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EXTENDED TO NOVEMBER 15, 20 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

Depar	tment	of the Treasury		ocial security numbers on n 990-PF and its separate				Open to Public Inspection	
		dar year 2016 or tax ye	ar beginning		, and e	nding			
Nan	ne of	foundation					A Employer identification	number	
			ARD WOLFSON						
		ILY FOUNDAT				,	65-0939041		
		•	er if mail is not delivered to street	address)		Room/suite	B Telephone number	• •	
		0 BISCAYNE	· · · · · · · · · · · · · · · · · · ·				305-576-40	, 177	
		own, state or province, o	country, and ZIP or foreign p	ostal code			G If exemption application is pe	ending, check here	
			Initial return	Initial return of a fo	ormar public	nharit.	D 1. Foreign organizations	shack hara	
u C	HECK	all that apply:	Final return	Amended return	ormer public	Silatily	1. Foreigh organizations	, check here	
		F	Address change	Name change			Foreign organizations med check here and attach cor	eting the 85% test,	
HC	heck	type of organization:	X Section 501(c)(3) ex				E If private foundation stat		
] Sec	ction 4947(a)(1) nonexe	· —	Other taxable private found	ation		under section 507(b)(1)		
I Fa	ır ma	rket value of all assets a	at end of year J Accounti	ng method: X Cash	Acci	rual	F If the foundation is in a 6		
(fr	om F	Part II, col. (c), line 16,		her (specify)			under section 507(b)(1)		
	\$	1,17	78,590. (Part I, colu	mn (d) must be on cash	basis.)				
Pa	<u>rt l</u>	(The total of amounts in connecessarily equal the amo	olumns (b), (c), and (d) may not	(a) Revenue and expenses per books		ivestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, gra	ants, etc., received	300,000.			N/A		
	2	Check If the found	ation is not required to attach Sch. B						
	3	Interest on savings and ten cash investments	nporary	1,238.		1,238.			
	4	Dividends and interest	from securities	15,916.	1	5,916.			
	5a	Gross rents							
	b	Net rental income or (loss)							
<u>o</u>	6a	Net gain or (loss) from sale		<413.	>				
֓֞֞֜֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	b	Gross sales price for all assets on line 6a	<u><413.</u> >					<u> </u>	
Revenue	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain				0.				
, –	[•	gain						
1	9 10a	Income modifications Gross sales less returns	1						
<u> </u>		and allowances Less Cost of goods sold							
D		Gross profit or (loss)							
Ď	11	Other income							
	12	Total. Add lines 1 thro	ugh 11	316,741.	1	7,154.			
7	13	Compensation of officers,	directors, trustees, etc	0.		0.		0.	
5	14	Other employee salarie	s and wages				RECEIVED		
Ď.	15	Pension plans, employ	ee benefits				RECEIVED		
ses	16a	Legal fees		<u> </u>				oso	
pen	b	Accounting fees				5	BL JUN 0 6 2017	9	
ŭ	C	Other professional fees	5			\ <u>\</u>		RS	
tive	17	Interest					OGDEN, U	 	
itra	18	Taxes				<u> </u>	0000111		
Ë	19	Depreciation and deple	etion						
Ę	20 21	Occupancy Travel, conferences, ar	ad maatings						
٩	22	Printing and publicatio		. <u>-</u>	<u> </u>	-			
gar	23	Other expenses	STMT 1	12,514.	1	2,514.		0.	
Operating and Administrative Expenses	24	Total operating and a		14,514.	-	<u>~, ~ + - + •</u>			
ere	-	expenses. Add lines 1		12,514.	1	2,514.		0.	
Ö	25	Contributions, gifts, gr	-	161,389.				161,389.	
	1	Total expenses and di							
		Add lines 24 and 25		173,903.	1	2,514.		161,389.	
	27	Subtract line 26 from l	ine 12:						
	a	Excess of revenue over exp	penses and disbursements	142,838.					
	þ	Net investment incom	-		ļ	4,640.	/-		
	1 -	Adjusted not income (d = = = du	Ī	I		NT/X	İ	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

