

### **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.
 ▶ Go to www irs.gov/Form990PF for instructions and the latest information.

2017
Open to Public Inspection

For	or calendar year 2017 or tax year beginning , and ending						
Na	me of	foundation			A Employer identification number		
		GERHUT FAMILY FOUNDATION			41-6030930	)	
Nu	nber a	nd street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number		
1	<u>66</u>	0 HIGHWAY 100 S.		303	952-545-30	00	
		own, state or province, country, and ZIP or foreign p NEAPOLIS, MN 55416	postal code		C If exemption application is p	ending, check here	
			Louted satura of a fo	rmer public charity	D 1 Foreign organization	a shock here	
u (	SHECK	all that apply: Initial return Final return	Amended return	ittier public charity	<b>D</b> 1. Foreign organization	s, check here	
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,	
н (	 Check	type of organization: X Section 501(c)(3) e		62.1			
ï-		, ,	Other taxable private founda	tion ()Y	E If private foundation sta under section 507(b)(1		
l F		irket value of all assets at end of year   J   Account			F If the foundation is in a		
			ther (specify)		under section 507(b)(1)		
	-\$	3,413,411. (Part I, colur		S.)	440. 000	((5), 6116611 11616	
Pa	art I		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	T_1	Contributions, gifts, grants, etc., received	92,980.		N/A	(casi sasis only)	
	2	Check If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	455.	455.		STATEMENT 1	
	4	Dividends and interest from securities	62,916.	62,916.	1.71-	STATEMENT 2	
. 01	5a	Gross rents				1	
2019	ь	Net rental income or (loss)				1	
	l .	Net gain or (loss) from sale of assets not on line 10	71,002.			1	
S. D.	ь	Gross sales price for all assets on line 6a 548, 145.				JED )	
DES	7	Capital gain net income (from Part IV, line 2)		71,002.	RECE	100	
FEB 0.7	8	Net short-term capital gain			KL.		
	9	Income modifications				\$ 5018 /00/	
皿	10a	Gross sales less returns and allowances			18/ NOV		
SCANNED	Ь	Less Cost of goods sold			18/	اللهزيز	
₹.	C	Gross profit or (loss)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DEIN	
ပ္တ	11	Other income	<u> </u>			·	
<b>'</b> —	12	Total Add lines 1 through 11	227,353.	134,373.			
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.	
	14	Other employee salaries and wages					
es	J	Pension plans, employee benefits	ļ	<del></del>			
nse	16a	Legal fees	2 500	1 250		1 250	
Expense	0	Accounting fees STMT 3	2,500. 40,174.	1,250. 38,174.		1,250. 2,000.	
E E	, <sup>C</sup>	Other professional fees STMT 4	40,1/4.	JO,1/4.		2,000.	
ati∢	10	Taxes STMT 5	2,035.	1,213.		0.	
stra	19	Depreciation and depletion	2,033.	1,213.		<u> </u>	
· Ē	20	Occupancy				· · · · · · · · · · · · · · · · · · ·	
Ad	21	Travel, conferences, and meetings			***		
힏	22	Printing and publications				·	
g a	23	Other expenses STMT 6	13,128.	11,135.		25.	
Operating and Administrative	24	Total operating and administrative					
Jer.	-	expenses Add lines 13 through 23	57,837.	51,772.		3,275.	
ŏ	25	Contributions, gifts, grants paid	294,400.			294,400.	
		Total expenses and disbursements.					
	L	Add lines 24 and 25	352,237.	51,772.		297,675.	
	27	Subtract line 26 from line 12.					
		Excess of revenue over expenses and disbursements	-124,884.				
	l	Net investment income (if negative, enter -0-)		82,601.			
	ı	Adjusted net income (if negative, enter -0-)			N/A_	ŧ	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-PF(2017) FINGERHUT FAMILY FOUNDATION 41-603					5030930 Page 2
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	
	als	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	4,542.	8,274.	
	2	Savings and temporary cash investments	35,217.	<u> 183,778.</u>	183,778.
	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 ▶			
S	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S and state government obligations			•
	ı	Investments - corporate stock STMT 7	2,667,860.	2,337,707.	2,745,907.
	1	Investments - corporate bonds			
	1	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			<del></del>
	13	Investments - other STMT 8	289,063	342,039.	475,452.
	14	Land, buildings, and equipment: basis			
	''	Less accumulated depreciation			
	15	Other assets (describe )		Î	
	ı	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	2,996,682.	2,871,798.	3,413,411.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable			
ڐ	1	Other liabilities (describe			
					'
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			'
		and complete lines 24 through 26, and lines 30 and 31.			
es	24	Unrestricted :			
J L	25	Temporarily restricted			
39,		Permanently restricted			
Net Assets or Fund Balances	20	Foundations that do not follow SFAS 117, check here			,
귤	l	and complete lines 27 through 31			
ò	27	Capital stock, trust principal, or current funds	0.	0.	
ets		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	2,996,682.	2,871,798.	
et/	30	Total net assets or fund balances	2,996,682.	2,871,798.	
Z	30	Total liet assets of fully balances	2,330,002.	2,0,2,,,,,	
	31	Total liabilities and net assets/fund balances	2,996,682.	2,871,798.	
_				2,011,1301	<u> </u>
LP	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
_	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
'		st agree with end-of-year figure reported on prior year's return)	<del></del>	1	2,996,682.
9		r amount from Part I, line 27a		2	-124,884.
3		r increases not included in line 2 (itemize)		3	0.
-		lines 1, 2, and 3		4	2,871,798.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,871,798.

