								
<u> </u>								
<u>m</u>		<del></del>				<del>-</del>	-·-	
<u>n</u>								
Complete only for assets showing	g gain in column (h) and owned by ti	he foundation on 12/31/69			/I) I ns	ses (from col. (h)	<u></u>	
	(j) Adjusted basis	(k) Excess of col. (i)		Gains (	excess (	of col. (h) gain ov	er col. (k),	
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any			but n	ot less than "-0-")		
a								50.
<u>b</u>								30.>
<u>C</u>		<del></del>	<del>-  </del> -					)59. 12.>
<u>d</u>			-				$\frac{11,7}{11}$	
f							<56	51.>
9							54,4	
h							22,2	
						·		
<del>                                     </del>								
<u>k</u>		<del></del>						
<u></u>							<del>-</del>	
m n		<del></del>	-+					
0				_			<del></del> -	
	. If som also codes	run Dart I. Suno 7	1					
2 Capital gain net income or (net cap	pital loss) { If gain, also enter If (loss), enter "-0	)-" in Part I, line 7	2	<del> </del>			88,4	111.

623591

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SECU	RITIES	S	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOME
NATIONAL FINANCIAL SERVICES	74,134.	22,2	22,281. 51,853.		3. 51,853		
TO PART I, LINE 4 =	74,134.	22,2	81.	51,853	51,853.		
FORM 990-PF		OTHER	INCO	ME		S'	FATEMENT 2
DESCRIPTION			RE		(B) NET INVEST MENT INCOM		(C) ADJUSTED NET INCOME
MISCELLANEOUS INCOME				276.		0.	
TOTAL TO FORM 990-PF	, PART I,	LINE 11		276.		0.	<del></del>
FORM 990-PF		ACCOUNT	ING	FEES		S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTI NET INCO		(D) CHARITABLE PURPOSES
CBIZ		5,660	•	0.	•		5,660.
TO FORM 990-PF, PG 1	, LN 16B	5,660	- - -	0 .	•		5,660.
FORM 990-PF	ניס	THER PROFE	SSIO	NAL FEES		s	TATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTI NET INCO		(D) CHARITABLE PURPOSES
PCM MANAGEMENT FEE	_	13,661	•	6,830	•		6,831.
TO FORM 990-PF, PG 1	LN 16C	13,661		6,830			6,831.
10 10104 330 11, 10 1	., ш. 100	13,001	•	0,030	•		0,031

FORM 990-PF	TAX	ES	S'	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FOREIGN TAX	255.	255.		0.		
EXCISE TAX - ESTIMATED PAYMENTS EXCISE TAX - PRIOR YEAR	3,580.	0.		0.		
BALANCE DUE	5,459.	0.		0.		
TO FORM 990-PF, PG 1, LN 18	9,294.	255.		0.		

FORM 990-PF	ОТНЕ	R FUNDS		STATEMENT 6
DESCRIPTION			(A) BEGINNING OF YEAR	(B) END OF YEAR
RE OR ACCUMULATED INCOME			2,680,617.	2,655,290.
TOTAL TO FORM 990-PF, PART II,	LINE 2	29	2,680,617.	2,655,290.
FORM 990-PF	CORPO	DRATE STOCK		STATEMENT 7
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
UMB FINANCIAL - STMT I			2,078,910.	2,110,499.
TOTAL TO FORM 990-PF, PART II,	LINE 1	LOB	2,078,910.	2,110,499.
FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 8
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
YORK TOTAL RETURN UNIT TRUST		COST	300,000.	410,187.
TOTAL TO FORM 990-PF, PART II,	LINE 3	13	300,000.	410,187.

Statement for ti	ne Period Dece	mber 1, 2016 to	December	31, 2016
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THE	GERSON F	AMILY	FNDTN -	Unincor	porated	Assr
Accor	umt Number			1	-	

## UMB Financial Services, Inc.

### Holdings

NFS-provided cost basis, realized gain (loss) and holding period information may not reflect all adjustments necessary for tax purposes. Please refer to Footnotes and Cost Basis Information at the end of this statement for more information.

For additional information regarding your holdings, please refer to the footnotes at the end of the statement.

CASH AND CASH EQUIVALENTS - 11.70% of Total Account Value

Description	Symbol/Cusip Account Type	Quantity	Price on 12/31/18	Current Market Value	Estimated Annual Income		
Money Markets				-			
RIDELITY TREASURY MOMET FO DAILY MONE 7 DAY YIELD . 01 % Dividend Option Reinvest Capital Gain Option Reinvest	r fduxx Cash	279,683.32	\$1,00	\$279,683.32			
Total Cash and Cash Equivalents				\$279,683.32			
<b>HOLDINGS &gt; EQUITIES - 5.44%</b>	of Total Account	Value					
Description	Symbol/Cusip Account Type	Quantity	Price on 12/31/16	Current Market Value	Estimated Annual Income	Original/Adjusted Cost Basis	Unrealized Gam (Loss)
Equity							
KAYNE ANDERSON MLP INVT CO Estimated Yield 11.23% Dividend Option Cash Capital Gain Option Cash Next Dividend Payable, 01/13/17 Average Unit Cost \$14 44	kyn Cash	3,838	\$19 58	\$75,108.88	\$8,439.20	46,947.42	\$19,701 99
TORTOISE ENERGY INFRA CORP COM Estimated Yield 8.53% Dividend Option Cash Capital Gain Option Cash Average Unit Cost \$22.93	TYG Cash	1,787.538	\$30.69	\$54,859.54	\$4,683.35	57,922 54	(\$4,001.57)
Total Equity				\$129,968.42	\$13,122.55	104,869.96	\$15,700.42
Total Equities			<del></del>	\$129,968.42	\$13,122.55	104,869 96	\$15,700.42

UMB Financial Services, Inc.