65-0939041

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of	
rait	Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing		15,862.	<u> 15,862.</u>
2	Savings and temporary cash investments			
3	Accounts receivable			
	Less; allowance for doubtful accounts			
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			
<u>بر</u> 8				
Assets	B 4	· · · · · · · · · · · · · · · · · · ·		
8 10	a Investments - U.S. and state government obligations			
	h Investments - corporate stock			
	c Investments - corporate bonds			
11				
''				
10	Less accumulated depreciation Investments - mortgage loans			
1	amen o	1,080,301.	1,207,277.	1,162,728.
13	Land, buildings, and equipment basis	1,000,501.	1,201,2110	1,102,120.
14	Less accumulated depreciation			
				
15	,			
10	Total assets (to be completed by all filers - see the	1,080,301.	1,223,139.	1,178,590.
-	instructions. Also, see page 1, item I)	1,000,301.	1,223,139.	1,170,330.
	Accounts payable and accrued expenses			
18	· · ·			
<u>s</u> 19				
Liabilities 51 51 51 51 51	The state of the s			
[편 21	· · · · · · · · · · · · · · · · · · ·			
- 22	Other liabilities (describe)	-		
		•	0	
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
ω	and complete lines 24 through 26 and lines 30 and 31.			
ğ 24	Unrestricted			
[25	· · ·			
<u>m</u> 26	·			
<u> </u>	Foundations that do not follow SFAS 117, check here			
or Fund Balances	and complete lines 27 through 31.			
<u>د</u> 27		902,151.	902,151.	
Assets	· · · · · · · · · · · · · · · · · · ·	0.	0.	
Ž 29	Retained earnings, accumulated income, endowment, or other funds	178,150.	320,988.	
₹ 30	Total net assets or fund balances	1,080,301.	1,223,139.	
_				
31	Total liabilities and net assets/fund balances	1,080,301.	1,223,139.	
Par	Analysis of Changes in Net Assets or Fund Ba	alances		
1 To	al net assets or fund balances at beginning of year - Part II, column (a), line	30	T	
	ust agree with end-of-year figure reported on prior year's return)		1	1,080,301.
•	er amount from Part I, line 27a	-	2	142,838.
	ner increases not included in line 2 (itemize)		3	0.
	d lines 1, 2, and 3		4	1,223,139.
	creases not included in line 2 (itemize)	-	5	0.
	ial net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,223,139.
<u>U_10</u>	and the second of the second o			Form 990-PF (2016)

FAMILY	FOUNDATIO	7

Part IV Capital Gains	and Loss	es for Tax on In	vestment	Income							
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P - Purchase D - Donation (n)							(c) Date a	acquired ay, yr.)	(d) Date sold (mo., day, yr.)		
a DETAIL IN POSSESSION OF TAXPAYER P VA							VARI	ous	VARIOUS		
b DETAIL IN POSS								VARIO		VARIOUS	
С											
d											
е					L_						
(e) Gross sales price		reciation allowed r allowable)		t or other basis xpense of sale					in or (loss (f) minus		
a 87.										87.	
b <500.	<u> </u>									<u> </u>	
C											
d											
е											
Complete only for assets showing	ng gain in colu	ımn (h) and owned by t	the foundation	on 12/31/69			(l)	Gains (Co	ol. (h) gain	minus	
(i) F.M.V. as of 12/31/69		djusted basis		cess of col. (1)			col.		ot less tha (from col.)		
(I) F.M.V. 45 01 12/3 1/09	as	of 12/31/69	over	col. (j), if any				LUSSUS	,110111 001.	('' <i>))</i>	
a										87.	
b										<500.>	
C			_								
d											
e											
2 Capital gain net income or (net ca	apıtal loss)	If gain, also enter of If (loss), enter -0-			}	2	i.			<413.>	
3 Net short-term capital gain or (los											
If gain, also enter in Part I, line 8,	,	in secuons 1222(3) an	iu (o).		1						
If (loss), enter -0- in Part I, line 8					P	3		N/A			
Part V Qualification U	Inder Sec	tion 4940(e) for	Reduced	Tax on Net	lnv	estn	ent Inc	ome			
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not quate a Enter the appropriate amount in	tion 4942 tax lify under sec	on the distributable am tion 4940(e). Do not co	implete this pa	rt						Yes X No	
(a)	each column		iisii uciioiis bei	ore making any e			_			(d)	
Base period years Calendar year (or tax year beginni	ing in)	(b) Adjusted qualifying dis	I	Net value of no	(c) ncha		use assets	(d) Distribution ratio (col. (b) divided by col. (c))			
2015		17	1,025.		1	,12	4,349	•		.152110	
2014		6	3,465.				8,699			.090833	
2013											
2012			0.			70	4,836				
2011		3	7,093.	_		76	9,775	•		.048187	
2 Total of line 1, column (d)								2	_	.291130	
3 Average distribution ratio for the	5-year base p	eriod - divide the total o	on line 2 by 5,	or by the number	of ye	ars			_		
the foundation has been in existence if less than 5 years							3		.072783		
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5						4		1,117,460.			
5 Multiply line 4 by line 3							5		81,332.		
6 Enter 1% of net investment incor	me (1% of Par	rt I, line 27b)						6		46.	
7 Add lines 5 and 6						-		7		81,378.	
8 Enter qualifying distributions from	n Part XII, line	e 4						8		161,389.	
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check	the box in Part VI, line	: 1b, and comp	lete that part usin	g a 1	% tax ı	ate.				

