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2017

OMB No 1545-0052

Form 990-PF Department of the Treasury

Internal Revenue Service

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

| For | caler | ndar year 2017, or tax year beginning 01-01-20 |)17 , aı | nd er | nding 12-31- | 2017 | | |
|---|----------------|--|-----------------------|-------|------------------------|--|---|--|
| | | indation { AND JANE WILF FAMILY | | | A Employer id | entification numbe | r | |
| FO | UNDAT: | ION INC | | | 75-3224210 | | | |
| | | l street (or P O box number if mail is not delivered to street address) RIS TURNPIKE | Room/suite | | B Telephone nu | mber (see instruction | ns) | |
| - | | 1770 | | | (973) 924-8246 | 5 | | |
| City or town, state or province, country, and ZIP or foreign postal code SHORT HILLS, NJ 07078 | | | | | C If exemption | application is pendin | g, check here | |
| G Ch | neck al | I that apply 🔲 Initial return 🔲 Initial return of a | former public charity | | D 1. Foreign or | ganızatıons, check he | re . \square | |
| | | ☐ Final return ☐ Amended return | | | 2 Foreign or | ganizations meeting | the 85% | |
| | | \square Address change \square Name change | | | | k here and attach co | · - | |
| H Ch | eck ty | pe of organization $lacksquare$ Section 501(c)(3) exempt private | foundation | | | undation status was t n 507(b)(1)(A), chec | | |
| | Section | n 4947(a)(1) nonexempt charitable trust 🔲 Other taxable | e private foundation | |] | | | |
| of ' | year <i>(f</i> | xet value of all assets at end from Part II, col (c), \$ 8,755,272 | □ Cash ☑ Accru | al | | ation is in a 60-month n 507(b)(1)(B), chec | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | | • | | (d) Disbursements | |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | (b) | Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) | |
| | 1 | Contributions, gifts, grants, etc , received (attach | 3,200,000 | | | | (, | |
| | 2 | schedule) Check ▶ ☐ If the foundation is not required to attach | | | | | | |
| | _ | Sch B | | | | | | |
| | 3 | Interest on savings and temporary cash investments | 952 | | 952 | | | |
| | 4 | Dividends and interest from securities | 269,413 | | 269,413 | | | |
| | 5a | Gross rents | | | | | | |
| a. | b | Net rental income or (loss) | | | | | | |
| Revenue | 6a | Net gain or (loss) from sale of assets not on line 10 | 20,833 | | | | | |
| | b | Gross sales price for all assets on line 6a 1,093,482 | | | 20.022 | | | |
| | 7 8 | Capital gain net income (from Part IV, line 2) | | | 20,833 | | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | |
| | ь | Less Cost of goods sold | | | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | | |
| | 11 | Other income (attach schedule) | | | | | | |
| | 12 | Total. Add lines 1 through 11 | 3,491,198 | | 291,198 | | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0 | | 0 | | 0 | |
| | 14 | Other employee salaries and wages | | | | | | |
| es | 15 | Pension plans, employee benefits | | | | | | |
| ens. | 16a | Legal fees (attach schedule) | | | | | | |
| ă. | b | Accounting fees (attach schedule) | | | | | | |
| e E | С | Other professional fees (attach schedule) | | | | | | |
| atı | 17 | Interest | m.1 | | | | | |
| and Administrative Expenses | 18 | Taxes (attach schedule) (see instructions) | 2,351 | | 0 | | 0 | |
| Ē | 19 | Depreciation (attach schedule) and depletion | | | | | | |
| AG | 20 | Occupancy | | | | | | |
| ם | 21 | Travel, conferences, and meetings | | | | | | |
| ਰ | 22 23 | Other expenses (attach schedule) | | | | | | |
| Operating | | Total operating and administrative expenses. | | | | | | |
| era | 24 | Add lines 13 through 23 | 2,351 | | 0 | | 0 | |
| o | 25 | Contributions, gifts, grants paid | 593,335 | | | | 593,335 | |
| | 26 | Total expenses and disbursements. Add lines 24 and | 111,500 | | | | , | |
| | | 25 | 595,686 | | 0 | | 593,335 | |
| | 27 | Subtract line 26 from line 12 | 2 005 512 | | | | | |
| | а | Excess of revenue over expenses and disbursements | 2,895,512 | | | | | |
| | b | Net investment income (if negative, enter -0-) | | | 291,198 | | | |
| | С | Adjusted net income(if negative, enter -0-) | | | | | | |
| -or | raper | work Reduction Act Notice, see instructions. | | (| Cat No 11289 | < For | m 990-PF (2017) | |

3,503,962

1,017,956

1,800

5.709.807

5.709.807

5,709,807

5,709,807

4,243,723

1,017,956

1,837

8,605,319

8,605,319

8,605,319

8,605,319

1 2

3

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5

6

5,709,807

2,895,512

8,605,319

8,605,319

Form 990-PF (2017)

0

3,550,097

1,861,530

1,842

8,755,272

| 4 | |
|---|--|

4

5

6

7

8

9

10a

b

C

11

12

13

14

15

16

17 18

19

20 21

22

23

24

25

26

28

29 Net 30

31

Part III

2 3

Liabilities

Balances

Fund

ō

Assets 27 Pledges receivable

Less allowance for doubtful accounts

Less allowance for doubtful accounts ▶

Inventories for sale or use

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Investments—other (attach schedule)

Total assets (to be completed by all filers—see the

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

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Less accumulated depreciation (attach schedule)

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

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

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule)

Accounts payable and accrued expenses

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Other notes and loans receivable (attach schedule)

