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2017

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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.

Open to Public Inspection

		ndar year 2017, or tax year beginning 01-01-2	017 , aı	nd er	nding 12-31-				
		ındatıon mily Philanthropic Foundation Inc			20-3448167	entification numbe	er		
Num	% Foundation Source Number and street (or P O box number if mail is not delivered to street address) Room/suite Foundation Source 501 Silverside Rd					B Telephone number (see instructions) (800) 839-1754			
		, state or province, country, and ZIP or foreign postal code DE 198091377			C If exemption	application is pendir	g, check here		
		I that apply			2 Foreign or test, chec	ganizations, check h ganizations meeting k here and attach co undation status was	the 85% mputation terminated		
			le private foundation		under sectio	n 507(b)(1)(A), che	ck here		
Fai of	r mark year <i>(f</i>	xet value of all assets at end from Part II, col (c), \$333,783	☑ Cash ☐ Accru	al		ation is in a 60-mont n 507(b)(1)(B), ched			
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(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 (attach	301,759						
	2	schedule) Check ▶ ☐ If the foundation is not required to attach Sch B							
	3 4	Interest on savings and temporary cash investments Dividends and interest from securities	532		532				
	5a	Gross rents							
eu	Ь	Net rental income or (loss)	-						
) I	6a	Net gain or (loss) from sale of assets not on line 10							
Revenue	7	Gross sales price for all assets on line 6a	_		0				
	8	Net short-term capital gain							
	10a b	Gross sales less returns and allowances Less Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	302,291		532				
	13	Compensation of officers, directors, trustees, etc	0						
	14	Other employee salaries and wages							
Operating and Administrative Expenses	15 16a	Pension plans, employee benefits							
ğ.	ь	Accounting fees (attach schedule)							
ē E	С	Other professional fees (attach schedule)	41,665				41,665		
at E	17	Interest							
35	18	Taxes (attach schedule) (see instructions)	627						
Ē	19	Depreciation (attach schedule) and depletion							
AG	20	Occupancy	12.600				12.00		
חם	21 22	Travel, conferences, and meetings	12,699				12,699		
g g	23	Other expenses (attach schedule)	5,330				5,330		
텵	24	Total operating and administrative expenses.							
ber		Add lines 13 through 23	60,321		0		59,694		
ō	25	Contributions, gifts, grants paid	106,690				106,690		
	26	Total expenses and disbursements. Add lines 24 and 25	167,011		0		166,384		
	27	Subtract line 26 from line 12							
	a b	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	135,280		532				
	c	Adjusted net income(if negative, enter -0-)							
For		work Reduction Act Notice, see instructions.		<u> </u>	Cat No. 11289)	<u> </u>	 rm 000-PF (2017		

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 (attach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶ 8 Assets 9 Prepaid expenses and deferred charges Investments—U S and state government obligations (attach schedule) 10a ٠, 301,759 b C Investments—land, buildings, and equipment basis ▶ 11 Less accumulated depreciation (attach schedule) ▶ 12

300,088

333,783

335,454

335.454

335,454 335,454

2

3

4

5

6

200,174

135,280

335,454

335,454 Form 990-PF (2017)

200,174

200,174

200,174

Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) Other assets (describe > _ Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 200,174

Foundations that follow SFAS 117, check here ▶

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Other increases not included in line 2 (itemize) > ____

and complete lines 24 through 26 and lines 30 and 31.

Other liabilities (describe -

Unrestricted . . .