JESSIE & BERNARD WOLFSON

	1 990-PF (2016) FAMILY FOUNDATION 65-0939 ort VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see		ıctio	Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		-	
-	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			0.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments:			
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
þ	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be; Credited to 2017 estimated tax			
	art VII-A Statements Regarding Activities		N.F.	T
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	1a_		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b_	<u> </u>	X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	10	<u> </u>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. > \$			•
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2_	-	<u>X</u>
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3		X
	of "Yes," has it filed a tax return on Form 990-T for this year?	48		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b 5		X
J	If "Yes," attach the statement required by General Instruction T.	<u> </u>		
£	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1
Ü	By language in the governing instrument, or			
	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?	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	7	X	_
•	• • • • • • • • • • • • • • • • • • •			_
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
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	8b	X	
9				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	<u></u>	X _
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	10		X
	Fo	rm 99 0)-PF	(2016)

Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
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	1	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges			
_	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address NONE		<u></u>	
14	The books are in care of ► GREATER MIAMI JEWISH FEDERATION Telephone no. ► 305	<u>-576-4</u>	000	
•		▶33137		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	, <u>= = = = = = = = = = = = = = = = = = =</u>		
	and enter the amount of tax-exempt interest received or accrued during the year	N	I/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	<u></u>	Yes	No
	securities, or other financial account in a foreign country?	16	' '	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		·	
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?	No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	No		
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 current notice regarding disaster assistance (see instructions)?	'A 1b		
	Organizations relying on a current notice regarding disaster assistance check here			
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 year beginning in 2016?	1c	ļ	<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			!
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016?	No		
	If "Yes," list the years \blacktriangleright			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		1	
	statement - see instructions.) N/	A 2b	<u> </u>	
C	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<u> </u>			
38	1 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	No		
þ	of "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		}	
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	,		
_	Form 4720, to determine if the foundation had excess business holdings in 2016.) N/		 	 -
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	\vdash	<u>X</u>
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4.		v
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b Form 99	N-DE	X (2016)
		romi J	J-F F	(2010)

Form **990-PF** (2016)

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

0.

Total. Add lines 1 through 3

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	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	1,124,775.
b	Average of monthly cash balances	1b	1,124,775. 9,702.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	1,134,477.
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	1,134,477.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	17,017.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,117,460.
6_	Minimum investment return. Enter 5% of line 5	6	55,873.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	55,873.
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.)	1 1	
C	Add lines 2a and 2b	_2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	55,873.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	55,873.
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	55,873.
P	art XII Qualifying Distributions (see instructions)	· · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1 1	4.64 0.00
a	, , , , , , , , , , , , , , , , , , , ,	1a	161,389.
	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:		
а		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	161,389.
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	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	161,389.
	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.	qualifies fo	r the section

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Form 990-PF (2016)