	Part IV Capital Gains a	and Losses for Tax on Ir	nvestment	Income			_		
		the kind(s) of property sold (for exa rehouse; or common stock, 200 sh		e,	1, b-	ow acquired Purchase Donation	(c) Dat (mo.,	e acquired day, yr.)	(d) Date sold (mo., day, yr.)
1	a PUBLICLY TRADE	PUBLICLY TRADED STOCK P			05/	01/14	11/14/17		
_	CAPITAL GAINS								
_	c					- <del></del>			
_	d								
_	e		T		<u> </u>				<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (loss us (f) minus	(g))
_	a 547,819.			477,14	13.				70,676.
_	b <u>326.</u>			<del></del>					326.
	C			<u> </u>					
_	d								
_	Complete only for possite shows	g gain in column (h) and owned by	the foundation	on 12/31/60	-		(I) Cours	(Col. (b) gar	n minun
_	Complete only for assets showing		1	cess of col. (1)				(Col. (h) gair t not less tha	
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				s (from col.	
								···	70,676.
	a b		<del>                                     </del>						326.
	C	·	<del> </del>						
_	d		-						
_	е								
_	·	C If noin also ente	r in Part I line	7	7				
2	Capital gain net income or (net ca	pital loss) { If gain, also ente If (loss), enter -C	)- ın Part I, line	, 7	<b>}</b>	2			71,002.
2	Net short-term capital gain or (los	`			<i>^</i> [				
J	If gain, also enter in Part I, line 8,		110 (0).		)				
	If (loss), enter -0- in Part I, line 8				<u></u>	3		N/A	1
L	Part V   Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Inve	estment Ir	come		
(F	for optional use by domestic private	foundations subject to the section	1910(a) tax on	not invostment in	ncomo.	)			• •
If	section 4940(d)(2) applies, leave th	us nart hlank							
	as the foundation liable for the sect				uodo				Ycs X No
	"Yes," the foundation doesn't qualif							<del></del>	
1	Enter the appropriate amount in (	<del>-                                    </del>	instructions bei	ore making any e					(d)
	Base periód years	(b) Adjusted qualifying dis	stributions	Net value of no	(C) nochari	table-use asse	ts	Distri	(d) bution ratio
_	Calendar year (or tax year beginnii	19 111/				332,56		(cor. (p) ai	vided by col. (c)) •129814
_	2016		32,614. 33,360.			583,16			.093035
	2015 2014		11,390.			375,85		_	.101127
	2013		2,802.			125,06			2.341142
_	2013		3,935.			13,13			11.715884
_	2012		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10,10	-		
2	Total of line 1, column (d)						2		14.381002
	Average distribution ratio for the	5-year hase period - divide the total	on line 2 by 5.0	), or by the numb	er of v	ears			
Ŭ	the foundation has been in exister			.,,			3		2.876200
4	Enter the net value of noncharitab	le-use assets for 2017 from Part X.	line 5				4	1	3,321,082.
		,							
5	Multiply line 4 by line 3						5		9,552,096.
-									
6	Enter 1% of net investment incom	ne (1% of Part I, line 27b)					_6		826.
		•							
7	Add lines 5 and 6						7		9,552,922.
8	Enter qualifying distributions from	•					8		297,675.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	e 1b, and comp	lete that part usir	ng a 1%	6 tax rate.			