Page **3**

| | (a) he kınd(s) of property sold (e g , re house, or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|--|--|---------------------------------|--|---|---|
| 1 a PUBLICLY TRADED SECUR | RITIES | | Р | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| (-) | (f) | | (g) | (| h) |
| (e) Gross sales price | Depreciation allowed | | other basis | | or (loss) |
| | (or allowable) | plus exp | ense of sale | + ' ' ' ' ' | minus (g) |
| a 1,093 | 3,482 | | 1,072,649 | 9 | 20,833 |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| Complete only for assets | showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | | <u>(1)</u> |
| (i) | (j) | | (k) | Gains (Col (| h) gain minus |
| (i) F M V as of 12/31/69 | | of col (ı) | | less than -0-) or | |
| | as of 12/31/69 | over col | (j), if any | Losses (fr | om col (h)) |
| a | | | | | 20,833 |
| b | | | | | |
| СС | | | | | |
| d | | | | | |
| e | | | | | |
| | or (net capital loss) | ons) If (loss), enter -0 | ' 1 | 3 | 20,833 |
| _ | nder Section 4940(e) for Re | | | | |
| (For optional use by domestic pr | rivate foundations subject to the sec | ction 4940(a) tax on ne | et investment incon | ne) | |
| If section 4940(d)(2) applies, lea | ave this part blank | | | | |
| If "Yes," the foundation does not | e section 4942 tax on the distributal t qualify under section 4940(e) Do | not complete this part | | | es 🔽 No |
| | ount in each column for each year, | see instructions before | making any entrie | (d) | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | le-use assets | Distribution rat (col (b) divided by o | |
| 2016 | 569,647 | | 3,703,285 | | 0 153822 |
| 2015 | 199,045 | | 3,543,418 | | 0 056173 |
| 2014 | 446,754 | | 2,936,504 | | 0 152138 |
| 2013 | 402,852 | | 2,675,487 | | 0 150571 |
| 2012 | 113,072 | | 2,588,690 | | 0 043679 |
| 2 Total of line 1, column (d |) | | 2 | | 0 556383 |
| 3 Average distribution ratio | for the 5-year base period—divide t | the total on line 2 by 5 | | | |
| | dation has been in existence if less | | <u>3</u> | | 0 111277 |
| | ncharitable-use assets for 2017 from | • | | | 5,587,235 |
| | | | <u>5</u> | | 621,731 |
| | nt income (1% of Part I, line 27b) | | 6 | | 2,912 |
| | | | | | 624,643 |
| 8 Enter qualifying distribution | ons from Part XII, line 4 , | | 8 | | 593,335 |
| If line 8 is equal to or green instructions | ater than line 7, check the box in Pa | art VI, line 1b, and com | plete that part usi | | e the Part VI orm 990-PF (2017) |

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

7b

| Form 990-PF (2 | 017) |
|----------------|--|
| Part VIII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors |

| Part VIIII and Contractors | | , | • | <i>3</i> , <i>3</i> , | |
|---|--------------|---|---|---|--|
| 1 List all officers, directors, truste | es, fo | oundation managers ar | d their compensation | - | 1 |
| (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 |
| MARK WILF 820 MORRIS TURNPIKE | TRUS 0 25 | STEE & PRESIDENT | 0 | C | 0 |
| JANE WILF 820 MORRIS TURNPIKE | TRUS 0 25 | STEE & VICE PRESIDENT | 0 | C | 0 |
| SHORT HILLS, NJ 07078 ZYGMUNT WILF | | STEE, SECRETARY & ASURER | 0 | C | 0 |
| 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078 STEVEN WILF | 0 25 | | 0 | C | 0 |
| 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078 | 0 25 | | acco included on line 1 | con instructions) If no | no onton "NONE " |
| 2 Compensation of five highest-pa (a) Name and address of each employee pa more than \$50,000 | | Title, and average hours per week (b) devoted to position | (c) Compensation | Contributions to employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE | | | | (a) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of other employees paid ov | | | | | 0 |
| 3 Five highest-paid independent of (a) Name and address of each perso | | | | e of service | (c) Compensation |
| NONE | | | | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | | | 1 | | |
| | | | | | |
| | | | | | |
| | | | _ | | |
| Takal mumbay of akkaya yasayyya ayay ¢E | 2 000 | | | | 0 |
| Total number of others receiving over \$50 Part IX-A Summary of Direct 0 | | | | | U |
| List the foundation's four largest direct charitable | activ | ities during the tax year Incli | ude relevant statistical inform | nation such as the number of | Evnonces |
| organizations and other beneficiaries served, cor | feren | ces convened, research paper | s produced, etc | | Expenses |
| 1 | | | | | |
| | | | | | |
| 2 | | | | | |
| | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| | | | | | |
| Part IX-B Summary of Program Describe the two largest program-related invited in the second | | | | and 2 | Amount |
| 1 | | , | | | |
| 2 | | | | | |
| | | | | | |
| All other program-related investments 3 | | | | | |
| Total. Add lines 1 through 3 . | | | | | |
| Total Add mes I through 5 | • • | | | | 000 PE (2017) |

1b 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

income Enter 1% of Part I. line 27b (see instructions).