FAMILY FOUNDATION

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Part XIII Undistributed Income (see instructions) (d) (a) (b) (c) Corpus Years prior to 2015 2015 2016 1 Distributable amount for 2016 from Part XI, 55,873. 2 Undistributed income, if any, as of the end of 2016 0 a Enter amount for 2015 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2016: a From 2011 **b** From 2012 c From 2013 28,530. d From 2014 114.808. e From 2015 f Total of lines 3a through e 143,338. 4 Qualifying distributions for 2016 from Part XII, line 4: ►\$_ 161 0 a Applied to 2015, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 55,873. d Applied to 2016 distributable amount 105,516. e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 248,854 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0. line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0. assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2015. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2011 0. not applied on line 5 or line 7 Excess distributions carryover to 2017. 248,854 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2012 b Excess from 2013 28,530 c Excess from 2014 114,808 d Excess from 2015

623581 11-23-16

e Excess from 2016

Form **990-PF** (2016)

105,516

other entity) of which the foundation has a 10% or greater interest.

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here LX if the foundation only makes contributions to preselected charitable organizations and does not accept 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:

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued) 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 AMERICAN ISRAEL EDUCATION FOUNDATION NONE PRIVATE GENERAL SUPPORT 251 H STREET NW WASHINGTON, DC 20001 75,000. AMERICAN JEWISH COMMITTEE (NY) NONE PRIVATE GENRAL SUPPORT 165 E. 56TH STREET 8TH FLOOR NEW YORK NY 10022 10,000. ACTOR'S PLAYHOUSE NONE PRIVATE GENERAL SUPPORT 280 MIRACLE MILE CORAL GABLES FL 33134 6,500. NONE BAPTIST HEALTH FOUNDATION PRIVATE GENERAL SUPPORT 6855 RED ROAD CORAL GABLES, FL 33143 10,000. BARRINGTON STAGE COMPANY NONE PRIVATE GENERAL SUPPORT 30 UNION STREET PITTSFIELD MA 01201 6 000 SEE CONTINUATION SHEET(S) Total ➤ 3a 161,389. b Approved for future payment NONE Total

		es				
er gròss amounts unless otherwise indicated.		usiness income		y section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	(c) Exclu- sion	(d)	Related or exempt	
Program service revenue:	code	Amount	code	Amount	function income	
·						
b	_					
	_		+			
			+++		 _	
	_		+-+-			
Fees and contracts from government agencies			+ +			
Membership dues and assessments						
nterest on savings and temporary cash						
nvestments			14	1,238.		
Dividends and interest from securities			14	1,238. 15,916.		
let rental income or (loss) from real estate:						
Debt-financed property						
Not debt-financed property						
Net rental income or (loss) from personal						
property						
Other investment income						
Gain or (loss) from sales of assets other				440		
han inventory			18	<413.	<u> </u>	
Net income or (loss) from special events						
Gross profit or (loss) from sales of inventory		<u>.</u>				
Other revenue:						
a	1 1	· · · · · · · · · · · · · · · · · · ·	+++-	-		
:		 	- - 			
1	! !					
e						
Subtotal. Add columns (b), (d), and (e)		0		16,741.		
Total. Add line 12, columns (b), (d), and (e)		_		13	16,74	
e worksheet in line 13 instructions to verify calculation	ıs.)					
art XVI-B Relationship of Activiti	es to the Accom	plishment of I	Exempt P	urposes		
ne No. Explain below how each activity for which			l-A contributed	importantly to the accomp	olishment of	
the foundation's exempt purposes (other	than by providing tunds	s tor such purposes).				
						
					···	
						
						
						
<u> </u>		_		_		

Form 990			Y FOUNDA				65-0939			ge 13
Part)	(VII			nsfers To	and Transactions a	and Relations	nips With Nonchar	itable	9	
		Exempt Organ					504(-) of		Yes	Na
					ng with any other organization 27, relating to political organ		on 501(c) of		165	IAO
		rom the reporting found				iizauoris*		Ì	1	ĺ
	Cash	rom the reporting round	anon to a nononan	impic oxompt of	gamzation of,			1a(1)		X
٠,	Other	assets						1a(2)		X
. ,		sactions:						7-1-7		
(1)	Sales	of assets to a noncharita	ible exempt organi:	zation				1b(1)		X
(2)	Purch	ases of assets from a no	ncharitable exemp	t organization				1b(2)		Х
(3)	Rental	of facilities, equipment,	or other assets					1b(3)		X
(4)	Reimb	ursement arrangements	ı		-			1b(4)		X
		or loan guarantees						1b(5)	 	X
		mance of services or me						1b(6)		X
		facilities, equipment, ma						1c_	<u> </u>	_X
					edule. Column (b) should al red less than fair market vali				sets,	
) the value of the goods,				ue in any transaction	or snaming arrangement, si	OW III		
(a) Line no		(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and si	arıng ar	rangeme	nts
``		<u>` ' </u>	 	N/A	<u>`</u>					
	T-									
										