Temporarily restricted

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

13

14

15

16

17

18

19

20

21 22

23

24

25

26

28

29

31

Part III

2

Liabilities

Balances

Fund

ŏ

Assets 27

Net 30

instructions

Page **3**

		(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquire P—Purchas D—Donatio	se Da	(c) te acquired o , day, yr)	(d) Date sold (mo , day, yr)	
1a	1						
	(-)	(f)		(g)		(h)
	(e) Gross sales price	Depreciation allowed		other basis			r (loss)
		(or allowable)	plus expe	ense of sale		(e) plus (f) minus (g)
<u>a</u>							
<u> </u>							
<u>c</u>							
d							
e							
	Complete only for assets	showing gain in column (h) and ow	i				I)
	(i)	(j) Adjusted basis		(k) of col(ı)			h) gain minus less than -0-) or
	F M V as of 12/31/69	as of 12/31/69		(j), if any			om col (h))
a				(3),			
b							
							_
d							
е							_
3		gain or (loss) as defined in sections art I, line 8, column (c) (see instructions in the sections in the section in	ons) If (loss), enter -0	Part I, line 7	} 2		
Par	V Qualification I	Jnder Section 4940(e) for Re	duced Tay on Net	Investment	t Income	<u> </u>	
	_					•	
(FOI 0	ptional use by domestic p	rivate foundations subject to the sec	.tion 4940(a) tax on ne	t investment ii	ncome)		
If sect	ion 4940(d)(2) applies, le	eave this part blank					
		e section 4942 tax on the distributa ot qualify under section 4940(e) Do		ın the base pe	eriod?	☐ Y	es 🗹 No
1	Enter the appropriate an	nount in each column for each year,	see instructions before	making any e	ntries		
Bas	(a) se period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitable	la-usa assats		(d) Distribution rat	10
year	(or tax year beginning in)				(col	(b) divided by c	
	2016	136,642		120,467			1 134269
	2015	187,969		120,067			1 565534
	2014	157,881		178,687			0 883562
	2013	118,104		214,906			0 549561
	Z012	74,481		194,816	2		0 382315
	Total of line 1, column (d	d)			2		4 515241
	number of years the four	o for the 5-year base period—divide Indation has been in existence if less ncharitable-use assets for 2017 fron	than 5 years 🔒	or by the	3 4		0 903048 141,279
5	Multiply line 4 by line 3			[5		127,582
		ent income (1% of Part I, line 27b)		[6		
7	Add lines 5 and 6			[7		127,587
		and from Dark VII June 4		· · ·			166 204

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

166,384

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

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Part VIII Information About and Contractors	Offic	ers, Directors, Trust	tees, Foundation Ma	anagers, Highly Paid En	
	6		. d &b . i	(in -ttion -)	
1 List all officers, directors, truste	es, r			(d)	
(a) Name and address		Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				compensation	
2. Componentian of five highest no	:-! -:		hasa instruded on line i	l coo inchurchions) If no	no onton "NONE "
2 Compensation of five highest-pa	ia ei		nose included on line .	Contributions to	ne, enter NONE.
(a) Name and address of each employee p more than \$50,000	aıd	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
		-			
		_			
Fotal number of other employees paid ov	er \$5	50,000	<u> </u>		
3 Five highest-paid independent c					E".
(a) Name and address of each perso	n pai	d more than \$50,000	(b) Тур	oe of service	(c) Compensation
			-		
			-		
Total number of others recovered over #F	2.000) for professional conveces			
Total number of others receiving over \$5 Part IX-A Summary of Direct					
ist the foundation's four largest direct charitable	e activ	vities during the tax year Incli		nation such as the number of	Expenses
organizations and other beneficiaries served, cor 1 KNOW THEM INITIATIVE - RAISES AV		, , , , , , , , , , , , , , , , , , , ,		ICATION" INCLUDES	
SPEAKING TOURS, ONLINE TALKS, P				I	48,253
2					
3					
4					
Don't TV B. Summary of Broard	D	alated Taylortmants	(see instructions)		
Part IX-B Summary of Progra Describe the two largest program-related inv			· · · · · · · · · · · · · · · · · · ·	and 2	Amount
1			· ·		
2					
All other program-related investments	See	ınstructions			
3					
Total. Add lines 1 through 3			.		

2a

2h

7.064

7.059

7.059

7,059

166,384

166.384

166.379

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2c

3

4

5

6

1a

1b

2

3a 3b

4

5

Distributable amount before adjustments Subtract line 2c from line 1.

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Tax on investment income for 2017 from Part VI, line 5.

Income tax for 2017 (This does not include the tax from Part VI). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

1

2a

3

4 5

6

1

2

3

4

5

Part XII

Page 9

7,059

7,059

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_	•	<u>. </u>	١	_	_	_	•	/	
X	1	ī	ī		Г		ī	Ji	n

-PF (2)	017)		
1111	Undistributed Income	(see instructions)	

a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 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 assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

b Excess from 2014. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

or 2017 from Part XI, line 7

69.138 104,213

153.105

184.416 134,473

104.213 153,105

184.416

134,473

159.325

2015 , 2014 , 2013

(a) Corpus

(b) Years prior to 2016

645.345

159.325

804,670

69.138

735,532

(c)