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

593.335

593.335

Form **990-PF** (2017)

273,538

Form 990-PF (2017)

0

(d)

2017

| Form 990-PF (2 | 017) |
|----------------|------|
| Part XIII | Und |

| 0-PF (2 | 017) |
|---------|------|
| YTTT | Undi |

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 🕨 \$ 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

listributed Income (see instructions)

165,573

301 745

23.787 388,981

165.573 301,745

23.787

388.981

319.797

- (a) Corpus

880.086

319.797

1,199,883

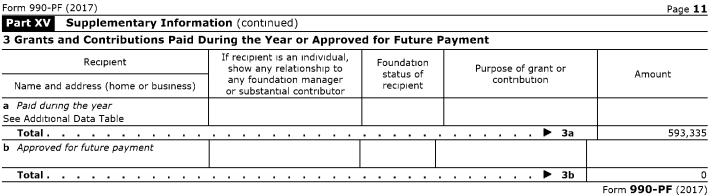
1,199,883

Years prior to 2016

(b)

(c)

2016



| a b c c d e e f g Fees and 2 Membersh 3 Interest investme 5 Net rental a Debt-fin. b Not debt 5 Net rental 6 Gain or (inventor) Net incom 6 Gross pro 1 Other revib c d e 2 Subtotal 6 Total. Ad (See work 2 Art XVI-12 Line No. | d contracts from government agencies in places and assessments | | (b) Amount | 14 14 14 | (d) Amount 952 269,413 | |
|--|---|-------------------|---------------------|--------------------------|---------------------------------|---------|
| b c c d e e f g Fees and 2 Membersh Interest investme 5 Net rental a Debt-fin. b Not debt Net rental 6 Gain or (inventor) Net incom 0 Gross pro 1 Other revib c d e 2 Subtotal 3 Total. Ad (See work Part XVI-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I- | d contracts from government agencies in p dues and assessments | | 0 | 18 | 269,413 | |
| c d e f g Fees and 2 Membersh 3 Interest investme 5 Net rental a Debt-fin. b Not debt 5 Net rental 6 Gain or (inventor) Net incom 0 Gross pro 1 Other revib c d e 2 Subtotal 3 Total. Ad (See work 2 Art XVI-12 Line No. | d contracts from government agencies in p dues and assessments | | 0 | 18 | 269,413 | |
| de fg Fees and 2 Membersh 3 Interest investme 4 Dividends 5 Net rental a Debt-fin. b Not debt 5 Net rental 6 Gain or (inventor) 7 Net incom 9 Gross pro 1 Other revib c c 2 Subtotal 3 Total. Ad (See work 2 Part XVI-III Line No. | d contracts from government agencies in p dues and assessments | | 0 | 18 | 269,413 | |
| g Fees and g Fees and Interest investme Interest Investme | d contracts from government agencies in p dues and assessments | | 0 | 18 | 269,413 | |
| g Fees and g Fees and Interest investme Interest investme | d contracts from government agencies in p dues and assessments | | 0 | 18 | 269,413 | |
| g Fees and Membersh Interest Investme I | d contracts from government agencies in p dues and assessments | | 0 | 18 | 269,413 | |
| Membersh Interest Investme Investme Dividends Net rental Debt-fin Not debt Net rental Gain or (Inventory Net Incom Gross pro Other reve C Gue Subtotal Total Adi (See work ATT XVI-E Line No. | nip dues and assessments on savings and temporary cash ents | | 0 | 18 | 269,413 | |
| Interest investment investment investment investment investment investment investment investment inventory | on savings and temporary cash ents | | 0 | 18 | 269,413 | |
| Dividends Net rental a Debt-fin. b Not debt Net rental Other inve Gain or (inventory Net incom Gross pro Other revib c d e Subtotal Total. Ad (See work art XVI-E ine No. | and interest from securities I income or (loss) from real estate sanced property | | 0 | 18 | 269,413 | |
| Net rental a Debt-fin. b Not debt Net rental Cother inve Gain or (inventor) Net incom Cother revi | I income or (loss) from real estate lanced property t-financed property al income or (loss) from personal property estment income (loss) from sales of assets other than be or (loss) from special events off or (loss) from sales of inventory frenue a Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) | | 0 | 18 | 20,833 | |
| a Debt-fin. b Not debt Net renta Other inve Gain or (inventor) Net incom Other revi C C d e Subtotal Total. Ad (See work art XVI-E ine No. | Add columns (b), (d), and (e). | | 0 | | | |
| b Not debt Net renta Other inve Gain or (inventory) Net incom Other revi C C d E Subtotal Total. Ad (See work Art XVI-E ine No. | t-financed property | | 0 | | | |
| Other inve Gain or (inventor) Net incom Gross pro Other revi c d e Subtotal Total. Ad (See work art XVI-E ine No. | al income or (loss) from personal property estment income | | 0 | | | |
| Other inve Gain or (inventor) Net incom Gross pro Other revi d e Subtotal Total. Ad (See work art XVI-E ine No. | Add columns (b), (d), and (e). | | 0 | | | |
| Gain or (inventory Net incom Gross pro Other revi d e Subtotal Total. Ad (See work art XVI ine No. | (loss) from sales of assets other than y | | 0 | | | |
| inventory Net incom Offices pro Other revib c d e Subtotal Total. Add (See work art XVI-E ine No. | Add columns (b), (d), and (e). | | 0 | | | |
| Net incom Gross pro Other revib c d Subtotal Total. Ad (See work art XVI-E | Add columns (b), (d), and (e). | | 0 | | 291,198 | |
| c d e Subtotal Total. Add (See work art XVI-E | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) | | 0 | | 291,198 | |
| bc cc de Subtotal Total. Add (See work | Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) | | 0 | | 291,198 | |
| de 2 Subtotal Total. Add (See work | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) | | 0 | | 291,198 | |
| de 2 Subtotal 3 Total. Ad (See work art XVI-E | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) | | 0 | | 291,198 | |
| e | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) | | 0 | | 291,198 | |
| Subtotal Total. Add (See work art XVI-: | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) | | 0 | | 291,198 | |
| Total. Add (See work art XVI-E | d line 12, columns (b), (d), and (e) | | Ų | <u>'l</u> | 291,190 | |
| (See work | | | | 13 | | 291,198 |
| ine No. | sheet in line 13 instructions to verify calcu | | | | | |
| | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | income is reporte | ed in column (e) of | of Part XVI-A contribut | | |
| | instructions) | kempe purposes (| other than by prov | vialing rands for sacing | purposes) (See | |
| | | | | | | |
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| orm 9 | 90-PF (2 | | | | | | | | | | | Pa | ge 13 |
|--------------|---------------------|---|--|--------------|---------------------------|----------------------------------|-----------------------------|---------------------|---|--------------|----------------|--------|--------------|
| | XVII | Exempt Organi: | zations | | | | | | nships With Noi | | able | | |
| | | janization directly or in- Code (other than sectio | | | | | | | | on 501 | | Yes | No |
| a Tra | nsfers f | rom the reporting foun | dation to a no | ncha | ırıtable exe | empt organizati | on of | | | | | | |
| (1) | Cash. | | | | | | | | | . [| 1a(1) | | No |
| (2) | Other | assets | | | | | | | | . | 1a(2) | | No |
| | ner trans | | | | | | | | | | | | |
| | | of assets to a nonchari | • | _ | | | | | | h | 1b(1) | | No |
| | | ases of assets from a n | | | | | | | | - H | 1b(2) | | No |
| | | l of facilities, equipmen | • | | | | | | | l l | 1b(3) | | No |
| | | oursement arrangemen | | | | | | | | l l | 1b(4) | | No |
| | | or loan guarantees. nance of services or m | | | | | | | | l l | 1b(5) 1b(6) | | No No |
| | | facilities, equipment, n | • | | - | | | | | • | 10(6) | | No |
| d If t | he answ the good | ver to any of the above ds, other assets, or serv saction or sharing arra | is "Yes," com vices given by | plete the | the follow reporting t | ng schedule (foundation If t | Column (he found | b) should al | ways show the fair red less than fair mar | ket value | alue | | 110 |
| (a) Line | e No | (b) Amount involved | (c) Name of r | noncha | arıtable exer | mpt organization | (d) | Description of | transfers, transactions | , and shar | ıng arraı | ngemen | its |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | dation directly or indire | • | | | | | | | - | 7 | | |
| | | n section 501(c) of the | • | than | section 50 | 1(c)(3)) or in s | ection 52 | 27? | | L | ∟ Yes | ✓ | No |
| b If " | Yes," co | mplete the following so | | | 1 4 | . Y | | 1 | (c) Description | 6 | | | |
| | | (a) Name of organization | <u>''' </u> | | (1 |) Type of organiz | ation | | (c) Description | 1 OF TEIALIO | пѕпр | | |
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| | 1 | | | | | | | | | | | | |
| C: | of my | er penalties of perjury, y knowledge and belief n preparer has any kno | , it is true, co | | | | | | | ased on a | all infor | mation | n of |
| Sign Here | | **** | | | | 2018-06-28 | | ***** | | return | e IRS di | | |
| | - | signature of officer or ti | rustee | | | Date | | Title | | below | str)? | _ | |
| | | Print/Type preparer's | name | Prep | arer's Sıgn | nature | Date | | Check if self- | PTIN | | | |
| Paid | | JOSEPH J BARRECA | 4 | | | | 20 | 018-06-28 | employed ▶ | I | P00310 | 073 | |
| Prep | arer Only | Firm's name ▶ CITR | IN COOPERM | AN & | CO LLP | | | | | Fırm's EI | N ▶22- | 24289 | 965 |
| | ~-··y | Firm's address ▶ 52 | 9 FIFTH AVEN | NUE | | | | | | | | | |
| | | NEW YORK NY 100174683 | | | | | | Phone no | (212 | 697- | 1000 | | |

