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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491123004418

2017

OMB No 1545-0052

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| | | ndar year 2017, or tax year beginning | 01-01-20 |)17 , a | nd ei | nding 12-31- | | |
|---------------------------------------|----------------|--|--------------|---|-------|-------------------------|--|--|
| | | Indation AMILY FOUNDATION | | | | | entification numbe | r |
| | | | | Room/suite | | 41-1794327 | | |
| | | I street (or P O box number if mail is not delivered to str PINE STREET | | B Telephone number (see instructions) (952) 927-9338 | | | | |
| | | , state or province, country, and ZIP or foreign postal co HIA, PA 19103 | de | | | C If exemption | application is pendin | g, check here |
| i Cł | neck al | | ded return | former public charity | | 2 Foreign or test, chec | ganizations, check he ganizations meeting k here and attach co | the 85% mputation |
| I Ch | neck ty | pe of organization Section 501(c)(3) exem | pt private f | foundation | | | undation status was f n 507(b)(1)(A), chec | |
| | Section | 4947(a)(1) nonexempt charitable trust 🔲 🔾 | ther taxable | e private foundation | | | | |
| of ' | year <i>(f</i> | (set value of all assets at end from Part II, col (c), \$ 7,063,708 | specify) | ✓ Cash ☐ Accru | ıal | | ation is in a 60-mont n 507(b)(1)(B), chec | |
| Pa | rt I | Analysis of Revenue and Expenses (To of amounts in columns (b), (c), and (d) may not necest 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 (attack | ch | | | | | |
| | 2 | schedule) Check ► ✓ if the foundation is not required to Sch B | attach | | | | | |
| | 3 | Interest on savings and temporary cash investm | nents | 215 | | 215 | | |
| | 4 | Dividends and interest from securities | | 114,272 | | 114,272 | | |
| | 5a | Gross rents | | | | | | |
| | ь | Net rental income or (loss) | | | | | | |
| Œ. | 6a | Net gain or (loss) from sale of assets not on line | ≘ 10 | 62,166 | | | | |
| Revenue | ь 7 | Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) | | | | 62,166 | | |
| | 8 | Net short-term capital gain | | | | | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | |
| | b | Less Cost of goods sold | | | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | | |
| | 11 | Other income (attach schedule) | | | | | | |
| | 12 | Total. Add lines 1 through 11 | | 176,653 | | 176,653 | | |
| | 13 | Compensation of officers, directors, trustees, et | :c | С | | 0 | | (|
| | 14 | Other employee salaries and wages | | | | | | |
| 5 E S | 15 | Pension plans, employee benefits | | | | | | |
| Ξ Φ | 16a | Legal fees (attach schedule) | | 05.1 2.400 | | 2.400 | | |
| X. | b | Accounting fees (attach schedule) | | 2,189 | - | 2,189 | | (|
| 2 | С. | Other professional fees (attach schedule) | | 11,763 | | 11,763 | | (|
| = = = = = = = = = = = = = = = = = = = | 17 | Interest | | | | | | |
| <u> </u> | 18 | Taxes (attach schedule) (see instructions) | | | | | | |
| | 19 | Depreciation (attach schedule) and depletion | | | | | | |
| 5 | 20 | Occupancy | | | | | | |
| <u> </u> | 21 22 | Printing and publications | | | | | | |
| 7 7 | 23 | Other expenses (attach schedule) | | 9 372 | | 372 | | (|
| | 24 | Total operating and administrative expense | | 97.2 | 1 | 5,2 | | ` |
| Operating and Administrative Expenses | | Add lines 13 through 23 | | 14,324 | | 14,324 | | , |
| 2 | 25 | Contributions, gifts, grants paid | | 344,369 | - | 11,027 | | 344,369 |
| | 26 | Total expenses and disbursements. Add line | es 24 and | 358,693 | | 14,324 | | 344,369 |
| | 27 | Subtract line 26 from line 12 | | 330,033 | | 11,024 | | 311,30 |
| | a | Excess of revenue over expenses and disbursements | | -182,040 | | | | |
| | ь | Net investment income (If negative, enter -0 | -) | | | 162,329 | | |
| | С | Adjusted net income(If negative, enter -0-) | | | | | | |
| or | Daner | work Reduction Act Notice, see instructions | | | | Cat No. 11280) | , Eo | m QQQ-PF (2017 |

| 2 | Savings and temporary cash investments | 02,414 | 112,299 | 112,299 |
|-----|--|-----------|-----------|-----------|
| 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 (attach schedule) (see instructions) | | | |
| 7 | Other notes and loans receivable (attach schedule) | | | |
| | Less allowance for doubtful accounts ▶ | | | |
| 8 | Inventories for sale or use | | | |
| 9 | Prepaid expenses and deferred charges | | | |
| 10a | Investments—U S and state government obligations (attach schedule) | | | |
| Ь | Investments—corporate stock (attach schedule) | 2,287,054 | 2,087,200 | 6,951,409 |
| c | Investments—corporate bonds (attach schedule) | | | |
| 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | Less accumulated depreciation (attach schedule) | | | |
| 12 | Investments—mortgage loans | | | |
| 13 | Investments—other (attach schedule) | | | |
| 14 | Land, buildings, and equipment basis ▶ | | | |
| | Less accumulated depreciation (attach schedule) | | | |
| 15 | Other assets (describe >) | | | |
| 16 | Total assets (to be completed by all filers—see the | | | |
| | instructions Also see page 1 item I) | 2 369 468 | 2 199 499 | 7 063 708 |

