

EXTENDED TO NOVEMBER 15, 2018 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.

_	al Revenue Service Go to www.i	rs gov/Form990PF for inst	and ending	DEC 31, 2017	Open to Public Inspection
	ne of foundation	<u> </u>		A Employer identification	number
			·	00 0050040	
	OSLOSKI FAMILY FOUNDATION ther and street (or P O box number if mail is not delivered to street		Room/suite	82-2959949	·
	ANN STREET	address)	1100m23anc	B Telephone number 973 – 763 – 03	14
	or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	
	ERONA, NJ 07044			a dempiliar application to p	onding, oncovers
· —	heck all that apply:	Initial return of a fe	ormer public charity	D 1. Foreign organizations	, check here
-	Final return	Amended return		2 Services organizations ma	oling the 9594 tost
3	Address change	Name change		Foreign organizations me check here and attach co	mputation
; L _ C	theck type of organization: X Section 501(c)(3) ex)4	E If private foundation sta	
<u> </u>	Section 4947(a)(1) nonexempt charitable trust ir market value of all assets at end of year	Other taxable private founding method: X Cash	Accrual	under section 507(b)(1)	
	· —	ther (specify)	Acciual	F If the foundation is in a under section 507(b)(1)	
., ✓ [1]	, , , ,	nn (d) must be on cash bas	IS.)		(b), check here
Pa	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	`´ income	income	for charitable purposes (cash basis only)
$\ddot{\mathbf{c}}$	1 Contributions, gifts, grants, etc., received	6,441,600.			
SO I	2 Check If the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10	**************************************			
Jue	b assets on line 6a				
Revenue	7 Capital gain net income (from Part IV, line 2)		0.		
æ	8 Net short-term capital gain `'				
	9 Income modifications			6 6	
	10a Gross sales less returns and allowances				
	D Less Cost of goods sold				December 1
	c Gross profit or (loss)	0.	298,048		STATEMENT: 1
	11 Other income 12 Total. Add lines 1 through 11	6,441,600.	298,048	<u>'</u>	SAVAT EMENTAL
	13 Compensation of officers, directors, trustees, etc	0,441,000.	0.		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
Expenses	16a Legal fees	,			
ben	b Accounting fees			,	
Ä		,			
Administrative	17 Interest	*			
stra	18 Taxes		RECEIVE	D 	
Ë	19 Depreciation and depletion 20 Occupancy		RECEIV	781	
) ₽	21 Travel, conferences, and meetings		10 000		
and,	22 Printing and publications		10 NOV 20 2	118 18	-
ga	l '	1.	1 1 1	1	0
Operating	24 Total operating and administrative		OGDEN	UT	
ber	expenses. Add lines 13 through 23	1.	1		0
0	25 Contributions, girts, graints paid	0.			0
	26 Total expenses and disbursements.		4		
_	Add lines 24 and 25	1.	1.	• •	0
	27 Subtract line 26 from line 12:	6,441,599.			
	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	0,331,333.	298,047		
	C Adjusted net income (if negative, enter -0-)	000000000000000000000000000000000000000		N/A	CONTROL CONTROL OF THE CONTROL OF TH
	To Property Beduction Act Notice			· · · · · · · · · · · · · · · · · · ·	Form QQ0_DF (201)

P	äřt	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	/-> Deginning of year	(h) Daali Value	<u> </u>
7.4	×	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	<u></u>	999.	999.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
ļ		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶	777		
		Less: allowance for doubtful accounts	1990		
	5	Grants receivable		 	
		Receivables due from officers, directors, trustees, and other			<u> </u>
	6			1	
	_	disqualified persons		**************************************	
	′	Other notes and loans receivable			
	_	Less: allowance for doubtful accounts			<u> </u>
ssets		Inventories for sale or use		· · · · · · · · · · · · · · · · · · ·	
SS		Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			<u> </u>
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 3	0.	6,440,600.	6,440,600.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation		200 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, N. SOCKAT MACHINESIA CONTROL
	15	Other assets (describe ►)			
		Total assets (to be completed by all filers - see the			· · · · · · · · · · · · · · · · · · ·
	10	instructions. Also, see page 1, item ()	0.	6,441,599.	6,441,599.
_	17			0/111/0001	
		Accounts payable and accrued expenses			
	18	Grants payable	7.		
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jar	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
				_	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
/A		and complete lines 24 through 26, and lines 30 and 31.			
ĕ	24	Unrestricted			
alances	25	Temporarily restricted			
Ω	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here			
Œ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Assets	29	Retained earnings, accumulated income, endowment, or other funds	0.	6,441,599.	
Net.	30	Total net assets or fund balances	0.	6,441,599.	
Z	ا	Total net access of rang caranecs		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	31	Total liabilities and net assets/fund balances	0.	6,441,599.	
_			<u> </u>	0,212,0330	37/2000000000000000000000000000000000000
³₽	art	Analysis of Changes in Net Assets or Fund E	Balances		
-1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		<u>"</u>
		st agree with end-of-year figure reported on prior year's return)	, 00	1	0.
				2	6,441,599.
		r amount from Part I, line 27a		3	0,441,333.
		r increases not included in line 2 (itemize)	 		6,441,599.
		lines 1, 2, and 3		4	0,441,399.
-		eases not included in line 2 (itemize)	-1 (h) h 00		6,441,599.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	
					Form 990-PF (2017)