NEW YORK, NY 100174683

| Fo | orm 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total |
|----|--|
| co | entributions received by the foundation before the close of any tax year (but only if they have contributed more |
| th | an \$5,000). |
| _ | |

JANE WILF

MARK WILF

| 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 | | | | | | | | |
| ABINGDON THEATRE COMPANY 101 EAST 15TH STREET 2ND FLOOR NEW YORK, NY 100032168 | | PC | BENEFIT SUPPORT | 2,000 | | | | |
| ABINGTON FRIENDS SCHOOL 575 WASHINGTON LANE JENKINTOWN, PA 19046 | | PC | ANNUAL SUPPORT | 2,500 | | | | |
| AMERICAN CANCER SOCIETY 2600 US HIGHWAY 1 NORTH BRUNSWICK, NJ 08902 | | PC | MEMORIAL DONATION | 1,000 | | | | |
| AMERICAN CANCER SOCIETY 2600 US HIGHWAY 1 NORTH BRUNSWICK, NJ 08902 | | PC | BENEFIT SUPPORT | 1,000 | | | | |
| | | | | | | | | |

PC ANNUAL SUPPORT

За

AMERICAN DIABETES ASSOCIATION

1,000 PO BOX 7023

MERRIFIELD, VA 221167023

593,335 Total . .