2016

2017

1	Distributable amount for 2017 from Part XI, line 7
2	Undistributed income, if any, as of the end of 2017

b Total for prior years

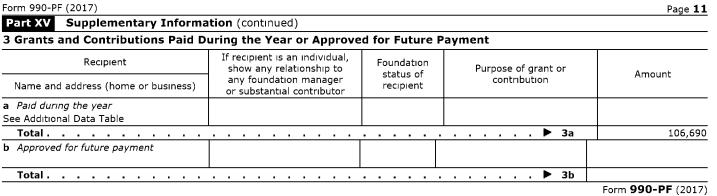
a From 2012.

b From 2013. c From 2014. . . .

d From 2015.

e From 2016.

Part 3



	Analysis of Income-Producing s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Prograr	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
g Fees	and contracts from government agencies					
3 Intere	ership dues and assessments est on savings and temporary cash			14	F22	
	tments			14	532	
	ntal income or (loss) from real estate					
	-financed property					
	lebt-financed property					
	ental income or (loss) from personal property					
	nvestment income					
	or (loss) from sales of assets other than tory					
	come or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a					
с						
a						
e	ial Add columns (h) (d) and (o)				532	
e 12 Subtot 13 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	532 3	532
e 12 Subtot 13 Total. (See w	ial Add columns (h) (d) and (o)	ations)				
e 12 Subtot 13 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
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e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
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e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul T-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	532

orm 990-PF	(2017)						Pag	ge 13
Part XVI	Information Re Exempt Organia		fers To and Transa	ections and Relat	ionships With Nonchar	itable		
	rganization directly or in Code (other than sectio				ation described in section 501 al organizations?		Yes	No
a Transfers	from the reporting foun	dation to a nonch	arıtable exempt organız	ation of				
(1) Cash	1					1a(1)		No
(2) Othe	er assets					1a(2)		No
b Other tra	nsactions							
	s of assets to a nonchari					1b(1)		No
(2) Purc	hases of assets from a n	oncharitable exen	npt organization			1b(2)		No
(3) Rent	al of facilities, equipmer	nt, or other assets				1b(3)		No
	nbursement arrangemen					1b(4)		No
	ns or loan guarantees.				1 1 1 1 1 1 1	1b(5)		No
	rmance of services or m	·	-			1b(6)		No
_	of facilities, equipment, n				always show the fair market	1c		No
of the go	ods, other assets, or ser	vices given by the ngement, show in	reporting foundation I	f the foundation rece of the goods, other as	wed less than fair market va ssets, or services received of transfers, transactions, and sh	lue	ngemen	ts
Line ito	(B) / illiodite illivolved	(c) Hame of Horier	arrable exempt organization	(a) Bescription	or cransicis, cransaccions, and si	arring arran	igemen	
described	indation directly or indire in section 501(c) of the complete the following so (a) Name of organization	Code (other than	•	n section 527?		Yes	✓	No
1 11	1	T de de la constitue E T la c						
of r		, it is true, correct			nying schedules and stateme er than taxpayer) is based o		mation	n of
Here	*****		2018-05-0	*****	retu	rn the prepar		
	Signature of officer or to	rustee	Date	Title		ınstr)? 🖪	✓ Yes [⊐ No
	Print/Type preparer's	name Prep	arer's Signature	Date	Check if self-		_	
Paid	Jeffrey D Haskell				employed ▶ □	P01345	770	
Preparei	Third Hallie F. Tour	ndation Source			Firm's	EIN ►		

Firm's address ▶ One Hollow Ln Ste 212

Lake Success, NY 11042

Phone no (800) 839-1754

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation Alexander M Simon VΡ 0 0 1.0

Foundation Source 501 Silverside Rd Wilmington, DE 198091377				
Benjamin J Simon	VP	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			
V. II				

Wilmington, DE 198091377				
Kathryn W Sımon	VP	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	1 0			
Patricia M Simon	VP	0	0	0

Foundation Source 501 Silverside Rd Wilmington, DE 198091377	1 0			
Patricia M Simon	VP	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			

William geom, BE 130031377				
Patricia M Simon	VP	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	1 0			

		_	_	
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	1 0			
	٧,			

VIII III 1900 1977				
ichard Simon	Pres, Dir, Sec	0	0	
oundation Course E01 Cilverside Bd	1 0			

Richard Simon	Pres, Dır, Sec	0	0	0
Foundation Source 501 Silverside Rd	1 0			

I	Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total
(contributions received by the foundation before the close of any tax year (but only if they have contributed more
1	than \$5,000).