1,910,367

459,101

2,369,468

2,369,468

1,922,438

277,061

2,369,468

-182,040

2,199,499

2,199,499 Form **990-PF** (2017)

12,071

2,199,499 2,199,499

1 2

3

4

5

instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses . 18 19 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds

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

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

Liabilities

Net Assets or Fund Balances

22

23

24

25

26

27

28

29

30

31 Part III

2

3

Other liabilities (describe -_

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Page **3**

| <u> </u> | | | | | |
|---|---|---|--|---|--|
| | (a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | |
| 1a See Addıtıonal Data Tabl | e | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain o | h) r (loss)) minus (g) |
| a See Additional Data Tabl | e | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets | s showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | (| 1) |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) s of col (ı) l (յ), ıf any | Gains (Col (col (k), but not | h) gain minus less than -0-) or om col (h)) |
| a See Addıtıonal Data Tabl | | | 3,77 | , | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income | or (net canital loss) | If gain, also enter in F If (loss), enter -0- in l | | | |
| - Capital gain net income | or (nec capital loss) | 11 (1033), criter o iii i | (are 1, mic) | 2 | 62,166 |
| 3 Net short-term capital | gain or (loss) as defined in sections : | 1222(5) and (6) | | | |
| If gain, also enter in Pa in Part I, line 8 | ert I, line 8, column (c) (see instructi | ons) If (loss), enter -0 |)· · } | 3 | |
| Part V Qualification | Under Section 4940(e) for Re | duced Tay on Not | · Investment In | como | |
| | | | | | |
| (For optional use by domestic p | private foundations subject to the sec | ction 4940(a) tax on ne | et investment incom | ie) | |
| If section 4940(d)(2) applies, le | eave this part blank | | | | |
| | ne section 4942 tax on the distributal ot qualify under section 4940(e) Do | | | γ <u> </u> | es 🗹 No |
| 1 Enter the appropriate an | nount in each column for each year, | see instructions before | e making any entrie: | s | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | ple-use assets | (d) Distribution rat (col (b) divided by c | |
| 2016 | 288,392 | | 5,697,725 | | 0 050615 |
| 2015 | 278,071 | | 5,698,325 | | 0 048799 |
| 2014 | 281,592 | | 5,430,620 | | 0 051853 |
| 2013 | 258,262 | | 4,779,898 | | 0 054031 |
| 2012 | 179,218 | | 3,899,223 | | 0 045962 |
| 2 Total of line 1, column (| • | | | | 0 251260 |
| number of years the four | o for the 5-year base period—divide indation has been in existence if less | than 5 years | , or by the | | 0 050252 |
| 4 Enter the net value of no | oncharitable-use assets for 2017 fron | n Part X, line 5 | 4 | | 6,606,959 |
| 5 Multiply line 4 by line 3 | | | 5 | | 332,013 |
| 6 Enter 1% of net investment | ent income (1% of Part I, line 27b) | | 6 | | 1,623 |
| 7 Add lines 5 and 6 | | | 7 | | 333,636 |
| | ions from Part XII, line 4 , | | 8 | | 344,369 |
| If line 8 is equal to or gre instructions | eater than line 7, check the box in Pa | art VI, line 1b, and com | nplete that part usin | g a 1% tax rate Se | e the Part VI |

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

7b

| | · · · · · · · · · · · · · · · · · · · | | | |
|-----------|---------------------------------------|----------------------|------------------------|------------------------|
| Down WIII | Information About Officers, | Directors, Trustees, | , Foundation Managers, | Highly Paid Employees, |
| Part VIII | and Contractors | | | |

| 1 List all officers, directors, trustee | es, foundation managers ar | nd their compensation | (see instructions). | |
|---|---|---|---|---------------------------------------|
| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| See Additional Data Table | | | Componibution. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Compensation of five highest-pai | d employees (other than t | hose included on line : | L—see instructions). If nor Contributions to | ie, enter "NONE." |
| (a) Name and address of each employee pa more than \$50,000 | Title, and average hours per week (b) devoted to position | (c) Compensation | employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE | | | (a) compensation | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid ove | | | | |
| 3 Five highest-paid independent co | | | | 0 E". |
| (a) Name and address of each person | | 1 | e of service | (c) Compensation |
| NONE | | | | |
| | | | | |
| | | - | | |
| | | | | |
| | | | | |
| | | _ | | |
| | | | | |
| | | - | | |
| Total number of others receiving over \$50 | ,000 for professional services | | | 0 |
| Part IX-A Summary of Direct C | | | | |
| List the foundation's four largest direct charitable organizations and other beneficiaries served, con | | | nation such as the number of | Expenses |
| 1 | | | | |
| | | | | |
| | | | | |
| 2 | | | | |
| | | | | |
| 3 | | | | |
| | | | | |
| 4 | | | | |
| - | | | | |
| | | | | |
| Part IX-B Summary of Program | m-Related Investments | (see instructions) | | |
| Describe the two largest program-related inve | stments made by the foundation d | uring the tax year on lines 1 | and 2 | Amount |
| 1 | | | | |
| | | | | |
| 2 | | | | |
| | | | | |
| All II | <u> </u> | | | |
| All other program-related investments 3 | See instructions | | | |
| | | | | |
| | | | | |
| Total. Add lines 1 through 3 . | | · · · · · · · · | | 000 PE (2017) |

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2

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

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.