16. Demograph operating foundations document of the Cartach operation of determination of intermination of		m 990-PF (2017) FINGERHUT FAMILY FOUNDATION 41-60 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	) 3 0 9 3 0 ee instru		Page 4 ns)	
b Domestic foundations that meet the section 4947(e) requirements in Part V, check here  □ and enter 1%	1a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter *N/A* on line 1	r			
of Part I, line 27b  e All other domastic foundations enter 2% of line 27b. Exampt 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-)  3 Add lines 1 and 2  5 Subtile 4, (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter-0-)  5 Tax based on investment income. Subtract line 4 from line 3.1 f zero or less, enter-0-  5 Tax based on investment and 2016 overpayment credited to 2017  6		Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			- 1	
e. All other domestic foundations enter? % of live 27h. Exempt foreign organizations, enter 4% of Part I, live 12, cot. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  3 Add lines 1 and 2  4 Sobible A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  5 Tax based on unexterned income. Subtract line 4 from line 3. If zero or less, enter -0-  5 Tax based on unexterned income. Subtract line 4 from line 3. If zero or less, enter -0-  5 Tax based on unexterned income. Subtract line 4 from line 3. If zero or less, enter -0-  6 Tax based on unexterned income. Subtract line 4 from line 3. If zero or less, enter -0-  6 Tax based on unexterned its payments and 20 16 overpayment credited to 2017  6 Set 1, 080.  6 Tax based on the subtract line 4 from line 3. If zero or less, enter -0-  6 Tax based on the subtract line 4 from line 3. If zero or less, enter -0-  6 Tax based on the subtract line 4 from line 5. If zero or less, enter -0-  6 Tax based on the subtract line 5 line	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%		1,6	<u>52.</u>	
2 Tax under section 51 ti (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  3 1,652. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  5 Tax based on investment income. Subtract time 4 from lane 3.1 factor of less, enter -0-  5 Tax based on investment income. Subtract time 4 from lane 3.1 factor of less, enter -0-  5 Tax based on investment income. Subtract time 4 from lane 3.1 factor of less, enter -0-  5 Tax based on investment income. Subtract time 4 from lane 3.1 factor of less, enter -0-  6 Demonstration of land 1 factor of land 1 factor of less, enter -0-  6 Demonstration of land 1 factor of						
2 Fax under section 511 (clonestic section 4947(a)(1) trusts and taxable foundations only; others, enter-0-)  3 1,652.  4 0.  5 Tax based on investment income. Subtract time 4 from line 3. if zer or liess, enter-0-  5 Tax based on investment income. Subtract time 4 from line 3. if zer or liess, enter-0-  5 Tax based on investment income. Subtract time 4 from line 3. if zer or liess, enter-0-  5 Tax based on investment income. Subtract time 4 from line 3. if zer or liess, enter-0-  5 Tax based on investment income. Subtract time 4 from line 3. if zer or liess, enter-0-  6	C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	_		۱	
4 Subtile A (income) bax (domestic section 497(a)(1) trusts and taxable (oundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credis/Payments: 2 2017 setimated tax payments and 2016 overpayment credited to 2017  Exempt foreign organizations - 1st withheld at source 6 Down organizations - 1st withheld at source 7 Total credits and payments. Add lines 6a through 8d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Possible of 1st 2st 2st 2st 2st 2st 2st 2st 2st 2st 2	2	· · · · · · · · · · · · · · · · · · ·			0.	
5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - lax withheld at source c Tax pad with application for extension of time to the (Form 8868) d Backup withholding erroneously withheld d Total credits and payments. Add line 86 at brough 60 E Total credits and payments. Add line 86 at brough 61 Total credits and payments. Add line 86 at brough 61 Form 2220 is attached Total credits and payments. Add line 86 at brough 61 Form 2220 is attached Total credits and payments. Add line 86 at brough 62 Total credits and payments. Add line 86 at brough 63 E filter any penalty for underpayment of estimated tax. Check here depended to 0 -  Total credits and payments. Add line 86 at brough 64 E filter any penalty for underpayment of estimated tax. Check here depended to 0 -  Total credits and payments. Add line 85 and 8 a. for the anount over depended to 0 -  Total credits and payments. Add line 85 and 8 a. for the anount over paid Total credits and payments. Add line 7 is more than line 7, enter amount over depended to 0 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50	_			1,6	52.	
5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - lax withheld at source c Tax pad with application for extension of time to the (Form 8868) d Backup withholding erroneously withheld d Total credits and payments. Add line 86 at brough 60 E Total credits and payments. Add line 86 at brough 61 Total credits and payments. Add line 86 at brough 61 Form 2220 is attached Total credits and payments. Add line 86 at brough 61 Form 2220 is attached Total credits and payments. Add line 86 at brough 62 Total credits and payments. Add line 86 at brough 63 E filter any penalty for underpayment of estimated tax. Check here depended to 0 -  Total credits and payments. Add line 86 at brough 64 E filter any penalty for underpayment of estimated tax. Check here depended to 0 -  Total credits and payments. Add line 85 and 8 a. for the anount over depended to 0 -  Total credits and payments. Add line 85 and 8 a. for the anount over paid Total credits and payments. Add line 7 is more than line 7, enter amount over depended to 0 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50 -  Total credits and payments. Add line 8 at 50	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.	
6 Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations: tax withheld at source c Tax pad with application for extension of time to file (Form 8868) 6	5			1,6	52.	
b Exempt foreign organizations - Lax withheld at source c Tax paid with application for extension of time to life (Form 8868)  6c	6					
b Exempt foreign organizations - Lax withheld at source c Tax paid with application for extension of time to lite (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments of estimated tax. Check here ☐ If Form 2220 is attached 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Center the amount of line 10 to be Credited to 2018 testimated tax by 11 0 O-Part VIII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagin? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagin?  b Did it goend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the refinition if the amount of "Ave" to 1 a or 1 th, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  c Did the foundation file Form 1120-POL for the year?  (1) On the foundation in the Form 1120-POL for the year?  (1) On the foundation made any changes, not previously been reported to the IRS?  2 Effect the remitivement (if any) of tax on political expenditures (section 4955) imposed during the year?  If Yes, has the foundation have unrelated business gross some of \$1,000 or more during the year?  If Yes, has the field at a refurn or Form 990-P1 for this year?  Was there a liquidation, terimination, dissolution, or substantial contracti	а	a 2017 estimated tax payments and 2016 overpayment credited to 2017				
Tay pad with application for extension of time to file (Form 868)  d Backup withholding erroreously withheld  7						
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 0. 9 Tax due: If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due: If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due: If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due: If the total of lines 5 and 8 is more than line 7 is one than line 7 is one 5 and 8 is more than line 7 is one 5 and 8 is more than line 7 is one 5 and 8 is more than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8 is one than line 7 is one 5 and 8						
To foliar credits and payments. Add lines 6 a through 6d Enter any penalty for underpayment of estimated lax. Check here						
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached ☐ 9 9 Tax due   If the total or lines 5 and 8 is more than his e7, and is more than his e7.  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ☐ 10			-	$2.\dot{4}$	95.	
9   Tax due   If the lotal of lines 5 and 8 is more than line 7, enter amount owed   10   843.   11   Enter the amount of time 10 to be Credited to 2018 estimated tax ▶ 843. Refunded ▶ 10   843.   11   Enter the amount of time 10 to be Credited to 2018 estimated tax ▶ 843. Refunded ▶ 11   0.   Part VIII-A   Statements Regarding Activities   1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   2 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the refinition in the national of the cativities and copies of any materials published or distributed by the foundation in connection with the activities.   3 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the refinition in the refinition in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation. See the instruction of the activities and copies of any materials published or distributed by the foundation. See the instruction of the activities and copies of any materials published or distributed by the foundation. See the instruction of the activities and copies of any materials published or distributed by the foundation. See the instruction of the activities and copies of any materials published or distributed by the foundation on publical expenditures (section 4955) imposed during the year?  1					0.	
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b if "Yes," has it filed a tax return on Form 990-T for this year?  5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  8 By language in the governing instrument, or  9 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?  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.  MN  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  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV  9 X  10 Did any persons become substantial contributors during the tax year? #"Yos," attach a schedule listing their names and addressee	4a	·				
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10 Did any persons become substantial contributors during the tax year? If "Yoa," attach a schedule listing their names and addrossee 10 X	J		l		x	/
	10	·			X	_
		The start personal decorate additional contributions during the tax your in 163, dilater a sengation lieting their names and addresses		)-PF		