Patricia M Simon

Richard Simon

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ABRAHAM PATH INITIATIVE INC PO BOX 86 MAPLEWOOD, NJ 07040	N/A	PC	General & Unrestricted	1,000
AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC 125 BROAD ST 18TH FL NEW YORK, NY 10004	N/A	PC	General & Unrestricted	2,500
AMERICAN FRIENDS OF I D C 116 E 16TH ST 11TH FL NEW YORK, NY 10003	N/A	PC	General & Unrestricted	1,000
BIONUTRIENT FOOD ASSOCIATION INC 24 HILLSVILLE RD N BROOKFIELD, MA 01535	N/A	PC	Real Food Campaign	10,000
BOSTON AREA RAPE CRISIS CENTER INC 99 BISHOP ALLEN DR CAMBRIDGE, MA 02139	N/A	PC	General & Unrestricted	1,000

Total . 3a 106,690

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CATHOLIC NEAR EAST WELFARE ASSOCIATION 1011 1ST AVE NEW YORK, NY 10022	N/A	PC	Hearing aids for needy students at Father Roberts Institute for the Deaf and Mute	1,000
CHICKEN & EGG PICTURES INC 45 MAIN ST STE 506 BROOKLYN, NY 11201	N/A	PC	General & Unrestricted	5,000
CREATIVE VISIONS FOUNDATION 18820 PACIFIC COAST HWY STE 201 MALIBU, CA 90265	N/A	PC	Living on One	10,000
FACING HISTORY AND OURSELVES INC 16 HURD RD BROOKLINE, MA 02445	N/A	PC	General & Unrestricted	1,000
HAITI PROJECTS INC335 WATER ST HANOVER, MA 02339	N/A	PC	General & Unrestricted	1,000

За

106,690

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HARVARD BUSINESS SCHOOL N/A PC General & Unrestricted 100 TEFLE HALL SOLDIERS FIELD BOSTON, MA 02163 N/A PC General & Unrestricted 7,000 HOFFMAN INSTITUTE FOUNDATION 1299 4TH ST 6TH FL SAN RAFAEL, CA 94901 2,500 000

BROOKLINE, MA 02445	N/A	PC	General & Unrestricted	2
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD STE 1500 LOS ANGELES, CA 90025	N/A	PC	General & Unrestricted	1

INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD STE 1500 LOS ANGELES, CA 90025	N/A	PC	General & Unrestricted	1,00
HIGT VICTOR INC. C.C. D. CT NIW CTE 240	21/2	56	6 1011 1 1	1.00

12400 WILSHIRE BLVD STE 1500 LOS ANGELES, CA 90025				·
JUST VISION INC1616 P ST NW STE 340	N/A	PC	General & Unrestricted	1,000

LOS ANGELES, CA 90025				
JUST VISION INC1616 P ST NW STE 340	N/A	PC	General & Unrestricted	1,

Total. 106,690

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Recipient Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KARAM FOUNDATION NEP N/A PC. General & Unrestricted 500 230 NORTHGATE ST UNIT 742 LAKE FOREST, IL 60045 N/A PC LEGACY HEALTH FOUNDATION General & Unrestricted 1,000 1919 NW LOVEJOY ST PORTLAND, OR 97209 LOUIS AUGUST JONAS FOUNDATION PC General & Unrestricted N/A 250 INC 152 MADISON AVE NEW YORK, NY 10016 MIDDLE EAST CHILDRENS INSTITUTE N/A PC General & Unrestricted 2.500 INC 63 FOREST AVE STE 5B LOCUST VALLEY, NY 11560 MILLENNIUM CAMPUS NETWORK INC N/A PC General & Unrestricted 1,000 101 HUNTINGTON AVE STE 2205

106,690

BOSTON, MA 02199

Total . . 3a

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
MORE THAN WORDS INC56 FELTON ST WALTHAM, MA 02453	N/A	PC	General & Unrestricted	200
MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUD 1115 MISSION ST SANTA CRUZ, CA 95060	N/A	PC	Shock to Awe	1,000
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM HGTS, MA 02494	N/A	PC	Charitable Event	750
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM HGTS, MA 02494	N/A	PC	Pan Mass Challenge 2017	250
PLANNED PARENTHOOD FEDERATION OF AMERICA INC 123 WILLIAMS ST 10TH FL NEW YORK, NY 10038	N/A	PC	General & Unrestricted	800
Total				106,690