			 							
	—									
			 							
			 			 				
						- 				
	 									
										
			l							
		•	-		or more tax-exempt organi	zations described		_		7
		501(c) of the Code (othe		(c)(3)) or in sec	tion 527?		L	_ Yes	LX	No
<u> </u>	es, co	mplete the following sch (a) Name of org			(b) Type of organization		c) Description of relationsh			
		N/A	janization		(b) Type of organization	· · · · · · · · · · · · · · · · · · ·	c) Description of relationsh	Р		
		N/A			 		- 			
					 -	-				
				,,,						
					ng accompanying schedules and in taxpayer) is based on all inform		May	the IRS	discuss t	his
Sign	and be	1 / Andrew		prepara (otriar tria	25/20		show	n below	e prepare (see inst	
Here		1 Wolling	- CVU	M	00/24/90	SECRET	ARY LX	Yes	L_	ا No
	Sign	ature of officer or trustee		Deposorio o	Date /	` Title	Check If PTIN			
		Print/Type preparer's na	anie	Preparer's s		Date	self- employed			
Paid		PHILLIP SR	OKA	1 While	o Anha Cla	18 16	, -	236	716	
Prepa	arer	Firm's name ► MOR		ROWN, A	RGIZ & FARRA		Firm's EIN ► 01-07			
Use (, ===			-	
		Firm's address ▶ 30	1 E LAS	OLAS BI	VD, 4TH FLOC	R		-		

FORT LAUDERDALE, FL 33301

Phone no. (954) 760-9000

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2016

JESSIE & BERNARD WOLFSON FAMILY FOUNDATION 65-0939041 Organization type (check one) Section: Filers of: Form 990 or 990-FZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the vear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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) (2016)

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Name of organization

JESSIE & BERNARD WOLFSON

FAMILY FOUNDATION

Employer identification number

65-0939041

Part I	Contributors (See instructions). Use duplicate copies of Part I	If additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BERNARD WOLFSON 3471 MAIN HIGHWAY #929 MIAMI, FL 33133	\$\$	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 Oncash Complete Part II for noncash contributions)
623452 10-1	8-16	Schedule R (Form	990 990-F7 or 990-PF\ (2016)

Name of organization

JESSIE & BERNARD WOLFSON

FAMILY FOUNDATION

CE 0000044

Employer identification number

Part II	Noncash Property (See instructions). Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