3b

4a

N/A

b If "Yes," did it have excess business holdings in 2017 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

orm 990-PF (2017) FINGERHUT FAMILY FOUNDAT			<u>41-60309</u>	30	Page 6
Part VN-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 1945(e))?	Yo	ıs 🗶 No 🗔		136
(2) Influence the outcome of any specific public election (see section 4955);		ectly,			
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	57	Yo	s X No		1. 1
(4) Provide a grant to an organization other than a charitable, etc., organization					:
4945(d)(4)(A)? See instructions		☐ Y6	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational purposes, or t			fra make	.
the prevention of cruelty to children or animals?	, or baddanonal parpoods, or		es X No		1
b If any answer is "Yes" to 5a(1) (5), did any of the transactions fail to qualify ur	idar the exceptions described			- 10 - 11	
section 53 4945 or in a current notice regarding disaster assistance? See inst		iii riogalationo	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check				<del></del>	<del>                                     </del>
•		anad			'
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption			es 🔲 No		,
expenditure responsibility for the grant?	7,	1/A16	S NO		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					l
Ga Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No		1
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract's		-	6b	X
If "Yes" to 6b, file Form 8870.			( <del></del> )		,
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	s X Nu		71 01 1
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	<u> </u>
Part VIII Information About Officers, Directors, Trust	tees, Foundation Ma	nagers, Highly	<b>y</b>		
Paid Employees, and Contractors					
List all officers, directors, trustees, and foundation managers and	<del></del>	(-) Companyation	(d) Contributions to		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp	pense t, other
(a) Name and address	to position	enter -0-)	compensation	allowa	
RONALD FINGERHUT	PRESIDENT				
L660 HIGHWAY 100 SOUTH, STE 303					
MINNEAPOLIS, MN 55416	0.50	0.	0.		0.
BEVERLY DEIKEL ~	VP/SEC-/TREASU	RER			
L660 HIGHWAY 100 SOUTH, STE 303					
MINNEAPOLIS, MN 55416	0.50	0.	0.		0.
AMY ROSENBLATT LUI	BOARD MEMBER				
L660 HIGHWAY 100 SOUTH, STE 303					
MINNEAPOLIS, MN 55416	0.50	0.	0.		0.
HINNER ODID, IN 33410	-				
	†				
	-				
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none.	enter "NONE."		<u>.                                    </u>	
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Ex	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred	account allowa	t, other
NONE	devoted to position	<del></del>	compensation	allowe	11003
NONE	-				
<u> </u>	<del> </del>				
	4				
	<u> </u>	1			
	_	•			
	<del> </del>	<del> </del>		ļ	
	4				
	_				
	<u></u>	<u></u>		<u> </u>	
Total number of other employees paid over \$50,000			<b>&gt;</b>		0
····			Form	990-PF	(2017)

41-6030	930 Page 7
(b) Type of service	(c) Compensation
4	
<b>&gt;</b>	0
mation such as the	Lynancas
D	Expenses
	Amount
10 2.	Amount
•	0.
	m <b>990-PF</b> (2017)
	Managers, Highly  E."  (b) Type of service  mation such as the  and 2.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndatio	ns, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
•	Average monthly fair market value of securities	1a	2,748,345.
	Average of monthly cash balances	1b	188,312.
	Fair market value of all other assets	10	435,000.
d	Total (add lines 1a, b, and c)	1d	3,371,657.
	Reduction claimed for blockage or other factors reported on lines 1a and		
C	1c (attach detailed explanation)  1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,371,657.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	1	50,575.
5	Net value of noncharitable-use assets. Subtract line 1 from line 3. Enter here and on Part V, line 4	5	3,321,082.
6	Minimum investment return Enter 5% of line 5	6	166,054.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certa	-
<b></b>	foreign organizations, check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	166,054.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 1,652.		
b	Income tax for 2017 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,652.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	164,402.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	164,402.
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	164,402.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	297,675.
- D	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	<u> </u>
3	Amounts set aside for specific charitable projects that satisfy the:	~	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b_	
4	Qualifying distributions Add lines 1a through 3b Entor hore and on Part V, line 8; and Part XIII, line 4	1_	297,675.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	297,675.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifie	s for the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d</b> ) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				164,402.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
<b>b</b> Total for prior years:				
,,		0.	1145 Paratras, .	
3 Excess distributions carryover, if any, to 2017:			•	
a From 2012 153,278.				
b From 2013 286,549.				
c From 2014 173, 268.				
d From 2015 155,520.				
e From 2016 267,048.				
f Total of lines 3a through e	1,035,663.		********	
4 Qualifying distributions for 2017 from		:		
Part XII, line 4: ►\$ 297,675.				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				164,402.
e Remaining amount distributed out of corpus	133,273.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as adicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,168,936.			
b Prior years' undistributed income Subtract	1,100,330.			
line 4b from line 2b		0.	, , , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		0.		
d Subtract line 6c from line 6b. Taxable	· · · · · · · · · · · · · · · · · · ·			
amount - see instructions		0.		,
e Undistributed income for 2016. Subtract line		11.1 1.01.100	<del>-</del> .	
4a from line 2a. Taxable amount - see instr.		11 7 7 11 11 11	0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
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)	0.			
8 Excess distributions carryover from 2012		***		,
not applied on line 5 or line 7	153,278.			
9 Excess distributions carryover to 2018		·······		
Subtract lines 7 and 8 from line 6a	1,015,658.			
10 Analysis of line 9:				
a Excess from 2013 286, 549.	,			
b Excess from 2014 173, 268.	.			
c Excess from 2015 155, 520.	·			
d Excess from 2016 267, 048.				
e Excess from 2017 133, 273.				
				5 000 DE (0047)