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 AMERICAN FRIENDS OF ALYN HOSPITAL PC BENEFIT SUPPORT 500 INC 122 EAST 42ND STREET ROOM 1519 NEW YORK, NY 101681519 ъс 25 000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| INC 384 WARWICK AVENUE TEANECK, NJ 07666 | PC | PROGRAM SUPPORT | 25,000 |
|---|----|-----------------|--------|
| AMERICAN FRIENDS OF MIGDAL OHR 1560 BROADWAY SUITE 510 NEW YORK, NY 10036 | PC | ANNUAL SUPPORT | 1,000 |

| ш | | l . | 1 | | |
|---|--|-----|----|-----------------|--|
| | AMERICAN FRIENDS OF MIGDAL OHR 1560 BROADWAY SUITE 510 NEW YORK, NY 10036 | | PC | ANNUAL SUPPORT | |
| | AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC ORCHESTRA 122 EAST 42ND STREET ROOM 4507 NEW YORK, NY 101684595 | | PC | BENEFIT SUPPORT | |

| NEW YORK, NY 10036 | | | |
|--|----|-----------------|--|
| AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC ORCHESTRA 122 EAST 42ND STREET ROOM 4507 NEW YORK, NY 101684595 | PC | BENEFIT SUPPORT | |

3a

| AMERICAN LIFART ACCOCIATION | 200 | ANINULAL CURRORT | |
|--|-----|------------------|--|
| 122 EAST 42ND STREET ROOM 4507 NEW YORK, NY 101684595 | | | |
| AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC ORCHESTRA | PC | BENEFIT SUPPORT | |
| | | | |

| AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC ORCHESTRA 122 EAST 42ND STREET ROOM 4507 NEW YORK, NY 101684595 | PC | BENEFIT SUPPORT | 5,000 |
|--|----|-----------------|-------|
| AMERICAN HEART ASSOCIATION | PC | ANNUAL SUPPORT | 1.000 |

| 122 EAST 42ND STREET ROOM 4507 NEW YORK, NY 101684595 | | | |
|--|----|----------------|-------|
| AMERICAN HEART ASSOCIATION 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 132203049 | PC | ANNUAL SUPPORT | 1,000 |

| MERICAN HEART ASSOCIATION | PC | ANNUAL SUPPORT | 1,000 |
|---|----|----------------|-------|
| UNION STREET SUITE 301 DBBINSVILLE, NJ 132203049 | | | |
| | | - | |

593,335

| 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 | | | | | |
| AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET SUITE 623 NEW YORK, NY 100222746 | | PC | PROGRAM SUPPORT | 1,250 | |
| ASPCA520 EIGHTH AVENUE NEW YORK, NY 10018 | | PC | MEMORIAL DONATION | 180 | |
| BIG BROTHER BIG SISTER FOUNDATION OF NJ 333 ROUTE 46 WEST MOUNTAIN LAKES, NJ 07046 | | PC | ANNUAL SUPPORT | 1,000 | |
| B'NAI ZION CONGREGATION 114 MCBRIEN ROAD CHATTANOOGA, TN 374114815 | | PC | MEMORIAL DONATION | 1,000 | |
| CHABAD JEWISH CENTER OF MARTIN & S LUCIE COUNTY 2809 SW SUNSET TRAIL PALM CITY, FL 34990 | | PC | PROGRAM SUPPORT | 360 | |

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, 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 CHABAD JEWISH STUDENT CENTER AT PC ANNUAL SUPPORT 2,500 VANDERBILT INC 111 23RD AVENUE N NASHVILLE, TN 372031701 PC CINCINNATI SYMPHONY ORCHESTRA MEMORIAL DONATION 180 1241 ELM STREET

| CINCINNATI, OH 45202/531 | | | |
|---|----|-----------------|-------|
| COALITION FOR THE HOMELESS 129 FULTON STREET NEW YORK, NY 10038 | PC | ANNUAL SUPPORT | 1,000 |
| COLGATE UNIVERSITY TREASURERS OFFICE 13 OAK DRIVE HAMILTON, NY 133461338 | PC | PROGRAM SUPPORT | 4,000 |
| | | | |

PC ANNUAL SUPPORT

CONGREGATION ETZ CHAIM 1 LAFAYETTE DRIVE

LIVINGSTON, NJ 07039

593,335 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 | | | | | |
| CONGREGATION ETZ CHAIM 1 LAFAYETTE DRIVE LIVINGSTON, NJ 07039 | | PC | BENEFIT SUPPORT | 1,000 | |
| CONGREGATION ETZ CHAIM 1 LAFAYETTE DRIVE LIVINGSTON, NJ 07039 | | PC | PROGRAM SUPPORT | 360 | |
| CONGREGATION SHERITH ISRAEL 3600 WEST END AVENUE NASHVILLE, TN 37205 | | PC | PROGRAM SUPPORT | 1,800 | |
| CROHN'S & COLITIS FOUNDATION OF AMERICA 498 SEVENTH AVENUE 20TH FLOOR NEW YORK, NY 100186701 | | PC | BENEFIT SUPPORT | 1,000 | |
| CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD BETHESDA, MD 208145269 | | PC | BENEFIT SUPPORT | 1,000 | |
| Total | | | | | |

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 FRIC FLIEZER LEVENSON FOUNDATION PC. MEMORIAL DONATION 2,500 FOR HOPE INC ONE RIVERFRONT PLAZA NEWARK, NJ 07102 500 FAMILY CONNECTIONS PC ANNUAL SUPPORT 395 S CENTER STREET

| ORANGE, NJ 070503205 | | | |
|--|----|-----------------|--------|
| FIFTH AVENUE SYNAGOGUE 5 EAST 62ND STREET NEW YORK, NY 100657204 | PC | PROGRAM SUPPORT | 1,000 |
| THE FIRST TEE OF METROPOLITAN NEW YORK 3545 JEROME AVENUE BRONX, NY 10467 | PC | PROGRAM SUPPORT | 10,000 |