	(Form 990, 990-EZ, or 990-PF) (2016)		Page 4					
Name of org	· •		Employer identification number					
	E & BERNARD WOLFSON		65 0030041					
Part III	FOUNDATION Exclusively religious, charitable, etc., conthe year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the following	section 501(c)(7), (8), or (10) that total more than \$1,000 for 10 line entry. For organizations are for the year. (Enter this into ages)					
	Use duplicate copies of Part III if addition	nal space is needed.	S to the year (this mis mo once)					
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held					
-								
	(e) Transfer of gift							
-	Transferee's name, address, a	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
}	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	_, ``,			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
				1
BERKSHIRE MEDICAL CENTER	NONE	PRIVATE	GENERAL SUPPORT	
725 NORTH STREET				
PITTSFIELD MA 01201		 		1,000.
BERKSHIRE THEATRE GROUP	NONE	PUBLIC	GENERAL SUPPORT	
111 SOUTH STREET PITTSFIELD MA 01201				2 500
FITTSFIELD, MA UIZUI		 	 	2,500.
FRIENDS OF TANGLEWOOD	NONE	PRIVATE	GENERAL SUPPORT	
SYMPHONY HALL, 301 MASSACHUSETS AVE. BOSTON MA 02115-4511				5,000.
FUNDING ARTS NETWORK	NONE	DD 7173 MD	CENTED A CHARACTER	
P.O. BOX 331864	NONE	PRIVATE	GENERAL SUPPORT	
MIAMI, FL 33233	<u> </u>		<u> </u>	1,000.
				ļ
GABLESTAGE (C/O BILTMORE HOTEL)	NONE	PRIVATE	GENERAL SUPPORT	
1200 ANASTASIA AVENUE				
CORAL GABLES FL 33134	 		 	5,000.
GREATER MIAMI JEWISH FEDERATION	NONE	PRIVATE	GENERAL SUPPORT	
4200 BISCAYNE BOULEVARD				
MIAMI, FL 33137	 			5,000.
JEWISH COMMUNITY SERVICES	NONE	PRIVATE	GENERAL SUPPORT	
735 NE 125TH STREET NORTH MIAMI, FL 33161				500.
,				
JACOB'S PILLOW DANCE FESTIVAL, INC. 358 GEORGE CARTER ROAD	NONE	PRIVATE	GENERAL SUPPORT	
BECKET, MA 01223				10,000.
JEWISH FEDERATION OF THE BERKSHIRES	NONE	PRIVATE	GENERAL SUPPORT	
196 SOUTH STREET				
PITTSFIELD, MA 01201		 	 	1,000.
JEWISH MUSEUM OF FLORIDA - FIU	NONE	PRIVATE	GENERAL SUPPORT	
301 WASHINGTON AVENUE				,
MIAMI BEACH, FL 33139 Total from continuation sheets		<u> </u>	<u> </u>	1 000. 53 889.
TOTAL TOTAL CONTINUENTIAL STOCKS				1 13 603.

Grants and Contributions Paid During the	e Year (Continuation)			·
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
EMPLE JUDEA (CORAL GABLES)	NONE	PUBLIC	GENERAL SUPPORT	
500 GRANADA BOULEVARD				
COCONUT GROVE FL 33146		<u></u>		21,63
NIVERSITY OF MIAMI	NONE	PRIVATE	GENERAL SUPPORT	1
.O. BOX 248263				
ORAL GABLES, FL 33146				25
		 		
				i
		-		
		ļ <u>.</u>		
	1	1		

FORM 990-PF	OTHER EXPENSES			STATEMENT 1		
	(A) EXPENSES	(B) NET INVE	est-	(C) ADJUSTED	(D) CHARITABLE	
DESCRIPTION	PER BOOKS	MENT INC	COME	NET INCOM	E PURPOSES	
MISCELLANEOUS ADMINISTRATIVE FEES EXPENSE INVESTMENT MANAGEMENT FEES RENAISSANCE FEES ANNUAL FILING FEES VOIDED CHECK FROM PRIOR YEAR	510 6,592 5,637 705 70 <1,000	6, 5,	510. ,592. ,637. 705. 70.		0. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	12,514	12,	,514.		0.	
FORM 990-PF	OTHER IN	VESTMENTS			STATEMENT 2	
DESCRIPTION	v	ALUATION METHOD	воок	VALUE	FAIR MARKET VALUE	
INVESTMENTS- BLENDED			1,	207,277.	1,162,728.	
TOTAL TO FORM 990-PF, PART II	, LINE 13		1,	207,277.	1,162,728.	

	LIST OF OFFICERS, I		STAT	EMENT 3
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
BERNARD WOLFSON 3471 MAIN HIGHWAY #929 MIAMI, FL 33133	PRESIDENT 1.00	0.	0.	0.
STEVEN D. BROOKS 3269 ALLAMANDA STREET COCONUT GROVE, FL 33133	DIRECTOR 0.00	0.	0.	0.
JEFF LEVIN 4200 BISCAYNE BLVD MIAMI, FL 33137	DIRECTOR 0.00	0.	0.	0.
STEPHEN C. LANDE 4200 BISCAYNE BLVD MIAMI, FL 33137	SECRETARY 0.00	0.	0.	0.
JACOB SOLOMON 4200 BISCAYNE BLVD MIAMI, FL 33137	DIRECTOR 0.00	0.	0.	0.
JESSIE WOLFSON 3471 MAIN HIGHWAY #929 MIAMI, FL 33130	DIRECTOR 0.00	0.	0.	0.
HOWARD WOLFSON 4161 NORTH BAY ROAD MIAMI BEACH, FL 33140	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART VIII	0.	0.	0.