	UT FAMILY E				30930 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	\		▶ └		
<b>b</b> Check box to indicate whether the foun		ing foundation described i		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,0040	Prior 3 years	T (4) 0014	- LITAGE
income from Part I or the minimum	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					1
<b>b</b> 85% of line 2a		<u> </u>			ļ
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					-
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.		\			
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon.  a "Assets" alternative test - enter:			X		
(1) Value of all assets					l
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)				1	
<b>b</b> "Endowment" alternative test - enter			1		
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					-
(2) Support from general public				<del></del>	
and 5 or more exempt			ľ		
organizations as provided in					
section 4942(j)(3)(B)(iii)					<del></del>
(3) Largest amount of support from					
an exempt organization					-
(4) Gross investment income  Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during			ii iilo loulluulloi		0.0 4.000.0
		il dottorio.j			
1 Information Regarding Foundation		s than OOV of the total ages	inhutions recovered by th	a foundation hafore the ele	on of now toy
a List any managers of the foundation where year (but only if they have contributed in the contributed in			indutions received by th	A IONIONNAMON DEIOLE MIE CIT	150 Of arry tax
, , , , , , , , , , , , , , , , , , , ,					
NONE	100/	be starte of a severestion	(ar an agually large port	an of the ownership of a r	arteration or
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	ion of the ownership of a p	arthership or
**	3 a 1070 of greater micro				
NONE					
2 Information Regarding Contribut					
				not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc					
a The name, address, and telephone num	iber or email address of t	the person to whom appli	cations should be addre	ssed:	
SEE STATEMENT 9					
<b>b</b> The form in which applications should	pe submitted and informa	ation and materials they s	hould include:		
c Any submission deadlines:					
And application of the Annual Control	lo quab as bu as service	nal arana abasitable field-	lands of institutions of	other factors:	
d Any restrictions or limitations on award	is, such as by goographic	cai areas, charitable fields,	, kinds of institutions, of	onier ractors.	

Part XV Supplementary Information	(continued)			
3 'Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		<u> </u>
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
ALZHEIMERS ASSOCIATION	NONE	PUBLIC	ANNUAL CAMPAIGN	
7900 W 78TH STREET	NONE	100010	THE CHARTEST	
MINNEAPOLIS MN 55439				5,000.
AMERICAN ISRAEL EDUCATION FOUNDATION	NONE	PUBLIC	GENERAL FUNDING	
251 H STREET NW WASHINGTION DC 20001				50,000.
WASHINGTION BC 20001				
AMERICAN JEWISH JOINT DIST COMMITTEE	NONE	PUBLIC	GENERAL FUNDING	
711 THIRD AVENUE				10 000
NEW YORK, NY 10017	<del></del>			10,000.
•				
AVENUES FOR HOMELESS YOUTH	NONE	PUBLIC	GENERAL FUNDING	
1708 OAK PARK AVENUE NORTH				
MINNEAPOLIS, MN 55411 -				- 10,000.
	:			
BEST PREP/BEEF	NONE	PUBLIC	GENERAL FUNDING	
7100 NORTHLAND CIRCLE NORTH #120				
BROOKLYN PARK MN 55428				600.
	NTINUATION SHE	ET(S)	▶ 3a	294,400.
<b>b</b> Approved for future payment				
AMERICAN ISRAEL EDUCATION FOUNDATION	NONE	PUBLIC	GENERAL FUNDING	
251 H STREET NW				
WASHINGTION DC 20001				100,000.
				•
	-			
HERZL CAMP	NONE	PUBLIC	GENERAL FUNDING	
4330 CEDAR LAKE ROAD				
ST. LOUIS PARK, MN 55416				10,000.
		D	COMPONE TO THE COMPONE	
ISRAEL PROJECT 1901 PENNSYLVANIA AVENUE #600	NONE	PUBLIC	GENERAL FUNDING	
WASHINGTION DC 20006				10,000.
	NTINUATION SHE	ET(S)	<b>▶</b> 3b	172 500

## Part XVI-A Analysis of Income-Producing Activities

Unrelated	ousiness income		y section 512, 513, or 514	(e)	
(a)	(b)	(C) Exclu-	(d)	Related or exempt	
code	Amount	sion	Amount	function income	
1 1					
1 1					
	· · · · · · · · · · · · · · · · · · ·				
		14	455.	· · · · · · · · · · · · · · · · · · ·	
		14	62,916.		
				· · · · · · · · · · · · · · · · · · ·	
		:			
		18	71,002.	<del></del>	
	<del> </del>				
-		-     -			
_					
_					
	(	).		(	
			13	134,373	
	(a) Business	Business Amount	Business code  (b) Exclusion code  14 14 18	(a) Business code Amount  (b) Amount  (d) Amount  14 455.  14 62,916.	

## Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVII	Information Re Exempt Organi	-	ansfers to a	and Transactions	and Relations	hips With Noncha	itable	;	
1 Did the	organization directly or indire		nv of the following	an with any other organizat	tion described in sect	ion 501(c)	T	Yes	No
	nan section 501(c)(3) organi			•		1011 00 1(v)			
	s from the reporting foundate						Ì		
(1) Cas		tion to a moneria	inable exempt of	gamzation of			1a(1)		Х
	er assets						1a(2)		X
<b>b</b> Other tra							18(2)		
	es of assets to a noncharitab	le evennt organ	uzation				15/1)		X
							1b(1)	-	X
	chases of assets from a non Ital of facilities, equipment, o		pt organization				1b(2)	$\vdash$	X
• •		ii Ulliei assels					1b(3)		X
	mbursement arrangements						1b(4)		X
	ns or loan guarantees	nharabin or firm	trainina naliaitatia	200			1b(5)		_
• •	formance of services or men	•	•				1b(6)	<del>  </del>	X
-	of facilities, equipment, mail	•		• •	lung about the four	markat valua of the goods	l 1c		
Or servic	swer to any of the above is " ccs given by the reporting foi (d) the value of the goods, o	undation If the	foundation receiv	od less than fair market va				·ĒιŽ,	
a) Line no	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and	sharing ar	rangeme	nts
			N/A						
			1.54	H-117-7		***			
							-		
				-11-7					
			*						
				<del></del>					
						15			
						<del></del>			
<del>-  </del> -				·	<del></del>				
	<del></del>								
	<del></del>				-		<del></del>		
				<del>-</del>	_				
-+									
2a le the for	undation directly or indirectly	v affiliated with	or related to one	or more tay-evemnt organ	uzatione described				
ın sectio	n 501(c) (other than section complete the following scheme	501(c)(3)) or in	•	on more tax-exempt organ	iizations described		Yes	X	] No
<u> </u>	(a) Name of orga			(b) Type of organization	7	(c) Description of relations	nip		
	N/A			, , , , , , , , , , , , , , , , , , ,	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u></u>		
					<del>                                     </del>				
	<del></del>		···		<del></del>				
	<del></del>			***	<del>                                     </del>				
					<del> </del>				
	er penalties of perjury, I declare the					has any knowledge retuined sho	y the IRS our irn with the win below Yes	e prepare ? See ins	er
Sig	nature of officer or trustee			Date/	Title				
	Print/Type preparer's nan	ne	Preparer's s	ignature	Date	Check if PTIN			
					1	self- employed			
Paid	ANNE TOOHEY	Ž	ANNE T	OOHEY	11/06/18	P0:	1282	064	
Preparer						Firm's EIN ▶ 41-0			
Use Only									
<b> </b>	Firm's address ▶ 220				E 300	Dhanna (12 2)	76 4		
	I MIL	ハエルヒロスト∪レ」	IS, MN 5	<b>340</b> 4		Phone no. 612-3'	10-4	$_{\rm JUU}$	

# Schedule B

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

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Employer identification number** Name of the organization 41-6030930 FINGERHUT FAMILY FOUNDATION Organization type (check one) Filers of: Section: 了 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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** X 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 contributors **Special Rules** For an organization described in section 501(c)(3) filing 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 year, total contributions of more than \$1,000 exclusively for religious, chantable, 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 year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box 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, chantable, etc., contributions totaling \$5,000 or more during the year 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).

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) (2017)

Name of organization

Employer identification number

FINGE	RHUT FAMILY FOUNDATION	41	<u>-6030930</u>
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RF CAPITAL TRUST  1660 HIGHWAY 100 S., SUITE 230  ST LOUIS PARK, MN 55416	\$ 92,980.	Person X 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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part-II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Omnicash Omnicash If 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 )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-   -   \$	Person Payroll Occupate Part II for noncash contributions.)

Schedule B (Form 990, 990 EZ, or 990 PF) (2017) Page 3 Name of organization Employer identification number 41-6030930 FINGERHUT FAMILY FOUNDATION Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