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year REFUGEPOINT INC N/A PC General & Unrestricted 1.000 689 MASSACHUSETTS AVE 2ND FLR CAMBRIDGE, MA 02139 N/A PC General & Unrestricted 1,000 RIA HOUSE INC330 COCHITUATE RD EDAMINICHAM MA 01701

FRAMINGHAM, MA 01/01				
ROCA INC101 PARK ST CHELSEA, MA 02150	N/A	PC	General & Unrestricted	1,000
ROSIES PLACE INC889 HARRISON AVE BOSTON, MA 02118	N/A	PC	General & Unrestricted	500

ROSIES PLACE INC889 HARRISON AVE BOSTON, MA 02118	N/A	PC	General & Unrestricted	
SHINING HOPE FOR COMMUNITIES INC	N/A	PC	General & Unrestricted	

BOSTON, MA 02118	IVA		General & Officstricted	
SHINING HOPE FOR COMMUNITIES INC 175 VARICK ST 5TH FL	N/A	PC	General & Unrestricted	

За

ROSIES PLACE INC889 HARRISON AVE BOSTON, MA 02118	N/A	PC	General & Unrestricted	
SHINING HOPE FOR COMMUNITIES INC	N/A	PC	General & Unrestricted	10,

N/A	PC	General & Unrestricted	10,000
(
<u> </u>			
	N/A	N/A PC	N/A PC General & Unrestricted

175 VARICK ST 5TH FL NEW YORK, NY 10014	SHINING HOPE FOR COMMUNITIES INC	N/A	PC	General & Unrestricted	10
NEW YORK, NY 10014	175 VARICK ST 5TH FL				
· · · · · · · · · · · · · · · · · · ·	NEW YORK, NY 10014				

Total				106,690
175 VARICK ST 5TH FL NEW YORK, NY 10014				1
SHINING HOPE FOR COMMUNITIES INC	I N/A	PC	General & Unitestricted	10,0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SURVIVING IN NUMBERS INC N/A PC General & Unrestricted 35,640 10 LAUDHOLM RD NEWTON, MA 02458 THE GRIFFIN MUSEUM OF N/A PC General & Unrestricted 1,000 PHOTOGRAPHY INC 67 SHORE RD

WINCHESTER, MA 01890				
THE NEWTON FREE LIBRARY 330 HOMER ST NEWTON CENTRE, MA 02459	N/A	GOV	General & Unrestricted	250
UNFUNDED LIST 1341 CLIFTON ST NW APT 205 WASHINGTON, DC 20009	N/A	PC	General & Unrestricted	2,500

330 HOMER ST NEWTON CENTRE, MA 02459	N/A	GOV	General & Officestricted	23
UNFUNDED LIST 1341 CLIFTON ST NW APT 205 WASHINGTON, DC 20009	N/A	PC	General & Unrestricted	2,50

UNFUNDED LIST 1341 CLIFTON ST NW APT 205 WASHINGTON, DC 20009	N/A	PC	General & Unrestricted	2,500
VNA CARE HOSPICE INC120 THOMAS ST WORCESTER, MA, 01608	N/A	PC	General & Unrestricted	200

WASHINGTON, DC 20009				ì
VNA CARE HOSPICE INC120 THOMAS ST WORCESTER, MA 01608	N/A	PC	General & Unrestricted	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
WHITE PLAINS HOSPITAL MEDICAL CENTER 41 E POST RD WHITE PLAINS, NY 10601	N/A	PC	General & Unrestricted	250

106,690

WHITE PLAINS HOSPITAL MEDICAL	IN/A	PC	General & Officestricted	
CENTER				
41 E POST RD				
WHITE PLAINS, NY 10601				

За

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491131017588 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2017 Depreciation Schedule

Name: Simon Family Philanthropic Foundation Inc EIN: 20-3448167

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491131017588
TY 2017 Investments Corporat	e Stock Sche	dule

Name: Simon Family Philanthropic Foundation Inc EIN: 20-3448167

151,510

151,555

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ALTRIA GROUP INC	150,249	148,533

EXXON MOBIL CORP

TY 2017 LiquidationExplanationStmt

Name: Simon Family Philanthropic Foundation Inc

EIN: 20-3448167

Statement: As explained below, the Foundation has no plans for dissolution.