6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

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

See the Part VI instructions. 723521 01-03-18

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If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

· By language in the governing instrument, or

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

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

8a Enter the states to which the foundation reports or with which it is registered. See instructions. ŊJ

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ceneral (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

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address

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X 8Ь

X

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of Part I, line 27b

any political campaign?

(1) On the foundation. > \$

managers. > \$

Form	1 990-PF (2017) KOSLOSKI FAMILY FOUNDATION 82-	-2959949	1	Page 5
Ŗ	irt VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	. '		
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		, X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privilegi	es?		
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► THE FOUNDATION Telephone no. ► 97			
	Located at ► 5 ANN STREET, VERONA, NJ ZIP+	4 → 07044		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	· []
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			******
	art VII B Statements Regarding Activities for Which Form 4720 May Be Required	Lineatonia		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	3333	Yes	No
12	a During the year, did the foundation (either directly or indirectly):	a.		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	7 NO		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	a •		
	a disqualified person?	133333334		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	+ 1,8886,28865		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	7 NO 1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	a 🎆		
	for the benefit or use of a disqualified person)?	7 NO 188		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after	7 I		
	termination of government service, if terminating within 90 days.)	NO ‱		
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	J/A 1b	***	
		N/A 1b	w0%68888	302335352
	organizations (ctyling of a surface regarding disconstruction, criteria)			
(Did the foundation engage in a prior year in any of the lacts described in 1a, other than excepted acts, that were not corrected			X
	before the first day of the tax year beginning in 2017?	1c	389/85883	∧
,	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	.		
	defined in section 4942(j)(3) or 4942(j)(5)): At the end of towards 2017, did the foundation have any undertributed recome (lose 5d and 5s. Best VIII) for the upper beginning.			
Č	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	7 No		
	•			
,	If "Yes," list the years \(\bigs_{\text{inst}} \), \(\bigs_{\text{inst}}			
١	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
		J/A 2b	200000	2222
,	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	.,	****	\$3500 mil
•	in the provisions of section 4342(a)(2) are being applied to any of the years nated in 2a, list the years note.			
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	-		
0.	during the year?	₹ No .		
	olf "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	,		
ŕ	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,-			
		J/A 3b	200220000	200
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		3333	****
•	had not been removed from jeonardy before the first day of the tax year beginning in 2017?	. ⊿h	2.4000334	X

Rant VIII-DE Statements Regarding Activities for which i	Form 4720 May be F	required (continu	uea)	
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	n 4945(e))?	Ye	es 🗶 No 🥻	
• (2). Influence the outcome of any specific public election (see section 4955), or	r to carry on, directly or indire			
any voter registration drive?			es 🗶 No 💈	
(3) Provide a grant to an individual for travel, study, or other similar purposes	? ·	· L Ye	es 🗶 No 🖔	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section	_		
4945(d)(4)(A)? See,instructions		Ye	es 🗶 No 🕌	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	es 🗶 No 📗	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations	· 🗓	
section 53.4945 or in a current notice regarding disaster assistance? See instri	uctions		N/A	5b
Organizations relying on a current notice regarding disaster assistance, check l	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it maintai			
expenditure responsibility for the grant?	N	/A 🗀 Ye	es 🔲 No 🥻	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es 🗶 No 📳	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.			2	21 23 24
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗓 No 🐇	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		· N/A	7b
Part VIII Information About Officers, Directors, Trust		nagers, Highly	y	-
Paid Employees, and Contractors	•			
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.		1	•
* A Norman and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
HELENE J. KOSLOSKI (DECEASED)	TRUSTEE			_
18 FOUR SEASONS DRIVE				
NORTH CALDWELL, NJ 07006	1.00	0.	0.	0.
FOTINI ALLTENI	TRUSTEE			
4 ANN STREET				
VERONA, NJ 07044	1.00	0.	0.	0.
KRISTI ALLTENI	TRUSTEE		,	
4 ANN STREET				
VERONA, NJ 07044	1.00	0.	0.	0.
•				
(
<u> </u>				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	() Componentian	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deterred compensation	allowances
NONE	`			
	·	,		
•	1			
	1			
	1			
Total number of other employees paid over \$50,000		1		· 0
The state of the s			Form	990-PF (2017)

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P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	, see instructions)
1	Fair-market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	1,000.
	Fair market value of all other assets	1c	6,440,600.
ď	Total (add lines 1a, b, and c)	1d	6,441,600.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,441,600.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	96,624.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,344,976.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	79,096.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ☐ and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	79,096.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 5, 961.		
b	Income tax for 2017. (This does not include the tax from Part VI.)	`	
	Add lines 2a and 2b	2c	5,961.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	73,135.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	73,135.
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	73,135.
=	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0.
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	ir the section

Part XIII 'Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				73,135.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2017:	··· ·			tto capas appar jo
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$0 •				
a Applied to 2016, but not more than line 2a			0.	,
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				0.
e Remaining amount distributed out of corpus	0.			
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 indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				73,135.
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	0.		•	
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014	1			
c Excess from 2015			•	
d Excess from 2016				
e Excess from 2017				
7 4000 II OIII EO II				

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3 Grants and Contributions Paid During the Ye		Pavment		
Recipient	If recipient is an individual,		0	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
NONE				
\				
1				
*	:			
Total		<u> </u>	▶ 3a	
b Approved for future payment				
Ì				
	1			
NONE				
				-
	1			,
	1			
•				
Total	1	I	▶ 3b	
Total			<u> </u>	orm 990-PF (201

Part XVI A Analysis of Income-Pro	ducing Activities				
Enter gross amounts unless otherwise indicated.	Unrelated bu	siness income	Éxclu	ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		Code		
a	_				
b	_				-
<u> </u>	_		-		-
<u> </u>	_		-		
e					
T					
g Fees and contracts from government agencies			\vdash		
2 Membership dues and assessments			\vdash	· .	<u> </u>
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities	v. /r - 00 - 20-2/1 - 10	THE MARTIN ON SEC HOLD LIKE	1 - 20 m 30	96 2000000220920 C 202 - 996000 001900	666 - 75769968.10 July 1,577 6 658 614 22 3
5 Net rental income or (loss) from real estate:		de de la companya de	2. July 2.		South Control of the
a Debt-financed property					
b Not debt-financed property	<u> </u>		\vdash		
6 Net rental income or (loss) from personal	-		1		
property			\vdash		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			1		
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:					
a			ļ		
b	_		₩		
c			<u> </u>		
d			<u> </u>		
e	2,000 × ,000 × 7,000 ×		22 - 1350	<u> </u>	
12 Subtotal. Add columns (b), (d), and (e)		<u> </u>	, P.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13_	0
(See worksheet in line 13 instructions to verify calculation					
PartXVI-B Relationship of Activition	es to the Accom	olishment of Ex	kemp	t Purposes	
Line No. Explain below how each activity for which	income is reported in co	umn (e) of Part XVI-A	contrib	outed importantly to the accor	mplishment of
▼ the foundation's exempt purposes (other	than by providing funds f	or such purposes).		,	
NOT APPLICABLE		•			
`					
,					
^					