Account carried with Nanonal Financial Services LLC, Member NYSE, SIPC

MN \_CEBCLRJRBBBBBVRP\_BBBBB 20161230

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#### Statement for the Period December 1, 2016 to December 31, 2016

THE GERSON FAMILY FNDTN : Unincorporated Assn Account Number

### UMB Financial Services, Inc. Member FINRA, SIPC

#### HOLDINGS > MUTUAL FUNDS - 82.86% of Total Account Value

	iymbol/Cusip Account Type	Quantity	Price on 12/31/16	Current Market Value	Estimated Annual Income	Original/Adjusted Cost Basis		Unrealized Gain (Loss)
Equity								
AMERICAN BEACON THE LONDON INC EQ INS' Estimated Yield 2 09% Divident Option Reviewest Capital Gain Option Revivest Average Lint Cost \$14.93	IL ABCIX CASH	47,368 929	\$15 32	\$725,691 99	<b>\$</b> 15 177 00	\$707,127 64	1	\$18,564.35
FPA CRESCENT FUND Extimated Yield 1 77% Dividend Option Reinvest Cap ta Gain Option Reinvest Average Linit Cost \$33.84	PPACX CASH	9 044 554	\$32 61	\$294,943.23	\$5 245 85	\$305 040 25	!	(\$11,097,02)
OAXMARK GLOBAL FUND 1 Estimated Yield   108% Divident Option Remyest Capital Gain Option Remyest Average Unit Cost \$23.09	GAKGX CASH	6 790 937	\$28.06	\$190,553 69	\$2 072 93	\$156,785 24 T	1	\$33,768 45
WASATCH EMERGING MARKETS SMALL CAP F Dw dend Option Reinvest Capital Gain Option Reinvest Average Unit Cost \$2.78	D WAEMX CASH	21,962 816	\$2 33	<b>\$</b> 51,173 36		<b>\$6</b> 3,977 96	ı	(\$9.804.54)
WILLIAM BLAIR INTERNAT'L GROWTH I Estimated Yield 179% Dividend Option Reinvest Capital Gain Option Reinvest Average Unit Cost \$19.85	BIGIX CASH	4,263 231	\$24.42	\$104 108 10	\$1,872 11	\$84,663 99 ₹	1	\$19 444 11
Total Equity				\$1 366,470 37	\$24,367.89	\$1,315,595.02		\$50,875.35
Fixed Income								
LODMIS SAYLES STRATEGIC INC Y Estimated Yield 273% Dividend Option Reinvest Capital Gain Option Relinvest Average Unit Cost \$15.85	nfzyx Cash	19 <del>6</del> 05 <b>6</b> 21	\$14 10	\$276 439 26	\$7 559 93	\$310 975 40	1	\$50,875.35 (\$34,536 14)

UMB Financial Services, Inc.

MN \_CERCLRJRBBBBVRP\_BBBBB 20161230

Account carried with National Financial Services LLC, Member NYSE, SIPC

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Statement for the Period December 1, 2016 to December 31, 2016

THE GERSON FAMILY FNDTN - Unincorporated Assa -Account Number:

# UMB Financial Services, Inc.

#### HOLDINGS > MUTUAL FUNDS continued

Description	Symbol/Cusip Account Type	Quantity	Price on 12/31/16	Current Market Value	Estimated Annual Income	Onginal/Adjusted Cost Basis	Unrealized Gain (Loss)
LORD ABBETT SHORT DURATION INCOME CL Estimated Yield	LLDYX CASH	55,482.451	\$4.30	\$238,574.54	\$9,926.89	\$247,942.74	(\$9,368.20)
RIVERPARK SHORT TERM HIGH YIELD INSTIL Estimated Yield 2.87% Dividend Option Reinvest Capital Gain Option Reurvest Averane Unit Cost \$9.83	RPHIX CASH	10,127 <i>A</i> 37	- \$9.78	\$99,048.33	\$2,844 80	\$99,527 20	(\$480.87)
Total Fixed Income				\$614,060.13	\$20,331.62	\$658,445.34	(\$44,385.21
Total Mutual Funds				\$1,980,530.50	\$44,699.51	\$1,974,040.36	\$6,490.14
Total Exchange Traded Products				\$0.00			
Total Securities				\$2,110,498.92	\$57,822.06	2,078,910.32	\$22,190.56
TOTAL PORTFOLIO VALUE				\$2,390,182.24	\$57,822.06	2,078,910.32	\$22,190.56

UMB Financial Services, inc.

MN \_CEBCLRJRBBBBVRP\_BBBBB 20161230

Account carried with National Financial Services LLC, Member NYSE, SIPC