This statement is submitted to report the distribution of certain assets during the year. The distributions resulted in a substantial contraction of assets. The following information is submitted in accordance with Treasury Regulation Section 1.6043-3(a)(1) and the Form 990-PF instructions: During the taxable year ending December 31, 2017, the Foundation made distributions from assets from sources other than current income. Collectively, the distributions in excess of current income totaled \$106,690. This amount represents over 25% of the Foundation's net assets of \$200,174 (as measured by fair market value) at the beginning of the Foundation's taxable year ending December 31, 2017. Although the Foundation technically experienced a substantial contraction, it will continue in existence and has no plans for dissolution. The Foundation made distributions of cash to the grantees listed in the attachment to Part XV, Line 3a; each such grant was made solely for the charitable purpose specified therein.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491131017588		
TY 2017 Other Expenses Schedule						
Name: Simon Family Philanthropic Foundation Inc EIN: 20-3448167						
Other Expenses Schedule						
Description Revenue and Expenses per Books Revenue and Expenses per Income Income Charitable Purposes						
Administrative Fees	5,000			5,000		

Office Supplies

State or Local Filing Fees

Category	Amount	Net Investment	Adjusted Net	Disbursements			
Name: Simon Family Philanthropic Foundation Inc EIN: 20-3448167							
TY 2017 Other Professional Fees Schedule							
efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DL	N: 93491131017588			

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
	1	1		Purnoses

41,665

PHOTOGRAPHY/COMPUTER SERVICES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491131017588			
TY 2017 Taxes Schedule							
Name: Simon Family Philanthropic Foundation Inc							
EIN: 20-3448167							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
990-PF Extension for 2016	627						

efile GRAPHIC print - [OO NOT PROCESS	As Filed Data -				DLN: 93491131017588
Schedule B		Schedu	ule of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	ibout Schedule B (F	Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-P <u>ww <i>Irs gov/form</i>990</u>		ons is at	2017
Name of the organization					Employer id	dentification number
Organization type (che	eck one)				20-3448167	
	,					
Filers of:	Section:					
Form 990 or 990-EZ						
	☐ 4947(a)(1) nonexempt char	rtable trust not treated a	s a private founda	tion	
	☐ 527 politi	cal organization				
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation			
	☐ 4947(a)(1) nonexempt char	ritable trust treated as a p	orivate foundation		
	☐ 501(c)(3)	taxable private fo	undation			
			PF that received, during to omplete Parts I and II S			
Special Rules						
under sections 5 received from ar	509(a)(1) and 170(b)	(1)(A)(vi), that che uring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	, 16a, or 16b, and that
during the year,	total contributions of	f more than \$1,000	or (10) filing Form 990 o Dexclusively for religious animals Complete Part	, charitable, scien		
during the year, If this box is che purpose Don't o	contributions exclusecked, enter here the complete any of the p	eively for religious, total contributions parts unless the G o	or (10) filing Form 990 of charitable, etc., purposes that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an ns organization be	ntributions tota exclusively re ecause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
990-EZ, or 990-PF), but	t it must answer "No	on Part IV, line 2	le and/or the Special Ru , of its Form 990, or chec t it doesn't meet the filing	ck the box on line	H of its	
For Paperwork Reduction A for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	ıle B (Form 990	0, 990-EZ, or 990-PF) (2017)

Name of organiz	ation	Employer identification	number
Simon Family Phila	anthropic Foundation Inc	20-3448167	
Part I	Contributors (See instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Simon Richard 25 Crescent St apt 135 Waltham, MA02453	\$ 301,759	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ Schodulo P. (Fe	Person Payroll Noncash (Complete Part II for noncash contributions) orm 990, 990-EZ, or 990-PF) (2017)

Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2017)		Page 3
Name of organiz	ation anthropic Foundation Inc	Employer iden	tification number
	<u>'</u>	20-3	448167
Part II	Noncash Property (See Instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	ALTRIA GROUP INC MO, 2080 sh	\$ 150,249	2017-12-21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	EXXON MOBIL CORP XOM, 1812 sh	\$ 151,510	2017-12-21
(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
		\$	
		Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)