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

Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

2

3a 3h

4

5

344.369

1.623

342.746

Form 990-PF (2017)

328,725

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0

(d)

2017

| Form 990-PF (20 | 017) | |
|-----------------|----------------------|--------------------|
| Part XIII | Undistributed Income | (see instructions) |

b Total for prior years

From 2012.

b From 2013. **c** From 2014.

d From 2015.

e From 2016.

1 Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 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

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) . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

b Excess from 2014. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 ► \$ 344,369
 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).

12,909

17.671

6,011 6,014

12,909 17,671

6.011

6.014

15.644

(a)

Corpus

42.605

15.644

58,249

58,249

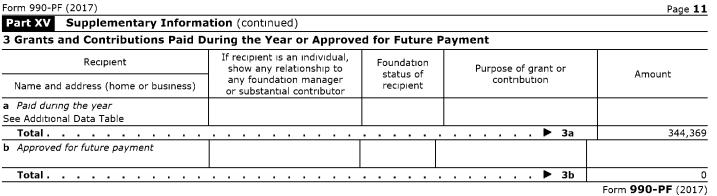
0

(b)

Years prior to 2016

(c)

2016



| Enter gross | s amounts unless otherwise indicated | Unrelated bu | isiness 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) |
| a | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| g Fees 2 Membe | and contracts from government agencies ership dues and assessments est on savings and temporary cash | | | | | |
| | tments | | | | | 215 |
| | nds and interest from securities | | | | | 114,272 |
| | ntal income or (loss) from real estate -financed property. | | | | | |
| | lebt-financed property | | | | | |
| | ental income or (loss) from personal property | | | | | |
| 7 Other | investment income | | | | | |
| | or (loss) from sales of assets other than | | | | | |
| | tory | | | | | 62,166 |
| | profit or (loss) from sales of inventory | | | | | |
| | revenue a | | | | | |
| b | | | | | | |
| | | | | | | |
| | | | | | | |
| | al Add columns (b), (d), and (e). | | 0 | | | 176,653 |
| | Add line 12, columns (b), (d), and (e) | · | | | B | |
| (See w | orksheet in line 13 instructions to verify calcu | | | | | |
| Part XV | Relationship of Activities to th | e Accomplish | ment of Exem | nt Purnoses | | |
| Part XV Line No. ▼ | Explain below how each activities to the the accomplishment of the foundation's experimental accomplishment of the foundation's experimental accomplishment of the foundation. | ıncome ıs report | ed in column (e) of | F Part XVI-A contribu | |) |
| Line No. ▼ | Explain below how each activity for which the accomplishment of the foundation's exinstructions) | income is report empt purposes (| ed in column (e) of other than by prov | F Part XVI-A contribu | |) |
| Line No. ▼ | Explain below how each activity for which the accomplishment of the foundation's ex | income is report empt purposes (ITIONS MADE BY | ed in column (e) of other than by prov THE FOUNDATION | F Part XVI-A contributed for such | | |
| Line No. | Explain below how each activity for which the accomplishment of the foundation's exinstructions) USED TO FUND THE CHARITABLE CONTRIBU | income is report empt purposes (ITIONS MADE BY ITIONS MADE BY | ed in column (e) of other than by prov THE FOUNDATION THE FOUNDATION | F Part XVI-A contributed for such | | 0 |
| Line No. | Explain below how each activity for which the accomplishment of the foundation's exinstructions) USED TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND T | income is report empt purposes (ITIONS MADE BY ITIONS MADE BY | ed in column (e) of other than by prov THE FOUNDATION THE FOUNDATION | F Part XVI-A contributed for such | | |
| Line No. | Explain below how each activity for which the accomplishment of the foundation's exinstructions) USED TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND T | income is report empt purposes (ITIONS MADE BY ITIONS MADE BY | ed in column (e) of other than by prov THE FOUNDATION THE FOUNDATION | F Part XVI-A contributed for such | | |
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| Line No. | Explain below how each activity for which the accomplishment of the foundation's exinstructions) USED TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND T | income is report empt purposes (ITIONS MADE BY ITIONS MADE BY | ed in column (e) of other than by prov THE FOUNDATION THE FOUNDATION | F Part XVI-A contributed for such | | |
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| Line No. | Explain below how each activity for which the accomplishment of the foundation's exinstructions) USED TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND T | income is report empt purposes (ITIONS MADE BY ITIONS MADE BY | ed in column (e) of other than by prov THE FOUNDATION THE FOUNDATION | F Part XVI-A contributed for such | | |
| Line No. | Explain below how each activity for which the accomplishment of the foundation's exinstructions) USED TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND T | income is report empt purposes (ITIONS MADE BY ITIONS MADE BY | ed in column (e) of other than by prov THE FOUNDATION THE FOUNDATION | F Part XVI-A contributed for such | | |
| Line No. | Explain below how each activity for which the accomplishment of the foundation's exinstructions) USED TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND T | income is report empt purposes (ITIONS MADE BY ITIONS MADE BY | ed in column (e) of other than by prov THE FOUNDATION THE FOUNDATION | F Part XVI-A contributed for such | | |
| Line No. | Explain below how each activity for which the accomplishment of the foundation's exinstructions) USED TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND THE CHARITABLE CONTRIBUTION TO FUND T | income is report empt purposes (ITIONS MADE BY ITIONS MADE BY | ed in column (e) of other than by prov THE FOUNDATION THE FOUNDATION | F Part XVI-A contributed for such | | |