PC

PROGRAM SUPPORT

5,400

593,335

FRIENDSHIP CIRCLE - LIFETOWN

10 MICROLAB ROAD LIVINGSTON, NJ 07039

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 **GOLDA OCH ACADEMY** PC ANNUAL SUPPORT 20,000 1418 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052

| GOLDA OCH ACADEMY 1418 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052 | PC | BENEFIT SUPPORT | 5,000 |
|--|----|-------------------|-------|
| IMAJNZ FOUNDATION 7254 WILLOW LANE AMBLER, PA 19002 | PC | BENEFIT SUPPORT | 1,000 |
| JEWISH COMMUNITY FEDERATION OF GREATER CHATTANOOGA 5461 NORTH TERRACE ROAD CHATTANOOGA, TN 37411 | PC | MEMORIAL DONATION | 1,000 |
| JEWISH FAMILY AND CHILDREN'S SERVICE OF GREATER MONMOUTH 705 SUMMERFIELD AVENUE ASBURY PARK, NJ 07712 | PC | BENEFIT SUPPORT | 1,800 |

593,335

Total .

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 FAMILY SERVICE OF PC. PROGRAM SUPPORT 5.000 **METROWEST** 256 COLUMBIA TURNPIKE SUITE 105 FLORHAM PARK, NJ 07932

PC. JEWISH FEDERATION OF GREATER PROGRAM SUPPORT METROWEST NJ 901 ROUTE 10 WHIPPANY, NJ 07981 JEWISH FEDERATION OF GREATER

METROWEST NJ 901 ROUTE 10 WHIPPANY, NJ 07981 PC MEMORIAL DONATION PC ANNUAL SUPPORT

1,800

180

5,000

JEWISH FEDERATION OF PALM BEACH

| COUNTY 1 HARVARD CIRCLE SUITE 100 WEST PALM BEACH, FL 334091905 | | | |
|---|----|----------------|---|
| LIGHTHOUSE GUILD 15 WEST 65TH STREET | PC | ANNUAL SUPPORT | 1 |

1.000 NEW YORK, NY 10023

Total . . 593,335 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 | | | | |
| KUSHNER HEBREW ACADEMY 110 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039 | | PC | BENEFIT SUPPORT | 1,000 |
| LIVE LIKE BLAINE FOUNDATION 301 GYPSY LANE WYNNEWOOD, PA 190961102 | | PC | BENEFIT SUPPORT | 1,000 |
| MACCABI SPORTS FOR ISRAEL 1511 WALNUT STREET SUITE 401 PHILADELPHIA, PA 19103 | | PC | PROGRAM SUPPORT | 180 |
| MANHATTAN THEATRE CLUB INC 311 WEST 43RD STREET NEW YORK, NY 100366413 | | PC | ANNUAL SUPPORT | 12,500 |
| MARCH OF DIMES DONOR SERVICE CENTER PO BOX 8972 TOPEKA, KS 666088972 | | PC | ANNUAL SUPPORT | 1,000 |
| Total | | | | 593,335 |

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 MEMORIAL SLOAN KETTERING CANCER PC PROGRAM SUPPORT 5,000 CENTER 885 2ND AVENUE 7TH FLOOR NEW YORK, NY 10021

| THE MEN OF ESSEXPO BOX 1070 EAST ORANGE, NJ 070191070 | PC | BENEFIT SUPPORT | 500 |
|--|----|-----------------|--------|
| METROPOLITAN MUSEUM OF ART 1000 FIFTH AVE NEW YORK, NY 100280198 | PC | PROGRAM SUPPORT | 10,000 |
| MINNEAPOLIS INSTITUTE OF FINE ARTS 2400 THIRD AVENUE SOUTH MINNEAPOLIS, MN 554043506 | PC | PROGRAM SUPPORT | 25,000 |

PC

PROGRAM SUPPORT

1,000

593,335

MRCC FOUNDATION INC

713 PASSAIC AVENUE WEST CALDWELL, NJ 07006

Total .

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 NATIONAL CENTER FOR JEWISH FILM PC PROGRAM SUPPORT 5,000 **BRANDIES UNIVERSITY LOWN 102** MS053 WALTHAM, MA 02454 NATIONAL COUNCIL OF JEWISH WOMEN. PC. ANNUAL SUPPORT 360 513 W MOUNT PLEASANT AVE LIVINGSTON, NJ 070391710 NATIONAL MULTIPLE SCLEROSIS PC ANNUAL SUPPORT 1.000 SOCIETY 1480 US HIGHWAY 9 NORTH SUITE 301 WOODBRIDGE, NJ 07095 NATIONAL OVARIAN CANCER PC BENEFIT SUPPORT 1.000 COALITION 500 NE SPANISH RIVER BLVD 8 BOCA RATON, FL 33431 1,500

3a

PC PROGRAM SUPPORT

NEW JERSEY GOLF FOUNDATION 255 OLD NEW BRUNSWICK ROAD PISCATAWAY, NJ 088543734

Total

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 NEW JERSEY SEEDS PC BENEFIT SUPPORT 1.800 494 BROAD STREET SUITE 105 NEWARK, NJ 071023217 PC 500 NEW SYNAGOGUE OF PALM BEACH PROGRAM SUPPORT 235 SUNRISE AVENUE WEST PALM BEACH, FL 33480 PC ANNUAL SUPPORT 18,000 NEWARK ACADEMY 91 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039 NEWARK ACADEMY PC BENEFIT SUPPORT 825 91 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039 NEWARK ACADEMY PC BENEFIT SUPPORT 5,000

91 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039

Total . .