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723621 01-03-18

		Exempt Organ	izations					-			
1 Did	the org	ganization directly or indi	rectly engage in any	of the followin	ig with any oth	ner organizatio	on described in sect	ion 501(c)		Yes	No
(otl	ner than	section 501(c)(3) organ	nizations) or in sectio	n 527, relating	g to political o	rganizations?			1		
a Tra	nsfers 1	from the reporting found:	ation to a noncharital	ble exempt or	ganization of:					'	ł
(1)	Cash								1a(1)		X
(2)	Other	assets							1a(2)		Х
٠,		sactions:									
		of assets to a noncharita	ble exempt organizat	tion					1b(1)		X
		ases of assets from a no	· -						1b(2)		Х
		l of facilities, equipment,							1b(3)		X
		oursement arrangements							1b(4)		Х
٠.		or loan guarantees							1b(5)		х
		mance of services or me	mhershin or fundras	sına salıcıtatın	ins				1b(6)		X
		facilities, equipment, ma	•	-					1c		X
	-	er to any of the above is				(h) chould als	wave chow the fair r	narket value of the good		L	
		given by the reporting fo								,010,	
) the value of the goods,			00 1033 tilati 10	in munot vail	o in any transaotion	or snaring arrangemen	c, onot in		
a)Line n		(b) Amount involved		noncharitable	e exempt orga	nızatıon	(d) Description	of transfers, transactions, a	nd sharing ar	rangeme	ents
-,-,-,,		(b)/Amount involved	(0)110111001	N/A	o one improviga		(4) 5 65 6 7 10 10	, 0. 10.000, 20.000			
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			<u> </u>								
2a ist	he foun	dation directly or indirec	tly affiliated with, or r	relatod to, one	or more tax-e	exempt organi	zations described				_
ın s	ection	501(c) (other than sectio	ın 501(c)(3)) or ın se	ction 527?					Yes	X] No
b If"	/es," co	mplete the following sch					,				
		(a) Name of org	janization		(b) Type of	organization		(c) Description of relation	onship		
		N/A									
		penalties of perjury, I declare lief, it is true, correct, and cor							May the IRS	discuss	this
Sign	and be	iller, it is true, correct, and cor	Inplete Declaration of pr	Chare (other tha	iii taxpayei) is ba	sed on all fillon	0		return with the shown below	.e prepaı ₁? Se <u>e ır</u>	rer Istr
Here		bohun	JAC LL	1	1111	15/201	▼ TRUSTI	EE _	X Yes	, [] No
	Sign	ature of officer or trustee	;		Date	•	Title				
		Print/Type preparer's na	ame	Preparer's s	ignature		Date	Check if PT	ÎN		
				1/1/	/)		/	self- employed			
Paid		TONY TORCH	IA	1/1			11/07/18	1	00287		
Prepa	arer	Firm's name ► ROT	ENBERG ME	BAL SO	LOMON	ET AL	- ···	Firm's EIN ► 22-	32038	41	
Use (Only		_								
		Firm's address ▶ 25	0 PEHLE A	VENUE	- SUIT	E 101		Ť			
			DDLE BROC		07663			Phone no. 201-	487-8	383	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

KOSLOSKI FAMILY FOUNDATION

Employer identification number

82-2959949

Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions				
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1. Complete Parts I and II.				
year, total contribu	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, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
year, contributions is checked, enter l purpose Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.				
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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

KOSLOSKI FAMILY FOUNDATION

82-2959949

OHEON	SKI FAMILI FOUNDATION		2737747
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	lditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HELENE KOSLOSKI C/O FOTINI ALLTENI 5 ANN STREET VERONA, NJ 07044	 \$6,440,600.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroil Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)

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

KOSLOSKI FAMILY FOUNDATION

Employer identification number

82-2959949

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	INTEREST IN 218 MILLBURN LLC	_	
		\$3,317,850.	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	INTEREST IN 24 SPRINGFIELD LLC		
		\$	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			_
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		,	
		 \$	
23453 11-01	-17 1 7	Schedule B (Form !	990, 990-EZ, or 990-PF) (20

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number 82-2959949 KOSLOSKI FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held ′ (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

<u> </u>	OTHER	INCOME		STATEMENT
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM
218 MILLBURN LLC 24 SPRINGFIELD LLC	-	0.	-	
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	0.	298,048	•
FORM 990-PF	OTHER	EXPENSES		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
BANK SERVICE CHARGE	-	<u> </u>		
TO FORM 990-PF, PG 1, LN 23	:	1. 1	•	
FORM 990-PF	OTHER II	NVESTMENTS		STATEMENT
DESCRIPTION		/ALUATION METHOD E	BOOK VALUE	FAIR MARKET VALUE
			3,317,850. 3,122,750.	FAIR MARKET
DESCRIPTION	-	COST E	3,317,850.	FAIR MARKET VALUE 3,317,85
DESCRIPTION 218 MILLBURN AVE 24 SPRINGFIELD AVE TOTAL TO FORM 990-PF, PART I	-	COST COST	3,317,850. 3,122,750.	FAIR MARKET VALUE 3,317,85 3,122,75
DESCRIPTION 218 MILLBURN AVE 24 SPRINGFIELD AVE TOTAL TO FORM 990-PF, PART I	I, LINE 13	COST COST	3,317,850. 3,122,750.	FAIR MARKET VALUE 3,317,85 3,122,75 6,440,60

FORM 990-PF	AYMENT PENALT	LTY STATEMENT 5			
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTE	IS PENALTY
TAX DUE DATE FILED	05/15/18 11/15/18	5,961.	5,961 5,961		179.
TOTAL LATE PAYMENT PENALTY					179.
FORM 990-PF	LATE P	AYMENT INTERE	ST	S	PATEMENT 6
DESCRIPTION DA	TE AM	OUNT BAL	ANCE RA	TE DA	'S INTEREST
TAX DUE 05/1 DATE FILED 11/1		5,961.	5,9610 6,113.	500 18	152.
TOTAL LATE PAYMENT INTERES	т				152.