| orm 990-l | PF (2017) | | | | Pa | ge 13 |
|------------------|---------------------------------|---|---|-----------|--------|--------------|
| Part XV | Information Re Exempt Organi | | ons and Relationships With Nonchari | table | | |
| | | idirectly engage in any of the following with a on 501(c)(3) organizations) or in section 527, | ny other organization described in section 501 relating to political organizations? | | Yes | No |
| a Transfe | ers from the reporting four | idation to a noncharitable exempt organizatio | n of | | | |
| (1) Ca | ash | | | 1a(1) | | No |
| | | | | 1a(2) | | No |
| b Other t | ransactions | | | | | |
| (1) Sa | ales of assets to a nonchar | itable exempt organization | | 1b(1) | | No |
| | | noncharitable exempt organization | | 1b(2) | | No |
| (3) Re | ental of facilities, equipmen | nt, or other assets | | 1b(3) | | No |
| (4) Re | eimbursement arrangemer | nts | | 1b(4) | | No |
| (5) Lo | ans or loan guarantees. | | | 1b(5) | | No |
| (6) Pei | rformance of services or m | embership or fundraising solicitations | | 1b(6) | | No |
| c Sharing | g of facilities, equipment, r | mailing lists, other assets, or paid employees. | | 1c | | No |
| | | ngement, show in column (d) the value of th | , | | | |
| (a) Line No | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sha | rıng arra | ngemen | ts |
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| of th | e answer to any of the above le goods, other assets, or ser ny transaction or sharing arra | vices given by the re | porting foundation If th | ne foundation received | |
|--------------|---|-----------------------|--------------------------|------------------------|---|
| (a) Line I | No (b) Amount involved | (c) Name of noncharit | able exempt organization | (d) Description of t | ransfers, transactions, and sharing arrangements |
| | | | | | |
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| | e foundation directly or indiriple of the ribed in section 501(c) of the | | • | | |
| b If "Y | es," complete the following s | | | | |
| | (a) Name of organization | on | (b) Type of organiza | ation | (c) Description of relationship |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Under penalties of perjury, I declare that I have exami of my knowledge and belief, it is true, correct, and con which preparer has any knowledge | | | | |
| Sign Here | ***** | | 2018-04-25 | ***** | May the IRS discuss this return with the preparer shown |
| | Signature of officer or t | rustee | Date | Title | below (see instr)? ✓ Yes ☐ No |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation 0 224 SHARES OF MEDTRONIC PLC COM Р 2017-04-04 2016-10-21 0 053 SHARES OF COSTCO WHOLESALE CORPORATION Ρ 2015-12-09 2017-03-30 0 268 SHARES OF AMGEN INC COM Р 2015-04-17 2017-03-30 0 705 SHARES OF MICROSOFT CORP COM Р 2015-12-08 2017-03-30 200 078 SHARES OF PROCTER GAMBLE CO COM Р 2014-02-08 2017-03-30 Ρ 0 189 SHARES OF COMMERCE BANCSHARES INC COM 2000-01-01 2017-03-30 Р 440 SHARES OF DANAHER CORP DEL COM 2000-06-01 2017-01-31 Р 0 342 SHARES OF INTL BUSINESS MACHINBES COM 1993-09-01 2017-03-30 Ρ 42 871 SHARES OF INTL BUSINESS MACH 2016-09-10 2017-08-29 1500 SHARES OF ENDO INTL PLC FOREIGN STOCK Р 2016-12-20 2017-06-29 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 19 18 -1 9 8 1 44 44 0 46 39 7 17,630 15,855 1,775 10 1 36,487 1,196 35,291 59 13 46 6,000 6,702 -702 16,707 23,992 -7,285 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -1 1 0 7 1,775 35,291 46 -702 -7,285

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Р 425 SHARES OF CANTEL MEDICAL CORP 2014-03-12 2017-08-21 86 817 SHARES OF INTL BUSINESS MACH Р 2016-06-10 2017-08-21 1000 SHARES OF PAREXEL INTL CORP Р 2015-02-27 2017-10-02 1500 SHARES OF ENDO INTL PLC FOREIGN STOCK Р 2016-04-07 2017-06-29 Ρ 383 SHARES OF MEDTRONIC PLC FOREIGN STOCK 2015-05-20 2017-06-29 Р 0 950 SHARES OF COMMERCE BANCHSHARES COMMONJ STOCK 2000-01-01 2017-12-18 300 312 SHARES OF INTL BUSINESS MACH 1993-09-01 2017-08-29 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (f) (or allowable) (a) plus expense of sale (h) (e) plus (f) minus (g) 31,942 13,453 18,489 12,752 12,138 -61488.100 58.886 29,214 16.707 68.259 -51,552 33.945 29,267 4,678 54 5 49 44.479 11.718 32.761 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 18,489 -614 29,214 -51,552 4,678 49 32,761

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 HARVEY KAPLAN DIRECTOR ٥ Ω 35 00 6566 FRANCE AVENUE SO SUITE 701 EDINA, MN 55435 MARJORIE KAPLAN O DIRECTOR 35 00 6566 FRANCE AVENUE SO SUITE 701 EDINA, MN 55435 HELEN KAPLAN SECRETARY 0 40 00 139 W 85TH STREET 5 NEW YORK, NY 10024 LAURA KAPLAN DIRECTOR ٥ 35 00 2828 SUNSET BLVD MINNEAPOLIS, MN 55416 RACHEL KAPLAN PRESIDENT O 0 5 00 1714 W BYRON CHICAGO, IL 60613 BOB RIESMAN DIRECTOR 0 35 00 1714 W BYRON CHICAGO, IL 60613 LEAH KAPLAN 0 VICE PRESIDENT 0 40 00 2117 PINE STREET PHILADELPHIA, PA 19103 ROSS KAPLAN **TREASURER** 0 2 00 2828 SUNSET BLVD MINNEAPOLIS, MN 55416

0

0

DIRECTOR

35 00

JON SMOLLEN

2117 PINE STREET PHILADELPHIA, PA 19103

| 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 Chan \$5,000). |
|--|
| HARVEY KAPLAN |
| MARJORIE KAPLAN |
| HELEN KAPLAN |
| LAURA KAPLAN |
| RACHEL KAPLAN |
| BOB RIESMAN |
| LEAH KAPLAN |
| ROSS KAPLAN |

JON SMOLLEN

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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALLIANCE OF HOPE FOR SUICIDE LOSS NC. JEWISH COMMUNITY 2,500 **SURVIVORS POBOX 7005** EVANSTON, IL 60201 AMERICAN FOUNDATION FOR SUICIDE NC. 2,500 JEWISH SOCIAL SERVICES PREVENTION(AFSP) 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005 AMERICAN FRIENDS OF MAGEN DAVID NC MEDICAL 3,500 ADOM(AFMDA) 352 SEVENTH AVE SUITE 400 NEW YORK, NY 10001 AMERICAN JEWISH WORLD SERVICE NC 8,500 JEWISH CULTURAL 45 WEST 36TH STREET 11TH FLOOR NEW YORK, NY 10018 3,325

ANSHE EMET SYNAGOGUE NC JEWISH RELIGIOUS

ORGANIZATION

371 NORTH BROADWAY CHICAGO, IL 60613

344,369 Total

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or Amount If recipient is an individual, 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 ANTI-DEFAMATION LEAGUE NC JEWISH SOCIAL SERVICES 1.500 605 THIRD AVENUE NEW YORK, NY 10158 NC ARK6450 NORTH CALIFORNIA AVENUE JEWISH SOCIAL SERVICES 12,500 CHICAGO, IL 60645 8,560 1.000 1.000

| AZ CENTER FOR THE BLIND 3040 SOUTH 45TH STREET PHOENIX, AZ 85040 | NC | MEDICAL | 1, |
|--|----|------------------|----|
| ADOVAH4707 N BROADWAY 3RD FLOOR CHICAGO, IL 60640 | NC | JEWISH EDUCATION | 8, |

AZ TALKING BOOK LIBRARY NC **EDUCATION**

1030 NORTH 32ND STREET PHOENIX, AZ 85008

Total . . 344,369 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, 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 B & BD FIREFIGHTERS HALL & MUSEUM NC EMERGENCY FOOD AND 200 664 22ND AVE NE SHELTER MINNEPOLIS, MN 55418 BAKER-RIPLEYPO BOX 271389 NC **CULTURAL ENRICHMENT** 3,000

| HOUSTON, TX 772771389 | | | · |
|---|----|----------------------------------|--------|
| BETH EL SYNAGOGUE 5225 BARRY STREET MINNEAPOLIS, MN 55416 | NC | JEWISH RELIGIOUS ORGANIZATION | 22,444 |
| BROWN UNIVERSITYPO BOX 1877 | NC | EDUCATION | 1,000 |

| BROWN UNIVERSITYPO BOX 1877 PROVIDENCE, RI 029121877 | NC | EDUCATION | 1,000 |
|---|----|----------------------------------|--------|
| BZBI SYNAGOGUE300 S 18TH STREET PHILADELPHIA, PA 19103 | NC | JEWISH RELIGIOUS ORGANIZATION | 10,000 |

Total .

За

| 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 | | | | | | |
| CARING KIND (ALZHEIMER'S) 360 LEXINGTON AVENUE NEW YORK, NY 10017 | | NC | MEDICAL | 5,000 | | |
| CBST CONGREGATION BEIT SIMCHAT TORAH 130 WEST 30TH ST NEW YORK, NY 10014 | | NC | JEWISH RELIGIOUS ORGANIZATION | 2,500 | | |
| CHABAD UNIVERSITY OF MN 1121 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414 | | NC | EDUCATION | 250 | | |
| CHALLAH FOR HUNGER 201 S CAMAC ST FLOOR 2 PHILADELPHIA, PA 19107 | | NC | EMERGENCY FOOD AND SHELTER | 2,500 | | |
| CITY MEALS ON WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017 | | NC | EMERGENCY FOOD AND SHELTER | 1,000 | | |
| Total | | | | 344,369 | | |

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 COMMON CAUSE EDUCATION FUND NC **EDUCATION** 1,000 805 15TH STREET NW SUITE 800 WASHINGTON, DC 20005 NC 1,480 CONGREGATION OR TZION JEWISH RELIGIOUS 9090 E BAHIA DR 106 ORGANIZATION SCOTTSDALE AZ 85260

| SCOTTSBALL, AZ GSZGG | | | |
|---|----|-----------------|-------|
| CREATIVE GROWTH ART CENTER 355 24TH ST OAKLAND, CA 94612 | NC | JEWISH CULTURAL | 2,500 |
| CURE ALZHEIMERS FUND 34 WASHINGSTONST SUITE 200 WELLESLEY, MA 02481 | NC | MEDICAL | 5,000 |

DOCTORS WITHOUT BORDERS USA NC MEDICAL 2,000

333 7TH AVE NEW YORK, NY 10001

Total .

344,369 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 | | | | |
| FISHER CENTER FOR ALZHEIMERS RESEARCH FOUNDATION 110 EAST 42ND ST 16TH FLOOR NEW YORK, NY 10017 | | NC | MEDICAL | 2,500 |
| FRACTURED ATLAS 248 WEST 35TH STREET 10TH FLOOR NEW YORK, NY 10001 | | NC | OTHER | 500 |
| FRIENDS OF YERMIN ORDE 4340 EAST WEST HIGHWAY 202 BETHESDA, MD 20814 | | NC | JEWISH COMMUNITY | 1,500 |
| HEBREW IMMIGRATION AID 1300 SPRING ST SUITE 500 SILVER SPRING, MD 20910 | | NC | JEWISH SOCIAL SERVICES | 7,500 |
| HIAS PA2100 ARCH STREET | | NC | OTHER | 1,500 |

PHILADELPHIA, PA 19103

344,369

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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 HOUSTON FOOD BANK NC SOCIAL SERVICE 3,000 535 PORTWALL CT

| HOUSTON, TX 77029 | | | |
|---|--------|---------------|--|
| INTERNATIONAL RELIEF TEAMS 4560 ALVARADO CANYON RD 1H | NC SOC | CIAL SERVICES | |

| AN DIEGO, CA 92120 | | | |
|---|----|------------------------|--|
| CHAI274 S BRYN MAWR AVE RYN MAWR, PA 19010 | NC | JEWISH SOCIAL SERVICES | |
| | | | |

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| | JCHAI274 S BRYN MAWR AVE BRYN MAWR, PA 19010 | NC | JEWISH SOCIAL SERVICES | 1,5 |
|---|---|----|----------------------------------|-----|
| , | JEVS HUMAN SERVICES 1845 WALNUT STREET 7TH FLOOR PHILADELPHIA, PA 19103 | NC | JEWISH COMMUNITY ORGANIZATION | 1,5 |

| JEVS HUMAN SERVICES 1845 WALNUT STREET 7TH FLOOR PHILADELPHIA, PA 19103 | NC | JEWISH COMMUNITY ORGANIZATION | 1,500 |
|---|----|----------------------------------|-------|
| JEWISH COMMUNITY ACTION 2375 UNIVERSITY AVE STE 150 | NC | JEWISH COMMUNITY ORGANIZATION | 1,000 |

1,200

500

| PHILADELPHIA, PA 19103 | | | |
|---|----|----------------------------------|-----|
| JEWISH COMMUNITY ACTION 2375 UNIVERSITY AVE STE 150 ST PAUL, MN 55114 | NC | JEWISH COMMUNITY ORGANIZATION | 1,0 |

| JEWISH COMMUNITY ACTION 2375 UNIVERSITY AVE STE 150 ST PAUL, MN 55114 | NC | JEWISH COMMUNITY ORGANIZATION | 1 |
|---|------|-------------------------------|---------|
| Total | | | 344,369 |

| 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 | | | | |
| JEWISH COMMUNITY RELATIONS COUNCIL (JCRC) 12 N 12TH ST SUITE 480 MINNEAPOLIS, MN 55403 | | NC | JEWISH COMMUNITY ORGANIZATION | 4,700 |
| JEWISH COUNCIL ON URBAN AFFAIRS 610 S MICHIGAN AVE CHICAGO, IL 60605 | | NC | JEWISH SOCIAL SERVICES | 2,000 |
| JEWISH DAY SCHOOLS 2100 ARCH STREET PHILADELPHIA, PA 19103 | | NC | EDUCATION | 15,360 |
| JEWISH FAMILY SERVICES OF KC 5801 W 115TH STREET SUTIE 103 OVERLAND PARK, KS 66211 | | NC | JEWISH SOCIAL SERVICES | 1,000 |
| JEWISH FEDERATION 2100 ARCH STREET PHILADELPHIA.PA 19103 | | NC | SOCIAL SERVICE | 5,500 |

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 | | | | |
| JEWISH FEDERATION OF CHICAGO 30 S WELLS STREET ROOM 3134 CHICAGO, IL 60606 | | NC | JEWISH COMMUNITY ORGANIZATION | 2,000 |
| JEWISH FEDERATION OF PHILADELPHIA 2100 ARCH STREET PHILADELPHIA, PA 19103 | | NC | JEWISH COMMUNITY ORGANIZATION | 15,000 |
| JEWISH GENETIC DISEASES CENTER 12701 NO SCOTTSDALE RD 201 SCOTTSDALE, AZ 85254 | | NC | MEDICAL | 10,000 |
| JEWISH LEARNING VENTURE 7607 OLD YORK ROAD MELROSE PARK, PA 19027 | | NC | JEWISH EDUCATION | 1,500 |
| JEWISH NATIONAL FUND 42 EAST 69TH STREET | | NC | JEWISH CULTURAL | 4,500 |

| JEWISH LEARNING VENTURE 7607 OLD YORK ROAD MELROSE PARK, PA 19027 | NC | JEWISH EDUCATION | |
|---|----|------------------|--|
| 1EWISH NATIONAL FUND | NC | 1EWISH CULTURAL | |

NEW YORK, NY 10021

344,369 За

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 JEWISH RELIEF AGENCY NC JEWISH SOCIAL SERVICES 1.500 225 F CITY AVE SUITE 103 BALA CYNWYD, PA 19004 NC JEWISH SOCIAL SERVICES 3,000 JOINT DISTRIBUTION COMMITTEE PO BOX 4124 NEW YORK, NY 10163

| JR MASTERMAN HOME AND SCHOOL ASSOCIATION 1699 SPRING GARDEN STREET PHILADELPHIA, PA 19130 | NC | EDUCATION | 10,000 |
|--|----|------------------|--------|
| KAISERMAN JCC - MACCABI 45 HAVERFORD ROAD WYNNEWOOD, PA 19096 | NC | OTHER | 3,500 |
| KESHET284 ARMORY ST | NC | JEWISH COMMUNITY | 2,500 |

ORGANIZATION JAMAICA PLAIN, MA 02130

344,369

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, 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 MASORTI FOUNDATION NC RELIGIOUS 1,000 475 RIVERSIDE DRIVE SUITE 832 NEW YORK, NY 10115 NC 1,000 MET COUNCIL ON JEWISH POVERTY JEWISH RELIGIOUS 120 BROADWAY 7TH FLOOR ORGANIZATION NEW YORK, NY 102710015 86,650 1,000

344,369

| MINNEAPOLIS JEWISH FEDERATION 13100 WAYZATA BLVD SUITE 200 MINNETONKA, MN 55305 | NC | JEWISH COMMUNITY ORGANIZATION | |
|---|----|----------------------------------|--|
| MISHKAN CHICAGO 4001 N RAVENSWOOD AVENUE CHICAGO, IL 60613 | NC | CULTURAL ENRICHMENT | |
| MN ENVIRONMENTAL PARTNERSHIP | NC | OTHER | |

546 RICE STREET ST PAUL, MN 55103

Total .

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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 Amount Recipient 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 MN PUBLIC RADIO480 CEDAR STREET NC OTHER 300 ST PAUL, MN 55103 MN SERVICES FOR THE BLIND NC **EDUCATION** 1,000 2200 UNIVERSITY AVENUE W SUITE 240 ST PAUL, MN 55114

| | I | | | |
|--|---|----|-----------|-------|
| MOCA4604 CHICAGO AVE MINNEAPOLIS, MN 55407 | | NC | MEDICAL | 1,500 |
| MUSTANG LIBRARY 10101 NORTH 90TH STREET SCOTTSDALE, AZ 85258 | | NC | EDUCATION | 200 |

NC 1.000 OTHER

NAMI MN 1919 UNIVERSITY AVENUE W SUITE 400 ST PAUL, MN 55104

Total . . 344,369 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, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NATIONAL MUSEUM OF AMERICAN NC JEWISH CULTURAL 1,500 JEWISH HISTORY 101 S INDEPENDENCE MALL E

| PHILADELPHIA, PA 19106 | | | |
|--|----|-------------------------------|-------|
| NECHAMA4330 CEDAR LAKE RD MINNEAPOLIS, MN 54416 | NC | EMERGENCY FOOD AND SHELTER | 5,500 |
| NEW ISRAEL FUNDPO BOX 96712 | NC | JEWISH COMMUNITY | 9,000 |

| NEW ISRAEL FUNDPO BOX 96712 WASHINGTON, DC 200777438 | NC | ORGANIZATION | 9,000 |
|--|----|---------------------------|-------|
| NEW YORK CARES 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006 | NC | COMMUNITY SOCIAL SERVICES | 3,000 |

| NEW YORK, NY 10006 | | | |
|---|----|--------------------|-----|
| NEW YORK PUBLIC THEATER 425 LAFAYETTE STREET | NC | CULTURAL EDUCATION | 400 |
| NEW YORK, NY 10003 | | | |

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, 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 PJ LIBRARY67 HUNT STREET SUITE 100 NC JEWISH CULTURAL ENRICHMENT 2,000 AGAWAM, MA 01001

PLANNED PARENTHOOD

3a

| COLUMN DOLUMN CENTER | N.C | OTHER | F00 |
|--|-----|------------------------|-------|
| SHALVAPOBOX 46375 CHICAGO, IL 606460375 | NC | JEWISH SOCIAL SERVICES | 2,500 |
| 434 WEST 33RD STREET NEW YORK, NY 10001 | | | _, |

NC

MEDICAL

1,000

| CONTINUEST LITCH COHOOL | NC | FDUCATION | F00 |
|--|----|-----------|-----|
| 400 WASHINGTON AVENUE PO BOX 5632 MONTGOMERY, AL 36104 | | | |
| SOUTHERN POVERTY LAW CENTER | NC | OTHER | 500 |
| | | | |

| MONTGOMERY, AL 36104 | | | |
|--|----|-----------|-----|
| SOUTHWEST HIGH SCHOOL 3414 W 47TH ST MINNEAPOLIS. MN 55410 | NC | EDUCATION | 500 |

| 3414 W 47TH ST | SOUTHWEST HIGH SCHOOL | | NC | EDUCATION | |
|-----------------------|-----------------------|--|----|-----------|---|
| | | | | | I |
| MINNEAPOLIS, MN 55410 | MINNEAPOLIS, MN 55410 | | | | |

| If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
|---|--|--|--|
| any foundation manager or substantial contributor | recipient | | |
| | | | |
| | NC | EDUCATION | 500 |
| | NC | RELIGIOUS | 1,000 |
| | NC | EDUCATION | 1,000 |
| | NC | JEWISH CULTURAL | 2,500 |
| | NC | EDUCATION | 500 |
| | show any relationship to any foundation manager | show any relationship to any foundation manager or substantial contributor NC NC NC NC | show any relationship to any foundation manager or substantial contributor NC EDUCATION NC RELIGIOUS NC EDUCATION NC EDUCATION NC EDUCATION NC JEWISH CULTURAL |

За

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 USHOLOCAUST MEMORIAL MUSEUM NC JEWISH CULTURAL 1,500 100 RAOUL WALLENBURG PL SW WASHINGTON, DC 20024 UJA- FEDERATION OF NY NC 6,000 JEWISH COMMUNITY 130 EAST 59TH STREET ORGANIZATION

| NEW YORK, NY 10022 | | | |
|--|----|----------------------------|-------|
| UNION OF CONCERNED SCIENTISTS 2 BRATTLE SQUARE CAMBRIDGE, MA 021383780 | NC | OTHER | 1,700 |
| WILDLIFE CENTER OF TEXAS 900 PORTWAY DR HOUSTON, TX 77024 | NC | MEDICAL | 100 |
| YESHIVA TIFERES NAFTOLI 8998 ROUTE 18 OLD BRIDGE, NJ 08857 | NC | JEWISH RELIGIOUS EDUCATION | 500 |

344,369

Total .

За

| efile GRAPHIC print - DO NOT F | ROCESS | As Filed Data - | | Di | LN: 93491123004418 | | |
|----------------------------------|--------------------------------|-----------------|------------------------|------------------------|---|--|--|
| TY 2017 Accounting Fees Schedule | | | | | | | |
| | | | | | | | |
| | Name: KAPLAN FAMILY FOUNDATION | | | | | | |
| | EIN: 41-1794327 | | | | | | |
| Accounting Fees Schedule | | | | | | | |
| Category | Amo | ount Net | t Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |

2,189

ACCOUNTING FEES

| | | | - | | | |
|----|------|-------------|-----------|--------------|------|--|
| TY | 2017 | Investments | Corporate | e Stock Sche | dule | |

Name: KAPLAN FAMILY FOUNDATION

| EIN : 41-1794327 | |
|-------------------------|---|
| Nows of Charle | I |

End of Year Book

End of Year Fair Market Value

6,951,409

DLN: 93491123004418

Name of Stock

VARIOUS CORPORATE STOCK

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2,087,200

Value

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: | 93491123004418 | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2017 Other Expenses Schedule | | | | | | |
| Name: KAPLAN FAMILY FOUNDATION | | | | | | |
| EIN: 41-1794327 | | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |

OFFICE SUPPLIES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491123004418 | | | | |
|--------------------------------------|--------------------------|---------------------|--|--|--|--|
| TY 2017 Other Increases Schedule | | | | | | |
| | | | | | | |
| Name: | KAPLAN FAMILY FOUNDATION | | | | | |
| EIN: | 41-1794327 | | | | | |
| De | escription | Amount | | | | |
| COST ADJUSTMENTS | | 12,071 | | | | |

| Catagory | Amount | Not Investment | Adjusted Not | Dichursoments | | |
|--|------------------|----------------|--------------|-------------------|--|--|
| EIN: 41-1794327 | | | | | | |
| Name: KAPLAN FAMILY FOUNDATION | | | | | | |
| TY 2017 Other Professional Fees Schedule | | | | | | |
| efile GRAPHIC print - DO NOT PROCE | SS As Filed Data | - | DL | N: 93491123004418 | | |

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------|--------|--------------------------|------------------------|---|

MANAGEMENT FEES

11,763