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 NYU LANGONE MEDICAL CENTER PC. PROGRAM SUPPORT 1,800 OFFICE OF DEV 1 PARK AVENUE 5TH FLOOR NEW YORK, NY 10016

| PALM BEACH COUNTRY CLUB FOUNDATION INC 760 N OCEAN BLVD PALM BEACH, FL 334803300 | PC | ANNUAL SUPPORT | 1,000 |
|---|------|-----------------|---------|
| PALM BEACH ORTHODOX SYNAGOGUE 120 NORTH COUNTY ROAD PALM BEACH, FL 334803917 | PC | ANNUAL SUPPORT | 16,200 |
| PALM BEACH ORTHODOX SYNAGOGUE 120 NORTH COUNTY ROAD PALM BEACH, FL 334803917 | PC | PROGRAM SUPPORT | 1,800 |
| PENN STATE DANCE MARATHON 227D HETZEL UNION BUILDING UNIVERSITY PARK, PA 168026601 | PC | BENEFIT SUPPORT | 180 |
| Total | | | 593,335 |

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 PINGRY SCHOOL PC ANNUAL SUPPORT 5,000 131 MARTINSVILLE ROAD BASKING RIDGE, NJ 07920 PRINCETON UNIVERSITY PC PROGRAM SUPPORT 20,000 330 ALEXANDER STREET 4TH FLOOR

| PRINCETON, NJ 08540 | | | |
|---|----|-----------------|--------|
| PRINCETON UNIVERSITY 330 ALEXANDER STREET 4TH FLOOR PRINCETON, NJ 08540 | PC | PROGRAM SUPPORT | 18,000 |
| PRINCETON UNIVERSITY 330 ALEXANDER STREET 4TH FLOOR PRINCETON NI 08540 | PC | BENEFIT SUPPORT | 1,000 |

| PRINCETON, NJ 08540 | | | |
|---|----|----------------|--|
| THE PUBLIC THEATER 425 LAFAYETTE STREET | PC | ANNUAL SUPPORT | |

10,000 NEW YORK, NY 100037021

Total .

593,335

| 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 | | | | |
| SAVE THE CHILDREN 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825 | | PC | ANNUAL SUPPORT | 1,000 |
| SIMON WIESENTHAL CENTER 1399 ROXBURY DRIVE LOS ANGELES, CA 90035 | | PC | ANNUAL SUPPORT | 1,000 |
| SPECIAL OLYMPICS NEW JERSEY 3 PRINCESS ROAD LAWRENCEVILLE, NJ 08648 | | PC | BENEFIT SUPPORT | 1,000 |
| ST BARNABAS HOSPICE AND PALLIATIVE CARE CENTER 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 070521008 | | PC | BENEFIT SUPPORT | 1,000 |
| ST BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 | | PC | BENEFIT SUPPORT | 5,000 |
| Total | | | | 593,335 |

| orm 990PF Part XV Line 3 - Grant | ts 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 | | | | |
| ST BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 | | PC | MEMORIAL DONATION | 1,800 |
| ST BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 | | PC | BENEFIT SUPPORT | 2,500 |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL 332 NORTH LAUDERDALE STREET MEMPHIS, TN 38105 | | PC | ANNUAL SUPPORT | 1,000 |
| TALMUDICAL ACADEMY OF BALTIMORE 4445 OLD COURT ROAD BALTIMORE, MD 212082736 | | PC | BENEFIT SUPPORT | 1,000 |
| UJA-FEDERATION OF NEW YORK 130 EAST 59TH STREET NEW YORK, NY 10022 | | PC | BENEFIT SUPPORT | 1,800 |
| Total | | | | 593,335 |

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 UJA-FEDERATION OF NEW YORK PC MEMORIAL DONATION 180 130 EAST 59TH STREET NEW YORK, NY 10022

| UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM 120 BROADWAY SUITE 1540 NEW YORK, NY 102710032 | PC | PROGRAM SUPPORT | 1,800 |
|---|----|-----------------|-------|
| PALM BEACH UNITED WAY 44 COCOANUT ROW SUITE M201 PALM BEACH, FL 33480 | PC | ANNUAL SUPPORT | 1,800 |
| UNIVERSITY OF PENNSYLVANIA 2929 WALNUT STREET SUITE 300 PHILADELPHIA, PA 19104 | PC | PROGRAM SUPPORT | 500 |
| UNIVERSITY OF PENNSYLVANIA HILLEL STEINHARDT HALL 215 SOUTH 39TH STREET PHILADELPHIA, PA 19104 | PC | PROGRAM SUPPORT | 1,000 |

593,335

Total .

| 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 | | | | |
| VANDERBILT HILLEL 2421 VANDERBILT PLACE NASHVILLE, TN 37212 | | PC | PROGRAM SUPPORT | 10,000 |
| VANDERBILT HILLEL 2421 VANDERBILT PLACE NASHVILLE, TN 37212 | | PC | PROGRAM SUPPORT | 5,000 |
| VANDERBILT UNIVERSITY 2421 VANDERBILT PLACE NASHVILLE, TN 37212 | | PC | PROGRAM SUPPORT | 250,000 |
| VISITING NURSE SERVICE OF NEW YORK 107 EAST 70TH STREET NEW YORK, NY 10021 | | PC | ANNUAL SUPPORT | 1,000 |
| VOLUNTEERS OF AMERICA 340 WEST 85TH STREET NEW YORK, NY 10024 | | PC | ANNUAL SUPPORT | 1,000 |
| Total | | | | 593,335 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

593,335

| a Paid during the year | | | |
|------------------------|----|----------------|--|
| WISTAR INSTITUTE | PC | ANNUAL SUPPORT | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

Name and address (home or business)

| PHILADELPHIA, PA 191044268 | | |
|----------------------------|------|--|
| Total | | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491180005058 TY 2017 Explanation of Non-Filing with Attorney General Statement Name: THE MARK AND JANE WILF FAMILY FOUNDATION INC

EIN: 75-3224210 **Statement:**

THE FOUNDATION IS NOT REQUIRED TO FILE A COPY OF FORM 990-PF WITH THE NEW JERSEY ATTORNEY GENERAL BECAUSE IT DOES NOT SOLICIT FUNDS FROM THE PUBLIC.

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491180005058 |
|--------------------------------------|-----------------|----------------|---------------------|
| TY 2017 Investments Corpora | te Stock Sched | dule | |
| • | | | |
| Name: | THE MARK AND JA | NE WILF FAMILY | |
| | FOUNDATION INC | | |

| EIN: 75-3224210 | | |
|------------------------|---------------------------|----------------------------------|
| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
| 11,000 SHS APPLE INC | 1,017,956 | 1,861,530 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491180005058 | | |
|--|-----------------|--------------------|---------------------|--|--|
| TY 2017 Investments Government Obligations Schedule | | | | | |
| | | | | | |
| Name: | THE MARK AN | D JANE WILF FAMILY | | | |
| | FOUNDATION | INC | | | |
| EIN: | 75-3224210 | | | | |
| US Government Securities - End of Year Book Value: | | 4,243,723 | | | |
| US Government Securities - End of Year Fair Market Value: | | 3,550,097 | | | |
| State & Local Government Securities - End of Year Book Value: | | 0 | | | |
| State & Local Government Securities - End of Year Fair Market Value: | | 0 | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLI | N: 93491180005058 | | |
|--------------------------------------|-----------------|-------------|------|-------------------|--|--|
| TY 2017 Investments - Other Schedule | | | | | | |
| Name: | THE MARK AND JA | NE WILF FAN | 1ILY | | | |
| FOUNDATION INC | | | | | | |
| EIN: | 75-3224210 | | | | | |
| Investments Other Schedule 2 | | | | | | |
| | | 1 | | | | |

| Investments Other Schedule 2 | | | | | |
|------------------------------|------------|-----------------------|------------|----------------------------------|--|
| Cate | gory/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value | |
| ISRAEL BONDS | | AT COST | 1,837 | 1,842 | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | DLI | N: 93491180005058 | |
|--------------------------------------|---------------|--------------------------|------------------------|---|--|
| TY 2017 Taxes Schedule | | | | | |
| Name: | THE MARK A | ND JANE WILF FA | MILY | | |
| EIN: | 75-3224210 | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| FEDERAL EXCISE TAX & PENALTIES | 2,351 | 0 | | 0 | |

| efile GRAPHIC print - D | OO NOT PROCESS | As Filed Data - | | | | DLN: 93491180005058 |
|---|--|--|--|---|---|---|
| Schedule B | | Schedi | ule of Contribute | ors | | OMB No 1545-0047 |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | 190, 990-EZ, PF) Int of the Treasury Note: The Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at 2017 | | | | | 2017 |
| Name of the organizati THE MARK AND JANE WIL | | | | | Employer id | lentification number |
| FOUNDATION INC | -1 | | | | 75-3224210 | |
| Organization type (che | eck one) | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | | | | | | |
| | ☐ 4947(a)(| 1) nonexempt cha | ritable trust not treated a | as a private founda | ition | |
| | ☐ 527 politi | cal organization | | | | |
| Form 990-PF | ✓ 501(c)(3) | exempt private fo | oundation | | | |
| | ☐ 4947(a)(| 1) nonexempt cha | ritable trust treated as a | private foundation | | |
| | ☐ 501(c)(3) | taxable private fo | undation | | | |
| | | | PF that received, during Complete Parts I and II S | | | |
| Special Rules | | | | | | |
| under sections 5 received from ar | 509(a)(1) and 170(b) | (1)(A)(vi), that che uring the year, tot | g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gr plete Parts I and II | 990 or 990-EZ), P | Part II, line 13, | 16a, or 16b, and that |
| during the year, | total contributions of | f more than \$1,000 | , or (10) filing Form 990 Dexclusively for religious animals Complete Part | s, charitable, scien | | |
| during the year, If this box is che purpose Don't c | contributions exclus cked, enter here the complete any of the p | ively for religious, total contributions parts unless the G | , or (10) filing Form 990 charitable, etc , purpose s that were received duri eneral Rule applies to tl or more during the year | es, but no such con ing the year for an his organization be | ntributions tota exclusively re ecause it recei | aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i> |
| 990-EZ, or 990-PF), but | ıt must answer "No | on Part IV, line 2 | ile and/or the Special Ru c, of its Form 990, or che at it doesn't meet the filin | ck the box on line | H of its | |
| For Paperwork Reduction A for Form 990, 990-EZ, or 99 | | ructions | Cat No 30613X | Schedu | ule B (Form 990, | , 990-EZ, or 990-PF) (2017) |

| Name of organiz THE MARK AND JA FOUNDATION INC | ANE WILF FAMILY | Employer identification 75-3224210 | number |
|--|--|---------------------------------------|--|
| Part I | Contributors (See instructions) Use duplicate copies of Part I if ad | iditional space is needed | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | MARK AND JANE WILF 820 MORRIS TURNPIKE SHORT HILLS, NJ07078 | \$ 3,200,000 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

| Schedule B (Form | 990, 990-EZ, or 990-PF) (2017) | | Page 4 |
|--|---|--|--|
| Name of organizat THE MARK AND JANI FOUNDATION INC | | | Employer identification number 75-3224210 |
| than \$1, organiz the year | 000 for the year from any one contributor | r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$ | d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 | Relationship of transferor to transferee |
| (a) | 43.5 | | |
| No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift | Relationship of transferor to transferee |
| | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2017) |