 Relationship of transferor to transferee	

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

3 Grants and Contributions Paid During the Y		<b></b>		
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	Commodition	
COOKIE CART LEARNING CENTER	NONE	PUBLIC	GENERAL FUNDING	
1119 W BROADWAY AVENUE	[			
MINNEAPOLIS, MN 55411				10,00
EMERGE	NONE	PUBLIC	GENERAL FUNDING	
1834 EMERSON AVENUE N		[		
MINNEAPOLIS, MN 55411		,		10,00
TOTAL TOTAL TOTAL CANCER	NONE	PUBLIC	GENERAL FUNDING	
FOUNDATION FOR WOMENS CANCER 230 W MONROE STREET #710	NONE	CODDIC	SHERE FORDING	
CHICAGO, IL 60606				1,000
		DUDI 74	COMPONE PURITING	
FRIENDS OF THE WILDFLOWER GARDEN INC. P.O. BOX 3793	NONE	PUBLIC	GENERAL FUNDING	
MINNEAPOLIS MN 55403				500
			CONTRACT PURPLING	
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE S	NONE	PUBLIC	GENERAL FUNDING	
MINNEAPOLIS MN 55419				10,000
UND MARKE	NONE	PUBLIC	GENERAL FUNDING	
HADASSAH 40 WALL STREET	NONE	COBBITC	GENERAL TONDING	
NEW YORK NY 10005				5,00
HER7L CAMP	NONE	PUBLIC	GENERAL FUNDING	
4330 CEDAR LAKE ROAD S	NONE.	62213		
ST. LOUIS PARK, MN 55416				5,00
HILLEL UMN	NONE	PUBLIC	GENERAL FUNDING	
1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414				5.00
INTL WALDENSTROMS MACROGLOBULINEMIA	NONE	PUBLIC	GENERAL FUNDING	
FOUNDATION				
6144 CLARK CENTER AVENUE SARASOTA FL 34238				1,00
ISRA AID GLOBAL HUMANITARIAN	NONE	PUBLIC	GENERAL FUNDING AND	
ASSISTANCE 555 COLLEGE AVENUE			DOMINICA AID	
PALO ALTO CA 94306		<u>                                     </u>		5,80
Total from continuation sheets				218.80

41-6030930

FINGERHUT FAMILY FOUNDATION

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	Coundation	Durn one of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ISRAEL PROJECT	NONE	PUBLIC	GENERAL FUNDING	
1901 PENNSYLVANIA AVENUE #600	•			
WASHINGTION, DC 20006				5,00
JEWISH AGENCY FOR ISRAEL	NONE -	PUBLIC	WINGS PROGRAM	
633 THIRD AVENUE, 21ST FLOOR				
NEW YORK, NY 10017	,			10,000
JEWISH COMMUNITY CENTER-SABES	NONE	PUBLIC	GENERAL FUNDING	
4330 S CEDAR LAKE ROAD				
ST, LOUIS PARK, MN 55416				3,000
JEWISH COMMUNITY RELATIONS COUNCIL	NONE	PUBLIC	GENERAL FUNDING	
12 N 12TH STREET #480	NO.			
MINNEAPOLIS, MN 55403				5,00
JEWISH FAMILY & CHILDRENS SERVICE	NONE	PUBLIC	GENERAL FUNDING AND	
13100 WAYZATA BOULEVARD #400	NONE		ALZHEIMERS CONFERENCE	
MINNEAPOLIS MN 55305				7,000
THEY ALL HE COULD BY OR MILE	NONE	PUBLIC	GENERAL FUNDING	
JEWISH HISTORICAL SOCIETY OF THE UPPER MIDWEST	NONE	POBLIC	GENERAL FONDING	
4330 S. CEDAR LAKE ROAD				
ST. LOUIS PARK, MN 55416				500
JEWISH FUNDERS NETWORK	NONE	PUBLIC	MEMBERSHIP	
150 W 30TH STREET #900				604
NEW YORK, NY 10001				
JEWISH INSTITUTE FOR NATIONAL	NONE	PUBLIC	GENERAL FUNDING	
SECURITY AFFAIRS				
1101 14TH STREET NW #1110				2,50
WASHINGTION, DC 20005		<del>- </del>		
LIVING LEGACY	NONE	PUBLIC	GENERAL FUNDING	
2845 HEDBERG DRIVE				
MINNETONKA, MN 55305				1,000
LYNCH SYNDROME INTL	NONE	PUBLIC	GENERAL FUNDING	
P.O. BOX 19				
MADISON CT 06443				50
Total from continuation sheets				

3 Grants and Contributions Paid During th			1	
* Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
MAZON-JEWISH RESPONSE TO HUNGER	NONE	PUBLIC	GENERAL FUNDING	
LOS ANGELES CA 90024				1,00
•				
INNEAPOLIS JEWISH DAY SCHOOL	NONE	PUBLIC	GENERAL FUNDING	
1330 CEDAR LAKE ROAD				1,70
IINNEAPOLIS, MN 55416				1,70
IOVEFWD	NONE	PUBLIC	GENERAL FUNDING	
1001 HIGHWAY 7 #237				
HOPKINS, MN 55305				10,00
MUSIC ASSOCIATION OF MINNETONKA	NONE	PUBLIC	GENERAL FUNDING	
OPKINS, MN 55345				50
NATIONAL PARKINSON FOUNDATION MN	NONE	PUBLIC	WALK SPONSOR	
3085 WAYZATA BOULEVARD #100				
GOLDEN VALLEY, MN 55422				1,50
PACER CENTER	NONE	PUBLIC	GENERAL FUNDING	
3161 NORMANDALE BOULEVARD MINNEAPOLIS MN 55437				5,50
PANCAN	NONE	PUBLIC	GENERAL FUNDING	
500 ROSECRANS AVENUE #200				
IANHATTAN BEACH, CA 90266				50
PARK NICOLLET FOUNDATION 5500 EXCELSIOR BOULEVARD	NONE	PUBLIC	GENERAL FUNDING	
ST. LOUIS PARK, MN 55426				50
SECONDHAND HOUNDS	NONE	PUBLIC	GENERAL FUNDING	
L0100 VIKING DRIVE #100				
EDEN PRAIRIE, MN 55344				50
EUOLOM POINDAMION	NONE	PUBLIC	GENERAL FUNDING AND	
SHOLOM FOUNDATION 3610 PHILLIPS PARKWAY	NONE	LOBUIC	CALL SYSTEM	
ST. LOUIS PARK MN 55426				62,30

FINGERHUT FAMILY FOUNDATION

Part XV Supplementary Information	HUT FAMILY FOUNI	DATION	41-00	30930
3 Grants and Contributions Paid During the	If recipient is an individual,	<del></del>		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
SOJOURNER PROJECT INC.	NONE	PUBLIC	GENERAL FUNDING	
PO BOX 272				
HOPKINS MN 55343				10,000.
ST. DAVIDS CHILD DEVELOPMENT AND FAMILY SERVICE	NONE	PUBLIC	GENERAL FUNDING	
3395 PLYMOUTH ROAD MINNETONKA MN 55113				5,000.
STEP	NONE	PUBLIC	GENERAL FUNDING	
6812 W LAKE STREET				
ST. LOUIS PARK, MN 55426				10,000.
TOD DOG FOURTHMON INC	NONE	PUBLIC	GENERAL FUNDING	
TOP DOG FOUNDATION INC. 5120 VEGA AVENUE	NONE	FOBLIC	GENERAL FORDING	
NEW GERMANY, MN 55367				400,
TORAH ACADEMY	NONE	PUBLIC	GENERAL FUNDING	
2800 JOPPA AVENUE				
ST. LOUIS PARK, MN 55416				1,000.
•				
VAIL PLACE	NONE	PUBLIC	GENERAL FUNDING	
15 9TH AVENUE SOUTH HOPKINS MN 55343				10,000.
MOPATINS, MIN 33343				
	YON	DIDL'IC	GENERAL FUNDING	
WALK-IN COUNSELING CENTER 2421 CHICAGO AVENUE NORTH	NONE	PUBLIC	GENERAL FUNDING	
MINNEAPOLIS, MN 55404				10,000.
		-		
		1		
Total from continuation sheets				<u> </u>

41-6030930

FINGERHUT FAMILY FOUNDATION

Part XV Supplementary Information					
3 Grants and Contributions Approved for Fut	ure Payment (Continuation)	1	·		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient	Contribution		
QUOTON TOVERNMON	NONE	PUBLIC	GENERAL FUNDING		
SHOLOM FOUNDATION 3610 PHILLIPS PARKWAY	NONE	FOBLIC	GENERAL FUNDING		
ST. LOUIS PARK, MN 55426				52,500.	
			.=		
		1			
		-		-	
	-			<u> </u>	
				<del>-</del>	
	•				
		1			
Total from continuation sheets				52,500	

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY (	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVE PER B	NUE		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
AMERITRADE US BANK - AGENCY			12. 443.		12. 443.		
TOTAL TO PART I, LI	NE 3		455.		455.		 
FORM 990-PF	DIVIDEND	S AND INTER	EST FROI	M SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE BOOKS	(B) NET INVES' MENT INCO		
AMERITRADE	63,242	. 32	6.	52,916.	62,91	6.	
TO PART I, LINE 4	63,242	. 32	6.	62,916.	62,91	6.	
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT	<u> </u>
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT II	VEST-	(C) ADJUSTED NET INCOM	(D) CHARITABI E PURPOSES	
ACCOUNTING FEES		2,500.		1,250.		1,250	0.
TO FORM 990-PF, PG	1, LN 16B	2,500.		1,250.		1,250	). =
FORM 990-PF	0'	THER PROFES	SIONAL I	FEES		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT II	VEST-	(C) ADJUSTED NET INCOM	(D) CHARITABI E PURPOSES	
AGENCY FEES FAMILY PARTNERS LTD		174. 40,000.	38	174. 3,000.		2,000	0.

-						
FORM 990-PF	TAX	ES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
FOREIGN TAXES PAID FEDERAL TAX	1,213. 822.	1,213			0.	
TO FORM 990-PF, PG 1, LN 18 =	2,035.	1,213	•		0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
PASSTHROUGH INVESTMENT INT. EXP. PASSTHROUGH OTHER EXPENSES PASSTHROUGH UBTI LOSS MN ANNUAL FEE	330. 10,805. 1,968. 25.	0		2	0. 0. 0. 25.	
TO FORM 990-PF, PG 1, LN 23	13,128.	11,135	•	2	25.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7	
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE		
8,810 SHS VANGUARD TOTAL BONI 10,110 SHS VANGUARD TOTAL STO 11,690 SHS VANGUARD FTSE ALL	OCK MARKET E		721,225. 1,024,166. 592,316.	718,63 1,387,59 639,67	8.	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		2,337,707.	2,745,90	)7.	

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
VALOR EQUITY PARTNERS III	COST	342,039.	475,452.
TOTAL TO FORM 990-PF, PAR	r II, LINE 13	342,039.	475,452.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BEVERLY DEIKEL 1660 HIGHWAY 100 SOUTH, SUITE 303 MINNEAPOLIS, MN 55416

TELEPHONE NUMBER

952-545-3000

### FORM AND CONTENT OF APPLICATIONS

LETTER OF REQUEST, ACCOMPANIED BY AUDITED FINANCIAL STATEMENTS, TAX RETURNS, OR EQUIVALENT FORM INDICATING FINANCIAL DATA.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE